Vital and Health Statistics

Questionnaires From the National Health Interview Survey, 1985–89

Series 1:
Programs and Collection Procedures
No. 31

This report is the second in a series of reports that describe questionnaires from the National Health Interview Survey. This volume includes the questions used in the National Health Interview Survey from 1985 to 1989. The report contains the basic health and demographic questionnaires and current health topic questionnaires.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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Centers for Disease Control and Prevention
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Preface

The National Center for Health Statistics (NCHS) published the first volume of a series of reports focusing on the current health topic questions used in the National Health Interview Survey (NHIS) in 1989. The first report included questions from 1980 through 1984. This report is the second in the series and describes those current health topic questions used in the NHIS from 1985 through 1989. The report also contains the basic health and demographic questionnaire for 1989. The questions in the basic questionnaire have not changed since 1985.

In 1985, however, a new sample design for the NHIS and a different method of presenting sampling errors were introduced. Information about the new sample design features can be found in each of the *Current Estimates* from the NHIS beginning in 1985 and in the *Vital and Health Statistics* series report entitled *Design and Estimation* for the *National Health Interview Survey*, 1985–94.

The majority of the responses to the NHIS are available on public-use data tapes. As with the first volume, it should be noted that not every question included in a survey instrument appears on an NHIS public-use data tape. The information might have been excluded because of NCHS' confidentiality provisions, combining of variables as a result of recodes, or factors relating to the data's reliability. Variables may also appear on the public-use data tape that were not in the questionnaire.

Public-use data tapes of NHIS surveys from 1985 through 1989 are available for sale through the National Technical Information Service. These files include household, person condition, hospital episodes, and doctor visit records. A complete listing of NHIS data tapes can be found in NCHS' *Catalog of Electronic Data Products*. Complimentary copies of the catalog are available from NCHS' Data Dissemination Branch, Room 1064, Presidential Building, 6525 Belcrest Road, Hyattsville, Maryland 20782.

Questionnaires on current health topics are organized by year, beginning with 1985. Introductions precede each year's questionnaires and summarize the data collection activity, highlighting the main differences, if any, from previous years.

Public-use data tapes of the current health topics for 1985 through 1989 can be purchased from the Division of Health Interview Statistics at NCHS.

Contents

Appendixes

Text table

Symbols

- - -	Data not available
. . .	Category not applicable
-	Quantity zero
0.0	Quantity more than zero but less than 0.05
Z	Quantity more than zero but less than 500 where numbers are rounded to thousands
*	Figure does not meet standard of reliability or precision
#	Figure suppressed to comply with confidentiality requirements

Questionnaires From the National Health Interview Survey, 1985–89

by Michele M. Chyba, Division of Health Interview Statistics, and Linda R. Washington, Division of Data Services

Overview of the National Health Interview Survey

Background

The National Health Interview Survey (NHIS) is the principal source of information on the health of the civilian noninstitutionalized population of the United States. NHIS is one of the major data collection programs of the National Center for Health Statistics. The National Health Survey Act of 1956 provided for a continuing survey and special studies to secure accurate and current statistical information on the amount, distribution, and effects of illness and disability in the United States and the services rendered for or because of such conditions. The survey referred to in the Act, now called the National Health Interview Survey, was initiated in July 1957. Since 1960, the survey has been conducted by the National Center for Health Statistics, which was formed when the National Health Survey and the National Office of Vital Statistics were combined.

Purpose and scope

The objective of the survey is to address major current health issues through the collection and analysis of data on the civilian noninstitutionalized population of the United States. National data on the incidence of acute illness and injuries, the prevalence of chronic conditions and impairments, the extent of disability, the utilization of health care services, and other health-related topics are provided through the survey. A major strength of this survey lies in its ability to display these health factors by many demographic and socioeconomic characteristics.

The NHIS data are obtained through personal interviews with household members. Interviews are conducted each week throughout the year in a probability sample of households. The households selected for interview are a probability sample representative of the civilian noninstitutionalized population of the United States. Data are collected from approximately 50,000 households, including about 135,000 persons in a calendar year. Participation is voluntary, and confidentiality of responses is guaranteed. The annual response rate of NHIS is over 95 percent of the eligible households in the sample. The nonresponse is divided equally between refusals and households in which no eligible respondents could be found at home after repeated calls.

Interviewing is performed by a permanent staff of interviewers employed by the U.S. Bureau of the Census. Data collected over the period of a year form the basis for the development of annual estimates of the health characteristics of the population and for the analysis of trends in those characteristics. Additional information about data collection procedures can be found in appendix I of *Vital and Health Statistics* Series 10, No. 175, *"Current Estimates From the National Health Interview Survey, 1989."*

The survey covers the civilian noninstitutionalized population of the United States living at the time of the interview. Because of technical and logistical problems, several segments of the population are not included in the sample or in the estimates from the survey. Persons excluded are patients in long-term care facilities, persons on active duty with the Armed Forces (although their dependents are included), and U.S. nationals living in foreign countries. Appendix II describes the NHIS design and estimation structures.

The questionnaire consists of two parts: a set of basic health and demographic items and one set or more of questions on current health topics. The basic items constitute approximately 50 percent of the questionnaire and are repeated each year. They provide continuous information on basic health variables. Questions on current health topics facilitate a response to changing needs for data and coverage of a wide variety of issues. This combination yields a unique national health data base.

Content of questionnaires

Basic health and demographic questionnaire (formerly core)

The questionnaire includes the following types of basic health and demographic questions.

NOTE: The authors are grateful for the assistance and support received in preparing this report. Support was received from Linda Purvin for typing. We would also like to acknowledge technical assistance provided by Susan S. Jack, NHIS, and response data from Michael Zukauskas, U.S. Bureau of the Census. Technical assistance was also provided by staff of the Systems and Programming Branch, especially Nancy Gagne. The authors are greatly appreciative of the appendix, "NHIS Design and Estimations Structures," prepared by NCHS staff Steve Botman, Van Parsons, Randy Curtin, and John Horm.

- Demographic characteristics of household members, including age, sex, race, education, and family income
- Disability days, including restricted-activity and bed-disability days; work and school-loss days occurring during the 2-week period prior to the week of interview; and bed days during the last 12 months
- Physician visits occurring in the same 2-week period, interval since the last physician visit, and number of visits in the last 12 months
- Acute and chronic conditions responsible for these days and visits
- Long-term limitation of activity resulting from chronic disease or impairment and the chronic conditions associated with the disability
- Short-stay hospitalization data, including the number of hospital episodes during the past year and the number of days for each year

Data tapes, with findings from the NHIS basic health and demographic questionnaire, can be purchased from the National Technical Information Service (703) 487–4650. These files include household, person, condition, hospital episode, and doctor visit records.

Survey instruments

Basic health and demographic questionnaires: 1985–89

The first part of the NHIS questionnaire, the basic health and demographic questionnaire, contains questions on acute conditions, the prevalence of chronic conditions, persons limited in activity due to impairment or health problems, and utilization of health care services involving physician care and short-stay hospitalization. These questions more or less remain the same from year to year.

The 1985 NHIS sample consisted of approximately 34,844 households containing 91,531 persons. The total interview rate was about 4.3 percent.

New sample design features were initiated for the 1985–94 NHIS. One new feature is that the full NHIS sample can be partitioned into four panels. Each individual panel is a representative sample of the U.S. civilian noninstitutionalized population. Each individual panel also has the same sampling properties, and any combination of panels defines a national design.

This feature enables large reductions in the sample size to be made efficiently. Additional information about the 1985–89 NHIS sample survey can be found in *"Current Estimates from the National Health Interview Survey"* for any year beginning in 1985 (1). The redesign is also discussed by Massey et al in an NCHS *Vital and Health Statistics* series report (2).

Changes in the NHIS basic health and demographic questionnaire: 1985–89

There were minimal changes to the NHIS basic health and demographic questionnaire from 1985 through 1989. Since 1985, questions pertaining to the family members' city and State of birth, social security number, and father's last name, have been included.

In 1989, questions were added that obtained the location (city, county, and State) of any physician contact whether by telephone or in person and for family members born in the United States, how many years have they lived in the State of residence and for family members born in a foreign country, how many years have they lived in the United States. Section L., "Demographic Background Page," shows the questionnaire changes as they appear in 1989. Only section L6, questions 9a, b, and c are included on the 1989 NHIS public-use data tape.

Characteristics of the current health topics of the National Health Interview Survey, 1985–89

Year and topic	Persons eligible for sample[1]	Number of persons in sample on public-use tape	Respondent rule[2]	Response rate[3]	Period weeks	Data collection		
						Panels[4]	Location[5]	Mode[6]
1985								
Health promotion and disease prevention:								
Health promotion and disease prevention (HPDP)	One adult per family 18 years and over	33,630	a	90.1H	52	3	S	P
Smoking history during pregnancy	Female family members 18–44 years old	19,700	a	88.1H	52	3	S	P
Child safety and infant feeding	All children under 18 years	25,825	b	88.7H	52	3	S	P
1986								
Longest job worked	Family members 25 years and over	37,917	c	95.6H	52	2	C	P
Dental health	All family members	62,052	c	95.6H	52	2	S	P
Functional limitations	Family members 65 years and over	7,192	f	95.1B	52	2	S	P
Vitamin and mineral intake	One adult 18 years and over and one child 2–6 years old per family	11,500 adults 1,800 children 13,300 total	c,d	93.6H 94.5H 93.7H	52	2	S	P
Health insurance	All family members	62,052	c	96.0H	52	2	C	P
1987								
Cancer risk factors	Each household was assigned to either the cancer control or cancer epidemiology sample							
Cancer control	One adult per family 18 years and over	22,043	e	94.2H	52	4	S	P
Cancer epidemiology	One adult per family 18 years and over	22,080	e	94.0H	52	4	S	P
Child adoption	Female family members 20–54 years old	31,124	g	79.6H	52	4	C	P
Poliomyelitis	Family members 26 years and over	73,574	h	91.6H	52	4	C	P
AIDS knowledge and attitudes	One adult per family 18 years and over	17,696	e	94.8H	August–December	...	S	P,A
1988								
Medical device implants	All family members	122,310	i	93.0H	52	4	S	P
Occupational health	One adult per family 18 years and over	44,233	e	86.5B	52	4	S	P
Alcohol use	One adult per family 18 years and over	43,809	e	85.9B	52	4	S	P
Child health	One child per family under 18 years	17,110	j	88.4B	52	4	S	P
AIDS knowledge and attitudes	One adult per family 18 years and over	29,659	e	84.5H	52	4	S	A

Characteristics of the current health topics of the National Health Interview Survey, 1985–89—Con.

Year and topic	Persons eligible for sample[1]	Number of persons in sample on public-use tape	Respondent rule[2]	Response rate[3]	Period weeks	Data collection		
						Panels[4]	Location[5]	Mode[6]
1989								
Health insurance coverage	All family members	116,929	c	92.2H	52	4	S	P
Adult immunization	Family members 18 years and over	84,572	c	92.1H	52	4	S	P
Mental health	All family members	116,929	c	91.9H	52	4	S	P
Dental health	All family members	116,929	c	92.0H	52	4	S	P
Diabetes:								
Diabetes (initial screening and followup screening questions)	Family members 18 years and over (initial screening)	84,572	k	87.4H	52	4	S	P
	Family members 18 years and over who were ever told by doctor had diabetes (followup screening)		l	91.1H	52	4	S	P
Diabetes risk factors	In one-half sample of the families, one adult per family 18 years and over, if nondiabetic	20,847	m	82.1H	52	4	S	P
Orofacial pain	One adult per family 18 years and over	42,370	m	86.4B	52	4	S	P
Digestive disorders	One adult per family 18 years and over	42,392	m	86.4B	52	4	S	P
AIDS: knowledge and attitudes	One adult per family 18 years and over	40,979	e	84.0H	52	4	S	A

[1]Sample persons were randomly selected. Unrelated individuals living in households were considered to be one-member families.

[2]Respondent notes:

a. The household respondent answered questions 1 and 2 in Section M. The remainder of Section M and the current health topic questions were completed by the sample person. A proxy was not accepted.

b. The sample person answered the questions on child safety and infant feeding for each child in the family.

c. Any responsible adult 19 years of age and over or any married person may have answered the questions for all family members. Single persons 17 or 18 years of age may have responded for him/herself.

d. The household respondent answered questions for the sample child (2–6 years). A proxy was not accepted.

e. Questions were answered by the sample person. A proxy was not accepted.

f. The sample person was the preferred respondent. A proxy was acceptable (1) at the time of the interview if the sample person was physically or mentally incapable of responding or (2) after a callback if the sample person was not available. The proxy had to be a household member knowledgeable about the person or a caregiver.

g. Questions were answered by the female household respondent, the adoptive mother, or whomever adopted the child. A knowledgeable proxy was accepted.

h. The sample person was the preferred respondent. A proxy was accepted if the sample person was available at the time of interview. A parent or other knowledgeable person could have been the proxy. The parent did not have to be in the household.

i. Implant questions were answered by the implant recipient unless he/she was absent or physically incapable of responding in which case a household respondent or knowledgeable person was accepted as a proxy.

j. Questions in the P1 Section were answered by the household respondent. The remainder of the questions were answered by the preferred respondent. The preferred respondent was a related adult, the biological or adoptive mother, the biological father, an adult relative living with the person, legal guardian, or primary caretaker. The sample child could not respond for him/herself. The spouse could not respond for the sample child.

k. Questions were answered by the household respondent.

l. Questions 1 through 5 in Section Q2 were answered by the person who was identified as a diabetic by the household respondent. After confirmation that the person was a diabetic, the remaining questions were answered by the diabetic. A proxy was not accepted.

m. Questions in Section M through Q1 were answered by the household respondent. The current health topic questions were completed by the sample person. A proxy was not accepted.

[3]Response rate: Response rates take into account both the basic questionnaire and the current health topic questionnaire response rates. The rates are calculated by multiplying the basic questionnaire response rate by the current health topic rate. See text description for additional information. "B" refers to numbers for response rate from the Bureau of the Census; "H" refers to numbers for response rate from the Division of Health Interview Statistics, NCHS.

[4]Number of panels in NHIS sample was reduced in some years due to budget considerations. A panel is a national probability sample consisting of one quarter of the households assigned for the year.

[5]Location of current health topic questions: "C" refers to the core/basic health and demographic questionnaire; "S" refers to the supplement/current health topics.

[6]Mode: All interviews were done in personal face-to-face interview in the home, a telephone callback was permitted. "P" refers to paper and pencil administration. "A" refers to computer-assisted personal interviewing (CAPI).

Source: Additional information about respondent rules and eligible sample persons can be found in the National Health Interview Survey Interviewer's Manual for the years 1985–89.

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FORM **HIS-1 (1989)** (7-15-88)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

1. Book ___ of ___ books

2. R.O. number

3. Sample

4. Segment type ☐ Area ☐ Permit ☐ Block

5. Control number — PSU | Segment | Serial

6a. What is your exact address? *(Include House No., Apt. No., or other identification, county and ZIP Code)*

City | State | County | ZIP Code

LISTING SHEET — Sheet No. — Line No.

b. Is this your mailing address? *(Mark box or specify if different. Include county and ZIP Code.)* ☐ Same as 6a

City | State | County | ZIP Code

c. Special place name | Sample unit number | Type code

AREA AND BLOCK SEGMENTS

7. YEAR BUILT
☐ Ask
☐ Do not ask

When was this structure originally built?
☐ Before 4-1-80 *(Continue interview)*
☐ After 4-1-80 *(Complete item 8c when required; end interview)*

8. COVERAGE QUESTIONS
☐ Ask items that are marked
☐ Do not ask

a. ☐ **Are there any occupied or vacant living quarters besides your own in this building?** ☐ Yes *(Fill Table X)* ☐ No

b. ☐ **Are there any occupied or vacant living quarters besides your own on this floor?** ☐ Yes *(Fill Table X)* ☐ No

c. ☐ **Is there any other building on this property for people to live in, either occupied or vacant?** ☐ Yes *(Fill Table X)* ☐ No

9a. LAND USE
1 ☐ URBAN *(10)*
2 ☐ RURAL
— Reg. units and SP. PL. units coded 85—88 in 6c — *Ask item 9b*
— SP. PL. units not coded 85—88 in 6c — *Mark "No" in item 9b without asking*

b. During the past 12 months did sales of crops, livestock, and other farm products from this place amount to $1,000 or more?
1 ☐ Yes
2 ☐ No
(10)

10. CLASSIFICATION OF LIVING QUARTERS — *Mark by observation*

a. LOCATION of unit
Unit is:
☐ In a Special Place — *Refer to Table A in Part C of manual; then complete 10c or d*
☐ NOT in a Special Place *(10b)*

b. Access
☐ Direct *(10c)*
☐ Through another unit — *Not a separate HU; combine with unit through which access is gained. (Apply merged unit procedures if additional living quarters space was listed separately.)*

c. HOUSING unit *(Mark one, THEN page 2)*
01 ☐ House, apartment, flat
02 ☐ HU in nontransient hotel, motel, etc.
03 ☐ HU-permanent in transient hotel, motel, etc.
04 ☐ HU in rooming house
05 ☐ Mobile home or trailer with no permanent room added
06 ☐ Mobile home or trailer with one or more permanent rooms added
07 ☐ HU not specified above — *Describe in footnotes*

d. OTHER unit *(Mark one)*
08 ☐ Quarters not HU in rooming or boarding house
09 ☐ Unit not permanent in transient hotel, motel, etc.
10 ☐ Unoccupied site for mobile home, trailer, or tent
11 ☐ Student quarters in college dormitory
12 ☐ OTHER unit not specified above — *Describe in footnotes*

GO TO HOUSEHOLD COMPOSITION PAGE

11. What is the telephone number here? ☐ None | Area code/number

12. Interview observed? 1 ☐ Yes 2 ☐ No

13a. Interviewer's name | Code

b. Language of interview
1 ☐ English 3 ☐ Both English and Spanish
2 ☐ Spanish 8 ☐ Other

14. Noninterview reason

TYPE A — *Fill items 1—6a, 7 and 9 as applicable; 10, 12—15*
01 ☐ Refusal — *Describe in footnotes*
02 ☐ No one at home, repeated calls
03 ☐ Temporarily absent — *Footnote*
04 ☐ Other *(Specify)*

TYPE B — *Fill items 1—6a, 7—9 as applicable; 10, 12—15*
05 ☐ Vacant — nonseasonal
06 ☐ Vacant — seasonal
07 ☐ Occupied entirely by persons with URE
08 ☐ Occupied entirely by Armed Forces members
09 ☐ Unfit or to be demolished
10 ☐ Under construction, not ready
11 ☐ Converted to temporary business or storage
12 ☐ Unoccupied site for mobile home, trailer, or tent
13 ☐ Permit granted, construction not started
14 ☐ Other *(Specify)*

TYPE C — *Fill items 1—6a, 8c if marked; 12—15, send Inter-Comm.*
15 ☐ Unused line of listing sheet
16 ☐ Demolished
17 ☐ House or trailer moved
18 ☐ Outside segment
19 ☐ Converted to permanent business or storage
20 ☐ Merged
21 ☐ Condemned
22 ☐ Built after April 1, 1980
23 ☐ Other *(Specify)*

15. Record of calls

	Month	Date		Beginning time	Ending time	Completed *Mark (X)*
1			P	a.m.	a.m.	
			T	p.m.	p.m.	
2			P	a.m.	a.m.	
			T	p.m.	p.m.	
3			P	a.m.	a.m.	
			T	p.m.	p.m.	
4			P	a.m.	a.m.	
			T	p.m.	p.m.	
5			P	a.m.	a.m.	
			T	p.m.	p.m.	
6			P	a.m.	a.m.	
			T	p.m.	p.m.	

16. List column numbers of persons requiring callbacks, and mark appropriately.
☐ None

Household Resp.			Diabetic	Sample Person	
Col. No.	SS No.	Sect. M—Q1	Sect. Q2	Sect. R—T	AIDS

17. Record of additional contacts

	Month	Date		Beginning time	Ending time	Completed Col. No.
1			P	a.m.	a.m.	
			T	p.m.	p.m.	
2			P	a.m.	a.m.	
			T	p.m.	p.m.	
3			P	a.m.	a.m.	
			T	p.m.	p.m.	
4			P	a.m.	a.m.	
			T	p.m.	p.m.	

☐ SP ☐ Old age ☐ AF

A. HOUSEHOLD COMPOSITION PAGE

1

1a. What are the names of all persons living or staying here? Start with the name of the person or one of the persons who owns or rents this home. *Enter name in* **REFERENCE PERSON** *column.*

b. What are the names of all other persons living or staying here? *Enter names in columns.*

c. I have listed *(read names)*. **Have I missed:**

	If "Yes," enter names in columns	
	Yes	No
— any babies or small children?	☐	☐
— any lodgers, boarders, or persons you employ who live here?	☐	☐
— anyone who **USUALLY** lives here but is now away from home traveling or in a hospital?	☐	☐
— anyone else staying here?	☐	☐

d. Do all of the persons you have named usually live here? ☐ Yes *(2)*
☐ No *(APPLY HOUSEHOLD MEMBERSHIP RULES. Delete nonhousehold members by an "X" from 1—C2 and enter reason.)*

Probe if necessary:
Does —— usually live somewhere else?

Ask for all persons beginning with column 2:

2. What is —— relationship to *(reference person)*?

3. What is —— date of birth? *(Enter date and age and mark sex.)*

A1 REFERENCE PERIODS
- 2-WEEK PERIOD
- 12-MONTH DATE
- 13-MONTH HOSPITAL DATE

A2 ASK CONDITION LIST_____.

A3 *Refer to ages of all related HH members.*

4a. Are any of the persons in this family now on full-time active duty with the armed forces? ☐ Yes ☐ No *(5)*

b. Who is this? *Delete column number(s) _____ by an "X" from 1—C2.*

c. Anyone else? ☐ Yes *(Reask 4b and c)* ☐ No

Ask for each person in armed forces:
d. Where does —— usually live and sleep, here or somewhere else?
Mark box in person's column.

If related persons 17 and over are listed in addition to the respondent and are not present, say:
5. We would like to have all adult family members who are at home take part in the interview. Are *(names of persons 17 and over)* **at home now?** *If "Yes," ask:* **Could they join us?** *(Allow time)*

Read to respondent(s):
This survey is being conducted to collect information on the nation's health. I will ask about hospitalizations, disability, visits to doctors, illness in the family, and other health related items.

HOSPITAL PROBE

6a. Since *(13-month hospital date)* **a year ago, was —— a patient in a hospital OVERNIGHT?**

b. How many different times did —— stay in any hospital overnight or longer since *(13-month hospital date)* **a year ago?**

Ask for each child under one:
7a. Was —— born in a hospital?

Ask for mother and child:
b. Have you included this hospitalization in the number you gave me for ——?

---

1. First name | Mid. init. | Age
Last name | Sex 1 ☐ M 2 ☐ F

2. Relationship **REFERENCE PERSON**

3. Date of birth Month | Date | Year

C1

HOSP.	WORK	RD	2-WK. DV
00 ☐ None	1 ☐ We	1 ☐ Yes	00 ☐ None
Number	2 ☐ Wb	2 ☐ No	Number

C2

LA	IRA	DV	INJ.	CL	LTR	HS	COND.

A3 ☐ All persons 65 and over *(5)*
☐ Other *(4)*

4d. ☐ Living at home
☐ Not living at home

6a. 1 ☐ Yes
2 ☐ No *(Mark "HOSP." box, THEN NP)*

b. _____ Number of times *(Make entry in "HOSP." box THEN NP)*

7a. 1 ☐ Yes
2 ☐ No *(NP)*

b. ☐ Yes *(NP)*
☐ No *(Correct 6 and "HOSP." box)*

FOOTNOTES

B. LIMITATION OF ACTIVITIES PAGE

B1 *Refer to age.*	**B1**	1 ☐ 18–69 *(1)* 2 ☐ Other *(NP)*
1. What was —— doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else? *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	**1.**	1 ☐ Working *(2)* 2 ☐ Keeping house *(3)* 3 ☐ Going to school *(5)* 4 ☐ Something else *(5)*
2a. Does any impairment or health problem NOW keep —— from working at a job or business?	**2a.**	1 ☐ Yes *(7)* ☐ No
b. Is —— limited in the kind OR amount of work —— can do because of any impairment or health problem?	**b.**	2 ☐ Yes *(7)* 3 ☐ No *(6)*
3a. Does any impairment or health problem NOW keep —— from doing any housework at all?	**3a.**	4 ☐ Yes *(4)* ☐ No
b. Is —— limited in the kind OR amount of housework —— can do because of any impairment or health problem?	**b.**	5 ☐ Yes *(4)* 6 ☐ No *(5)*
4a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/—— have the operation?]** *Ask if operation over 3 months ago:* **For what condition did —— have the operation?** *If pregnancy/delivery or 0—3 months injury or operation,—* *Reask question 3 where limitation reported, saying:* **Except for ——** *(condition)*, . . .**?** *OR reask 4b/c.*	**4a.**	*(Enter condition in C2, THEN 4b)* 1 ☐ Old age *(Mark "Old age" box, THEN 4c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**	**b.**	☐ Yes *(Reask 4a and b)* ☐ No *(4d)*
c. Is this limitation caused by any (other) specific condition?	**c.**	☐ Yes *(Reask 4a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	**d.**	☐ Only 1 condition _____ Main cause
5a. Does any impairment or health problem keep —— from working at a job or business?	**5a.**	1 ☐ Yes *(7)* ☐ No
b. Is —— limited in the kind OR amount of work —— could do because of any impairment or health problem?	**b.**	2 ☐ Yes *(7)* 3 ☐ No
B2 *Refer to questions 3a and 3b.*	**B2**	1 ☐ "Yes" in 3a or 3b *(NP)* 2 ☐ Other *(6)*
6a. Is —— limited in ANY WAY in any activities because of an impairment or health problem?	**6a.**	1 ☐ Yes 2 ☐ No *(NP)*
b. In what way is —— limited? *Record limitation, not condition.*	**b.**	_____ Limitation
7a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/—— have the operation?]** *Ask if operation over 3 months ago:* **For what condition did —— have the operation?** *If pregnancy/delivery or 0—3 months injury or operation —* *Reask question 2, 5, or 6 where limitation reported, saying:* **Except for ——** *(condition)*, . . .**?** *OR reask 7b/c.*	**7a.**	*(Enter condition in C2, THEN 7b)* 1 ☐ Old age *(Mark "Old age" box, THEN 7c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**	**b.**	☐ Yes *(Reask 7a and b)* ☐ No *(7d)*
c. Is this limitation caused by any (other) specific condition?	**c.**	☐ Yes *(Reask 7a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**	**d.**	☐ Only 1 condition _____ Main cause

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B. LIMITATION OF ACTIVITIES PAGE, Continued

B3	*Refer to age.*	**B3** 0 ☐ Under 5 *(10)* 2 ☐ 18–69 *(NP)* 1 ☐ 5–17 *(11)* 3 ☐ 70 and over *(8)*
8.	**What was — — doing MOST OF THE PAST 12 MONTHS; working at a job or business, keeping house, going to school, or something else?** *Priority if 2 or more activities reported: (1) Spent the most time doing; (2) Considers the most important.*	**8.** 1 ☐ Working 2 ☐ Keeping house 3 ☐ Going to school 4 ☐ Something else
9a.	**Because of any impairment or health problem, does — — need the help of other persons with — — personal care needs, such as eating, bathing, dressing, or getting around this home?**	**9a.** 1 ☐ Yes *(13)* ☐ No
b.	**Because of any impairment or health problem, does — — need the help of other persons in handling — — routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**	**b.** 2 ☐ Yes *(13)* 3 ☐ No *(12)*
10a.	**Is — — able to take part AT ALL in the usual kinds of play activities done by most children — — age?**	**10a.** ☐ Yes 0 ☐ No *(13)*
b.	**Is — — limited in the kind OR amount of play activities — — can do because of any impairment or health problem?**	**b.** 1 ☐ Yes *(13)* 2 ☐ No *(12)*
11a.	**Does any impairment or health problem NOW keep — — from attending school?**	**11a.** 1 ☐ Yes *(13)* ☐ No
b.	**Does — — attend a special school or special classes because of any impairment or health problem?**	**b.** 2 ☐ Yes *(13)* ☐ No
c.	**Does — — need to attend a special school or special classes because of any impairment or health problem?**	**c.** 3 ☐ Yes *(13)* ☐ No
d.	**Is — — limited in school attendance because of — — health?**	**d.** 4 ☐ Yes *(13)* 5 ☐ No
12a.	**Is — — limited in ANY WAY in any activities because of an impairment or health problem?**	**12a.** 1 ☐ Yes 2 ☐ No *(NP)*
b.	**In what way is — — limited?** *Record limitation, not condition.*	**b.** _____ Limitation
13a.	**What (other) condition causes this?** *Ask if injury or operation:* **When did [the** *(injury)* **occur?/— — have the operation?]** *Ask if operation over 3 months ago:* **For what condition did — — have the operation?** *If pregnancy/delivery or 0—3 months injury or operation — Reask question where limitation reported, saying:* **Except for — —** *(condition)***, . . .?** *OR reask 13b/c.*	**13a.** *(Enter condition in C2, THEN 13b)* 1 ☐ Old age *(Mark "Old age" box, THEN 13c)*
b.	**Besides** *(condition)* **is there any other condition that causes this limitation?**	**b.** ☐ Yes *(Reask 13a and b)* ☐ No *(13d)*
c.	**Is this limitation caused by any (other) specific condition?**	**c.** ☐ Yes *(Reask 13a and b)* ☐ No
d.	*Mark box if only one condition.* **Which of these conditions would you say is the MAIN cause of this limitation?**	**d.** ☐ Only 1 condition _____ Main cause

FOOTNOTES

B. LIMITATION OF ACTIVITIES PAGE, Continued

B4	*Refer to age.*	**B4**	0 ☐ Under 5 *(NP)* 2 ☐ 60–69 *(14)* 1 ☐ 5–59 *(B5)* 3 ☐ 70 and over *(NP)*
B5	*Refer to "Old age" and "LA" boxes. Mark first appropriate box.*	**B5**	☐ "Old age" box marked *(14)* ☐ Entry in "LA" box *(14)* ☐ Other *(NP)*
14a. Because of any impairment or health problem, does —— need the help of other persons with —— personal care needs, such as eating, bathing, dressing, or getting around this home?		**14a.**	1 ☐ Yes *(15)* ☐ No
If under 18, skip to next person; otherwise ask: **b. Because of any impairment or health problem, does —— need the help of other persons in handling —— routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?**		**b.**	2 ☐ Yes 3 ☐ No *(NP)*
15a. What (other) condition causes this? *Ask if injury or operation:* **When did [the** *(injury)* **occur?/—— have the operation?]** *Ask if operation over 3 months ago:* **For what condition did —— have the operation?** *If pregnancy/delivery or 0–3 months injury or operation —* *Reask question 14 where limitation reported, saying:* **Except for ——** *(condition)*, . . .**?** *OR reask 15b/c.*		**15a.**	*(Enter condition in C2, THEN 15b)* 1 ☐ Old age *(Mark "Old age" box, THEN 15c)*
b. Besides *(condition)* **is there any other condition that causes this limitation?**		**b.**	☐ Yes *(Reask 15a and b)* ☐ No *(15d)*
c. Is this limitation caused by any (other) specific condition?		**c.**	☐ Yes *(Reask 15a and b)* ☐ No
Mark box if only one condition. **d. Which of these conditions would you say is the MAIN cause of this limitation?**		**d.**	☐ Only 1 condition _____ Main cause

FOOTNOTES

D. RESTRICTED ACTIVITY PAGE PERSON 1

Hand calendar.

{The next questions refer to the 2 weeks outlined in red on that calendar, beginning Monday, *(date)* and ending this past Sunday *(date)*.}

D1 *Refer to age.*

☐ Under 5 *(4)* ☐ 5–17 *(3)* ☐ 18 and over *(1)*

1a. DURING THOSE 2 WEEKS, did — — work at any time at a job or business not counting work around the house? (Include unpaid work in the family [farm/business].)

1 ☐ Yes *(Mark "Wa" box, THEN 2)* 2 ☐ No

b. Even though — — did not work during those 2 weeks, did — — have a job or business?

1 ☐ Yes *(Mark "Wb" box, THEN 2)* 2 ☐ No *(4)*

2a. During those 2 weeks, did — — miss any time from a job or business because of illness or injury?

☐ Yes 00 ☐ No *(4)*

b. During that 2-week period, how many days did — — miss more than half of the day from — — job or business because of illness or injury?

00 ☐ None *(4)* No. of work-loss days _____ *(4)*

3a. During those 2 weeks, did — — miss any time from school because of illness or injury?

☐ Yes 00 ☐ No *(4)*

b. During that 2-week period, how many days did — — miss more than half of the day from school because of illness or injury?

00 ☐ None No. of school-loss days _____

4a. During those 2 weeks, did — — stay in bed because of illness or injury?

☐ Yes 00 ☐ No *(6)*

b. During that 2-week period, how many days did — — stay in bed more *than half of the day because of illness or injury?*

00 ☐ None *(6)* No. of bed days _____ *(D2)*

D2 *Refer to 2b and 3b.*

☐ No days in 2b or 3b *(6)*

☐ 1 or more days in 2b or 3b *(5)*

5. On how many of the *(number in 2b or 3b)* days missed from [work/school] did — — stay in bed more than half of the day because of illness or injury?

00 ☐ None _____ No. of days

Refer to 2b, 3b, and 4b.

6a. (Not counting the day(s) [missed from work / missed from school / (and) in bed]),

Was there any (OTHER) time during those 2 weeks that — — cut down on the things — — usually does because of illness or injury?

☐ Yes 00 ☐ No *(D3)*

b. (Again, not counting the day(s) [missed from work / missed from school / (and) in bed]),

During that period, how many (OTHER) days did — — cut down for more than half of the day because of illness or injury?

00 ☐ None No. of cut-down days _____

D3 *Refer to 2–6.*

☐ No days in 2–6 *(Mark "No" in RD, THEN NP)*

☐ 1 or more days in 2–6 *(Mark "Yes" in RD, THEN 7)*

Refer to 2b, 3b, 4b, and 6b.

7a. What (other) condition caused — — to [miss work / miss school / (or) stay in bed / (or) cut down] during those 2 weeks?

(Enter condition in C2, THEN 7b)

b. Did any other condition cause — — to [miss work / miss school / (or) stay in bed / (or) cut down] during that period?

1 ☐ Yes *(Reask 7a and b)* 2 ☐ No

FOOTNOTES

FORM HIS-1 (1989) (7-15-88)

E. 2-WEEK DOCTOR VISITS PROBE PAGE

Read to respondent(s):

These next questions are about health care received during the 2 weeks outlined in red on that calendar.

E1 *Refer to age.*

E1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

1a. During those 2 weeks, how many times did —— see or talk to a medical doctor? {Include all types of doctors, such as dermatologists, psychiatrists, and ophthalmologists, as well as general practitioners and osteopaths.} (Do not count times while an overnight patient in a hospital.)

b. During those 2 weeks, how many times did anyone see or talk to a medical doctor about ——? (Do not count times while an overnight patient in a hospital.)

1a. and b. oo ☐ None ☐ Number of times *(NP)*

2a. (Besides the time(s) you just told me about) During those 2 weeks, did anyone in the family receive health care at home or go to a doctor's office, clinic, hospital or some other place? Include care from a nurse or anyone working with or for a medical doctor. Do not count times while an overnight patient in a hospital. ☐ Yes ☐ No *(3a)*

b. Who received this care? *Mark "DR Visit" box in person's column.* **2b.** ☐ DR Visit

c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No

Ask for each person with "DR Visit" in 2b:

d. How many times did —— receive this care during that period? **d.** ☐ Number of times

3a. (Besides the time(s) you already told me about) During those 2 weeks, did anyone in the family get any medical advice, prescriptions or test results over the PHONE from a doctor, nurse, or anyone working with or for a medical doctor? ☐ Yes ☐ No *(E2)*

b. Who was the phone call about? *Mark "Phone call" box in person's column.* **3b.** ☐ Phone call

c. Were there any calls about anyone else? ☐ Yes *(Reask 3b and c)* ☐ No

Ask for each person with "Phone call" in 3b:

d. How many telephone calls were made about ——? **d.** ☐ Number of calls

E2 *Add numbers in 1, 2d, and 3d for each person. Record total number of visits and calls in "2-WK. DV" box in item C1.*

FOOTNOTES

F. 2-WEEK DOCTOR VISITS PAGE

DR VISIT 1

Refer to C1, "2-WK. DV" box.

PERSON NUMBER _____

F1 *Refer to age.*

F1 ☐ Under 14 *(1b)* ☐ 14 and over *(1a)*

1a. On what (other) date(s) during those 2 weeks did — — see or talk to a medical doctor, nurse, or doctor's assistant?

b. On what (other) date(s) during those 2 weeks did anyone see or talk to a medical doctor, nurse, or doctor's assistant about — —?

1a. and b. ____ Month ____ Date OR { 7777 ☐ Last week, 8888 ☐ Week before

Ask after last DR visit column for this person:

c. Were there any other visits or calls for — — during that period? *Make necessary correction to 2-Wk. DV box in C1.*

c. 1 ☐ Yes *(Reask 1a or b and c)* 2 ☐ No *(Ask 2–6 for each visit)*

2. Where did — — receive health care on *(date in 1)*, at a doctor's office, clinic, hospital, some other place, or was this a telephone call?

If doctor's office: Was this office in a hospital?

If hospital: Was it the outpatient clinic or the emergency room?

If clinic: Was it a hospital outpatient clinic, a company clinic, a public health clinic, or some other kind of clinic?

If lab: Was this lab in a hospital?

What was done during this visit? *(Footnote)*

2. 01 ☐ Telephone

Not in hospital:
02 ☐ Home
03 ☐ Doctor's office
04 ☐ Co. or ind. clinic
05 ☐ Other clinic
06 ☐ Lab
07 ☐ Other *(Specify)* ↓ _____

Hospital:
08 ☐ O.P. clinic
09 ☐ Emergency room
10 ☐ Doctor's office
11 ☐ Lab
12 ☐ Overnight patient *(6)*
88 ☐ Other *(Specify)* ↓ _____

Ask 3b if under 14.

3a. Did — — actually talk to a medical doctor?

b. Did anyone actually talk to a medical doctor about — —?

3a. and b. 1 ☐ Yes *(3f)* 2 ☐ No *(3c)* 8 ☐ DK if M.D. *(3c)* 9 ☐ DK who was seen *(3f)*

c. What type of medical person or assistant was talked to?

c. _____ Type 99 ☐ DK

d. Does the *(entry in 3c)* work with or for ONE doctor or MORE than one doctor?

d. 1 ☐ One *(3f)* 2 ☐ More 3 ☐ None *(4)* 9 ☐ DK

e. For this [visit/call] what kind of doctor was the *(entry in 3c)* working with or for — a general practitioner or a specialist?

f. Is that doctor a general practitioner or a specialist?

e. and f. 1 ☐ GP *(4)* 2 ☐ Specialist *(3g)* 9 ☐ DK *(4)*

g. What kind of specialist?

g. _____ Kind of specialist

Ask 4b if under 14.

4a. For what condition did — — see or talk to the [doctor/*(entry in 3c)*] on *(date in 1)*? *Mark first appropriate box.*

b. For what condition did anyone see or talk to the [doctor/*(entry in 3c)*] about — — on *(date in 1)*? *Mark first appropriate box.*

4a. and b. 1 ☐ Condition *(Item C2, THEN 4g)* 2 ☐ Pregnancy *(4e)* 3 ☐ Test(s) or examination *(4c)* 8 ☐ Other *(Specify)* ↓ _____ *(4g)*

c. Was a condition found as a result of the [test(s)/examination]?

c. ☐ Yes *(4h)* ☐ No

d. Was this [test/examination] because of a specific condition — — had?

d. ☐ Yes *(4h)* ☐ No *(4g)*

e. During the past 2 weeks was — — sick because of her pregnancy?

e. ☐ Yes ☐ No *(4g)*

f. What was the matter?

f. _____ Condition *(Item C2, THEN 4g)*

g. During this [visit/call] was the [doctor/*(entry in 3c)*] talked to about any (other) condition?

g. ☐ Yes ☐ No *(5)*

h. What was the condition?

h. ☐ Pregnancy *(4e)*

_____ Condition *(Item C2, THEN 4g)*

Mark box if "Telephone" in 2.

5a. Did — — have any kind of surgery or operation during this visit, including bone settings and stitches?

5a. 0 ☐ Telephone in 2 *(Next Dr. visit)* 1 ☐ Yes 2 ☐ No *(6)*

b. What was the name of the surgery or operation? *If name of operation not known, describe what was done.*

b. (1) _____ (2) _____

c. Was there any other surgery or operation during this visit?

c. ☐ Yes *(Reask 5b and c)* ☐ No

6. In what city (town), county, and State is the *(place in 2)* located?

6. City/County _____ State/ZIP Code _____

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G. HEALTH INDICATOR PAGE

1a. During the 2-week period outlined in red on that calendar, has anyone in the family had an injury from an accident or other cause that you have not yet told me about?
☐Yes ☐No *(2)*

b. Who was this? *Mark "Injury" box in person's column.* — **1b.** ☐Injury

c. What was —— injury?
Enter injury(ies) in person's column. — **c.** _____ Injury

d. Did anyone have any other injuries during that period?
☐Yes *(Reask 1b, c, and d)* ☐No

Ask for each injury in 1c:
e. As a result of the *(injury in 1c)* **did [——/anyone] see or talk to a medical doctor or assistant (about ——) or did —— cut down on —— usual activities for more than half of a day?** — **e.** ☐Yes *(Enter injury in C2, THEN 1e for next injury)* ☐No *(1e for next injury)*

2. During the past 12 months, {that is, since *(12-month date)* **a year ago} ABOUT how many days did illness or injury keep —— in bed more than half of the day? (Include days while an overnight patient in a hospital.)** — **2.** 000☐None _____ No. of days

3a. During the past 12 months, ABOUT how many times did [——/anyone] see or talk to a medical doctor or assistant (about ——)? (Do not count doctors seen while an overnight patient in a hospital.) (Include the *(number in 2-WK DV box)* **visit(s) you already told me about.)** — **3a.** 000☐None *(3b)* 000☐Only when overnight patient in hospital *(NP)* _____ No. of visits

b. About how long has it been since [——/anyone] last saw or talked to a medical doctor or assistant (about ——)? Include doctors seen while a patient in a hospital. — **b.** 1☐Interview week *(Reask 3b)* 2☐Less than 1 yr. *(Reask 3a)* 3☐1 yr., less than 2 yrs. 4☐2 yrs., less than 5 yrs. 5☐5 yrs. or more 0☐Never

4. Would you say —— health in general is excellent, very good, good, fair, or poor? — **4.** 1☐Excellent 2☐Very good 3☐Good 4☐Fair 5☐Poor

Mark box if under 18.
5a. About how tall is —— without shoes? — **5a.** ☐Under 18 *(NP)* _____ Feet _____ Inches

b. About how much does —— weigh without shoes? — **b.** _____ Pounds

FOOTNOTES

FORM HIS-1 (1989) (7-15-88)

H. CONDITION LISTS 1 AND 2

Read to respondent(s) and ask list specified in A2:
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

1

1a. Does anyone in the family *{read names}* **NOW HAVE —** *If "Yes," ask 1b and c.*

b. Who is this?

c. Does anyone else NOW have —
Enter condition and letter in appropriate person's column.

A. PERMANENT stiffness or any deformity of the foot, leg, fingers, arm, or back? *(Permanent stiffness —* **joints will not move at all.)**

B. Paralysis of any kind?

1d. DURING THE PAST 12 MONTHS, did anyone in the family have — *If "Yes," ask 1e and f.*

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have —

Enter condition and letter in appropriate person's column.

C—L are conditions affecting the bone and muscle.

M—W are conditions affecting the skin.

C. Arthritis of any kind or rheumatism?

D. Gout?

E. Lumbago?

F. Sciatica?

G. A bone cyst or bone spur?

H. Any other disease of the bone or cartilage?

I. A slipped or ruptured disc?

J. REPEATED trouble with neck, back, or spine?

K. Bursitis?

L. Any disease of the muscles or tendons?

Reask 1d

M. A tumor, cyst, or growth of the skin?

N. Skin cancer?

O. Eczema or Psoriasis? (ek'sa-ma) or (so-rye'uh-sis)

P. TROUBLE with dry or itching skin?

Q. TROUBLE with acne?

R. A skin ulcer?

S. Any kind of skin allergy?

T. Dermatitis or any other skin trouble?

U. TROUBLE with ingrown toenails or fingernails?

V. TROUBLE with bunions, corns, or calluses?

W. Any disease of the hair or scalp?

2

2a. Does anyone in the family *{read names}* **NOW HAVE —** *If "Yes," ask 2b and c.*

b. Who is this?

c. Does anyone else NOW have —

Enter condition and letter in appropriate person's column.

A—L are conditions affecting { *Hearing* / *Vision* / *Speech* }

Conditions M—AA are impairments.

A. Deafness in one or both ears?

B. Any other trouble hearing with one or both ears?

C. Tinnitus or ringing in the ears?

D. Blindness in one or both eyes?

E. Cataracts?

F. Glaucoma?

G. Color blindness?

H. A detached retina or any other condition of the retina?

I. Any other trouble seeing with one or both eyes EVEN when wearing glasses?

J. A Cleft palate or harelip?

K. Stammering or stuttering?

L. Any other speech defect?

M. Loss of taste or smell which has lasted 3 months or more?

N. A missing finger, hand, or arm; toe, foot, or leg?

Reask 2a

O. A missing joint?

P. A missing breast, kidney, or lung?

Q. Palsy or cerebral palsy? (ser'a-bral)

R. Paralysis of any kind?

S. Curvature of the spine?

T. REPEATED trouble with neck, back, or spine?

U. Any TROUBLE with fallen arches or flatfeet?

V. A clubfoot?

W. A trick knee?

X. PERMANENT stiffness or any deformity of the foot, leg, or back? *(Permanent stiffness —* **joints will not move at all.)**

Y. PERMANENT stiffness or any deformity of the fingers, hand, or arm?

Z. Mental retardation?

AA. Any condition caused by an accident or injury which happened more than 3 months ago? *If "Yes," ask:* **What is the condition?**

FORM HIS-1 (1989) (7-15-88)

H. CONDITION LISTS 3 AND 4

Read to respondent(s) and ask list specified in A2:
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

3

3a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**
*If "**Yes,**" ask 3b and c.*

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.
Conditions affecting the digestive system.

A. Gallstones?		*Reask 3a* **N. Enteritis?**	
B. Any other gallbladder trouble?		**O. Diverticulitis? (Dye-ver-tic-yoo-lye'tis)**	
C. Cirrhosis of the liver?		**P. Colitis?**	
D. Fatty liver?		**Q. A spastic colon?**	
E. Hepatitis?		**R. FREQUENT constipation?**	
F. Yellow jaundice?		**S. Any other bowel trouble?**	
G. Any other liver trouble?		**T. Any other intestinal trouble?**	
H. An ulcer?		**U. Cancer of the stomach, intestines, colon, or rectum?**	
I. A hernia or rupture?		**V. During the past 12 months, did anyone (else) in the family have any other condition of the digestive system?**	
J. Any disease of the esophagus?		*If "**Yes,**" ask:* **Who was this? — What was the condition?** *Enter in item C2, THEN reask V.*	
K. Gastritis?			
L. FREQUENT indigestion?			
M. Any other stomach trouble?			

4

4a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**
*If "**Yes,**" ask 4b and c.*

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
A—B are conditions affecting the glandular system.
C is a blood condition.
D—I are conditions affecting the nervous system.
J—Y are conditions affecting the genito-urinary system.

A. A goiter or other thyroid trouble?		*Reask 4a* **N. Any other kidney trouble?**	
B. Diabetes?		**O. Bladder trouble?**	
C. Anemia of any kind?		**P. Any disease of the genital organs?**	
D. Epilepsy?		**Q. A missing breast?**	
E. REPEATED seizures, convulsions, or blackouts?		**R. Breast cancer?**	
F. Multiple sclerosis?		**S. *Cancer of the prostate?**	
G. Migraine?		**T. *Any other prostate trouble?**	
H. FREQUENT headaches?		**U. **Trouble with menstruation?**	
I. Neuralgia or neuritis?		**V. **A hysterectomy?** *If "**Yes,**" ask:* **For what condition did — — have a hysterectomy?**	
J. Nephritis?		**W. **A tumor, cyst, or growth of the uterus or ovaries?**	
K. Kidney stones?		**X. **Any other disease of the uterus or ovaries?**	
L. REPEATED kidney infections?		**Y. **Any other female trouble?**	
M. A missing kidney?			

**Ask only if males in family.*
***Ask only if females in family.*

FORM HIS-1 (1989) (7-15-88)

H. CONDITION LISTS 5 AND 6

Read to respondent(s) and ask list specified in A2.
Now I am going to read a list of medical conditions. Tell me if anyone in the family has had any of these conditions, even if you have mentioned them before.

5

5a. Has anyone in the family *{read names}* **EVER had —**
*If "**Yes**," ask 5b and c.*

b. Who was this?

c. Has anyone else EVER had —
Enter condition and letter in appropriate person's column.
Conditions affecting the heart and circulatory system.

A. Rheumatic fever?		**G. A stroke or a cerebrovascular accident? (ser'a-bro vas ku-lar)**	
B. Rheumatic heart disease?			
C. Hardening of the arteries or arteriosclerosis?		**H. A hemorrhage of the brain?**	
D. Congenital heart disease?		**I. Angina pectoris? (pek'to-ris)**	
E. Coronary heart disease?		**J. A myocardial infarction?**	
F. Hypertension, sometimes called high blood pressure?		**K. Any other heart attack?**	

5d. DURING THE PAST 12 MONTHS, did anyone in the family have —
*If "**Yes**," ask 5e and f.*

e. Who was this?

f. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
Conditions affecting the heart and circulatory system.

L. Damaged heart valves?		**Q. Any blood clots?**	
M. Tachycardia or rapid heart?		**R. Varicose veins?**	
N. A heart murmur?		**S. Hemorrhoids or piles?**	
O. Any other heart trouble?		**T. Phlebitis or thrombophlebitis?**	
P. An aneurysm? (an yoo-rizm)		**U. Any other condition affecting blood circulation?**	

6

6a. DURING THE PAST 12 MONTHS, did anyone in the family *{read names}* **have —**
*If "**Yes**," ask 6b and c.*

b. Who was this?

c. DURING THE PAST 12 MONTHS, did anyone else have —
Enter condition and letter in appropriate person's column.
Make no entry in item C2 for cold; flu; red, sore, or strep throat; or "virus" even if reported in this list.
Conditions affecting the respiratory system.

A. Bronchitis?		*Reask 6a.* **K. A missing lung?**	
B. Asthma?		**L. Lung cancer?**	
C. Hay fever?		**M. Emphysema?**	
D. Sinus trouble?		**N. Pleurisy?**	
E. A nasal polyp?		**O. Tuberculosis?**	
F. A deflected or deviated nasal septum?		**P. Any other work-related respiratory condition, such as dust on the lungs, silicosis, asbestosis, or pneu-mo-co-ni-o-sis?**	
G. *Tonsillitis or enlargement of the tonsils or adenoids?			
H. *Laryngitis?		**Q. During the past 12 months did anyone (else) in the family have any other respiratory, lung, or pulmonary condition?** *If "Yes," ask:* **Who was this? — What was the condition?** *Enter in item C2, THEN reask Q.*	
I. A tumor or growth of the throat, larynx, or trachea?			
J. A tumor or growth of the bronchial tube or lung?			

**If reported in this list only, ask:*

1. How many times did — — have *(condition)* **in the past 12 months?**
If 2 or more times, enter condition in item C2.
If only 1 time, ask:

2. How long did it last? *If 1 month or longer, enter in item C2.*
If less than 1 month, do not record.
If tonsils or adenoids were removed during past 12 months, enter the condition causing removal in item C2.

FORM HIS-1 (1989) (7-15-88)

J. HOSPITAL PAGE

HOSPITAL STAY 1

1. *Refer to C1, "HOSP." box.*

1. **PERSON NUMBER** _____

2. **You said earlier that —— was a patient in the hospital since** *(13-month hospital date)* **a year ago. On what date did —— enter the hospital ([the last time/the time before that])?**
Record each entry date in a separate Hospital Stay column.

2.

Month	Date	Year
		19 ___

3. **How many nights was —— in the hospital?**

3. 0000 ☐ None *(Next HS)*

_____ Nights

4. **For what condition did —— enter the hospital?**

- *For delivery ask:* **Was this a normal delivery?** *If "No," ask:* **What was the matter?**
- *For newborn ask:* **Was the baby normal at birth?** *If "No," ask:* **What was the matter?**
- *For initial "No condition" ask:* **Why did —— enter the hospital?**
- *For tests, ask:* **What were the results of the tests?** *If no results, ask:* **Why were the tests performed?**

4.

1 ☐ Normal delivery
2 ☐ Normal at birth } *(5)*
3 ☐ No condition
☐ Condition ✓

_____

J1 *Refer to questions 2, 3, and 2-week reference period.*

J1

☐ At least one night in 2-week reference period *(Enter condition in C2, THEN 5)*

☐ No nights in 2-week reference period *(5)*

5a. **Did —— have any kind of surgery or operation during this stay in the hospital, including bone settings and stitches?**

5a. 1 ☐ Yes 2 ☐ No *(6)*

b. **What was the name of the surgery or operation?**
If name of operation not known, describe what was done.

b.
(1) _____
(2) _____
(3) _____

c. **Was there any other surgery or operation during this stay?**

c. ☐ Yes *(Reask 5b and c)* ☐ No

6. **What is the name and address of this hospital?**

6.
Name
Number and street
City or County State

FOOTNOTES

FORM HIS-1 (1989) (7-15-88)

CONDITION 1 | **PERSON NO.**____

1. Name of condition

Mark "2-wk. ref. pd." box without asking if "DV" or "HS" in C2 as source.

2. When did [——/anyone] last see or talk to a doctor or assistant about —— (condition)?

0 ☐ Interview week *(Reask 2)*
1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks, less than 6 mos.
3 ☐ 6 mos., less than 1 yr.
4 ☐ 1 yr., less than 2 yrs.
5 ☐ 2 yrs., less than 5 yrs.
6 ☐ 5 yrs. or more
7 ☐ Dr. seen, DK when
8 ☐ DK if Dr. seen
9 ☐ Dr. never seen
} *(3b)*

3a. (Earlier you told me about —— (condition)) Did the doctor or assistant call the (condition) by a more technical or specific name?

1 ☐ Yes 2 ☐ No 9 ☐ DK

Ask 3b if "Yes" in 3a, otherwise transcribe condition name from item 1 without asking:

b. What did he or she call it? _____
(Specify)

1 ☐ Color Blindness *(NC)*
3 ☐ Normal pregnancy, normal delivery, vasectomy } *(5)*
2 ☐ Cancer *(3e)*
4 ☐ Old age *(NC)*
8 ☐ Other *(3c)*

c. What was the cause of —— (condition in 3b)? *(Specify)*

_____

Mark box if accident or injury. 0 ☐ Accident/injury *(5)*

d. Did the (condition in 3b) result from an accident or injury?

1 ☐ Yes *(5)* 2 ☐ No

Ask 3e if the condition name in 3b includes any of the following words:

Ailment	**Cancer**	**Disease**	**Problem**
Anemia	**Condition**	**Disorder**	**Rupture**
Asthma	**Cyst**	**Growth**	**Trouble**
Attack	**Defect**	**Measles**	**Tumor**
Bad			**Ulcer**

e. What kind of (condition in 3b) is it? _____
(Specify)

Ask 3f only if allergy or stroke in 3b—e:

f. How does the [allergy/stroke] NOW affect ——? *(Specify)*

_____

_____

For Stroke, fill remainder of this condition page for the first present effect. Enter in item C2 and complete a separate condition page for each additional present effect.

Ask 3g if there is an impairment (refer to Card CP2) or any of the following entries in 3b—f:

Abscess	**Damage**	**Palsy**
Ache (except head or ear)	**Growth**	**Paralysis**
Bleeding (except menstrual)	**Hemorrhage**	**Rupture**
Blood clot	**Infection**	**Sore(ness)**
Boil	**Inflammation**	**Stiff(ness)**
Cancer	**Neuralgia**	**Tumor**
Cramps (except menstrual)	**Neuritis**	**Ulcer**
Cyst	**Pain**	**Varicose veins**
		Weak(ness)

g. What part of the body is affected? _____
(Specify)

Show the following detail:

Head . . . . . **skull, scalp, face**
Back/spine/vertebrae . . . . . **upper, middle, lower**
Side . . . . . **left or right**
Ear . . . . . **inner or outer; left, right, or both**
Eye . . . . . **left, right, or both**
Arm . . . . . **shoulder, upper, elbow, lower or wrist; left, right, or both**
Hand . . . . . **entire hand or fingers only; left, right, or both**
Leg . . . . . **hip, upper, knee, lower, or ankle; left, right, or both**
Foot . . . . . **entire foot, arch, or toes only; left, right, or both**

Except for eyes, ears, or internal organs, ask 3h if there are any of the following entries in 3b—f:

Infection **Sore** **Soreness**

h. What part of the (part of body in 3b—g) is affected by the [infection/sore/soreness] — the skin, muscle, bone, or some other part?

*(Specify)*_____

Ask if there are any of the following entries in 3b—f:

Tumor **Cyst** **Growth**

4. Is this [tumor/cyst/growth] malignant or benign?

1 ☐ Malignant 2 ☐ Benign 9 ☐ DK

5
a. When was —— (condition in 3b/3f) first noticed?
b. When did —— (name of injury in 3b)?

1 ☐ 2-wk. ref. pd.
2 ☐ Over 2 weeks to 3 months
3 ☐ Over 3 months to 1 year
4 ☐ Over 1 year to 5 years
5 ☐ Over 5 years

Ask probes as necessary:

(Was it on or since (first date of 2-week ref. period) or was it before that date?)

(Was it less than 3 months or more than 3 months ago?)

(Was it less than 1 year or more than 1 year ago?)

(Was it less than 5 years or more than 5 years ago?)

K1

Refer to RD and C2.
1 ☐ "Yes" in "RD" box AND more than 1 condition in C2 *(6)*
8 ☐ Other *(K2)*

6a. During the 2 weeks outlined in red on that calendar, did —— *(condition)* cause —— to cut down on the things —— usually does?
☐ Yes ☐ No *(K2)*

b. During that period, how many days did —— cut down for more than half of the day?
00 ☐ None *(K2)* _____ Days

7. During those 2 weeks, how many days did —— stay in bed for more than half of the day because of this condition?
00 ☐ None _____ Days

Ask if "Wa/Wb" box marked in C1:
8. During those 2 weeks, how many days did —— miss more than half of the day from —— job or business because of this condition?
00 ☐ None _____ Days

Ask if age 5—17:
9. During those 2 weeks, how many days did —— miss more than half of the day from school because of this condition?
00 ☐ None _____ Days

K2

☐ Condition has "CL LTR" in C2 as source *(10)*
☐ Condition does not have "CL LTR" in C2 as source *(K4)*

10. About how many days since *(12-month date)* a year ago, has this condition kept —— in bed more than half of the day? (Include days while an overnight patient in a hospital.)
000 ☐ None _____ Days

11. Was —— ever hospitalized for —— *(condition in 3b)*?
1 ☐ Yes 2 ☐ No

K3

☐ Missing extremity or organ *(K4)*
☐ Other *(12)*

12a. Does —— still have this condition?
1 ☐ Yes *(K4)* ☐ No

b. Is this condition completely cured or is it under control?
2 ☐ Cured 8 ☐ Other *(Specify)* _____ *(K4)*
3 ☐ Under control *(K4)*

c. About how long did —— have this condition before it was cured?
000 ☐ Less than 1 month **OR** _____ Number { 1 ☐ Months 2 ☐ Years

d. Was this condition present at any time during the past 12 months?
1 ☐ Yes 2 ☐ No

K4

0 ☐ Not an accident/injury *(NC)*
1 ☐ First accident/injury for this person *(14)*
8 ☐ Other *(13)*

13. Is this *(condition in 3b)* the result of the same accident you already told me about?
☐ Yes *(Record condition page number where accident questions first completed.)* → _____ *(NC)* Page No.
☐ No

14. Where did the accident happen?
1 ☐ At home (inside house)
2 ☐ At home (adjacent premises)
3 ☐ Street and highway (includes roadway and public sidewalk)
4 ☐ Farm
5 ☐ Industrial place (includes premises)
6 ☐ School (includes premises)
7 ☐ Place of recreation and sports, except at school
8 ☐ Other *(Specify)* _____

Mark box if under 18. ☐ Under 18 *(16)*

15a. Was —— under 18 when the accident happened?
1 ☐ Yes *(16)* ☐ No

b. Was —— in the Armed Forces when the accident happened?
2 ☐ Yes *(16)* ☐ No

c. Was —— at work at —— job or business when the accident happened?
3 ☐ Yes 4 ☐ No

16a. Was a car, truck, bus, or other motor vehicle involved in the accident in any way?
1 ☐ Yes 2 ☐ No *(17)*

b. Was more than one vehicle involved?
1 ☐ Yes 2 ☐ No

c. Was [it/either one] moving at the time?
1 ☐ Yes 2 ☐ No

17a. At the time of the accident what part of the body was hurt?
What kind of injury was it?
Anything else?

Part(s) of body *	Kind of injury

Ask if box 3, 4, or 5 marked in Q.5:

b. What part of the body is affected now?
How is —— *(part of body)* affected?
Is —— affected in any other way?

Part(s) of body *	Present effects **

* Enter part of body in same detail as for 3g.
** If multiple present effects, enter in C2 each one that is not the same as 3b or C2 and complete a separate condition page for it.

L. DEMOGRAPHIC BACKGROUND PAGE

L1 *Refer to age.*

L1
- ☐ Under 5 *(NP)*
- ☐ 5–17 *(2)*
- ☐ 18 and over *(1)*

1a. Did —— EVER serve on active duty in the Armed Forces of the United States? — **1a.**
1 ☐ Yes *(Mark "AF" box, THEN 1b)*
2 ☐ No *(2)*

b. When did —— serve?

Mark box in descending order of priority. Thus, if person served in Vietnam and in Korea mark VN.

Vietnam Era (Aug. '64 to April '75) . . . . . VN
Korean War (June '50 to Jan. '55) . . . . . KW
World War II (Sept. '40 to July '47) . . . . . WWII
World War I (April '17 to Nov. '18) . . . . . WWI
Post Vietnam (May '75 to present) . . . . . PVN
Other Service (all other periods) . . . . . OS

b.
1 ☐ VN 5 ☐ PVN
2 ☐ KW 8 ☐ OS
3 ☐ WWII 9 ☐ DK
4 ☐ WWI

c. Was —— EVER an active member of a National Guard or military reserve unit? — **c.**
☐ Yes 2 ☐ No *(2)* 7 ☐ DK *(2)*

d. Was ALL of —— active duty service related to National Guard or military reserve training? — **d.**
1 ☐ Yes 3 ☐ No 9 ☐ DK

2a. What is the highest grade or year of regular school —— has ever attended? — **2a.**
00 ☐ Never attended or kindergarten *(NP)*
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5 6 +

b. Did —— finish the *(number in 2a)* **[grade/year]?** — **b.**
1 ☐ Yes 2 ☐ No

Hand Card R. Ask first alternative for first person; ask second alternative for other persons.

3a. [What is the number of the group or groups which represents —— race? / What is —— race?] — **3a.**
1 2 3 4 5 ↓

Circle all that apply
1 — Aleut, Eskimo, or American Indian
2 — Asian or Pacific Islander
3 — Black
4 — White
5 — Another group not listed — *Specify*

_____ *(Specify)*

Ask if multiple entries:
b. Which of those groups; that is, *(entries in 3a)* **would you say BEST represents —— race?** — **b.**
1 2 3 4 5 ↓

_____ *(Specify)*

c. *Mark observed race of respondent(s) only.* — **c.**
1 ☐ W 2 ☐ B 3 ☐ O

Hand Card O.

4a. Are any of those groups —— national origin or ancestry? (Where did —— ancestors come from?) — **4a.**
1 ☐ Yes
2 ☐ No *(NP)*

b. Please give me the number of the group. — **b.**
Circle all that apply.
1 — Puerto Rican
2 — Cuban
3 — Mexican/Mexicano
4 — Mexican American
5 — Chicano
6 — Other Latin American
7 — Other Spanish

1 2 3 4 5 6 7

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L. DEMOGRAPHIC BACKGROUND PAGE, Continued

L2 *Refer to "Age" and "Wa/Wb" boxes in C1.*

L2
0☐ Under 18 *(NP)*
1☐ Wa box marked *(6a)*
2☐ Wb box marked *(5a)*
3☐ Neither box marked *(5b)*

5a. Earlier you said that —— has a job or business but did not work last week or the week before. Was —— looking for work or on layoff from a job during those 2 weeks? — **5a.** 1☐ Yes *(5c)* 2☐ No *(6b)*

b. Earlier you said that —— didn't have a job or business last week or the week before. Was —— looking for work or on layoff from a job during those 2 weeks? — **b.** 1☐ Yes 2☐ No *(NP)*

c. Which, looking for work or on layoff from a job? — **c.** 1☐ Looking *(6c)* 2☐ Layoff *(6b)* 3☐ Both *(6b)*

6a. Earlier you said that —— worked last week or the week before. *Ask 6b.*

b. For whom did —— work? *Enter name of company, business, organization, or other employer.* — **6b. and c.** Employer ☐ NEV *(6g)* ☐ AF *(6e)*

c. For whom did —— work at —— last full-time job or business lasting 2 consecutive weeks or more? *Enter name of company, business, organization, or other employer, or mark "NEV" or "AF" box in person's column.*

d. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.* — **d.** Industry

If "AF" in 6b/c, mark "AF" box in person's column without asking.
e. What kind of work was —— doing? *For example, electrical engineer, stock clerk, typist, farmer.* — **e.** Occupation ☐ AF *(NP)*

f. What were —— most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.* — **f.** Duties

Complete from entries in 6b—f. If not clear, ask:

g. Was ——

An employee of a PRIVATE company, business or individual for wages, salary, or commission ..... **P**
A FEDERAL government employee? ..... **F**
A STATE government employee? ..... **S**
A LOCAL government employee? ..... **L**

Self-employed in OWN business, professional practice, or farm?
Ask: **Is the business incorporated?**
Yes ..... **I**
No ..... **SE**

Working WITHOUT PAY in family business or farm? ..... **WP**

— **NEVER WORKED or never worked at a full-time job lasting 2 weeks or more** ..... **NEV**

g. Class of worker
1☐ P 5☐ I
2☐ F 6☐ SE
3☐ S 7☐ WP
4☐ L 8☐ NEV

FOOTNOTES

FORM HIS-1 (1989) (7-15-88)

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

7. *Mark box if under 14. If "Married" refer to household composition and mark accordingly.*
Is — — now married, widowed, divorced, separated, or has — — never been married?

7.
- 0 ☐ Under 14
- 1 ☐ Married — spouse in HH
- 2 ☐ Married — spouse not in HH
- 3 ☐ Widowed
- 4 ☐ Divorced
- 5 ☐ Separated
- 6 ☐ Never married

8a. Was the total combined FAMILY income during the past 12 months — that is, yours, *(read names, including Armed Forces members living at home)* **more or less than $20,000? Include money from jobs, social security, retirement income, unemployment payments, public assistance, and so forth. Also include income from interest, dividends, net income from business, farm, or rent, and any other money income received.**

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

8a.
- 1 ☐ $20,000 or more *(Hand Card I)*
- 2 ☐ Less than $20,000 *(Hand Card J)*

Read parenthetical phrase if Armed Forces member living at home or if necessary.

b. Of those income groups, which letter best represents the total combined FAMILY income during the past 12 months (that is, yours, *(read names, including Armed Forces members living at home)*)**? Include wages, salaries, and other items we just talked about.**

Read if necessary: **Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical care services or have certain conditions more or less often than those in another group.**

b.

00 ☐ A	10 ☐ K	20 ☐ U
01 ☐ B	11 ☐ L	21 ☐ V
02 ☐ C	12 ☐ M	22 ☐ W
03 ☐ D	13 ☐ N	23 ☐ X
04 ☐ E	14 ☐ O	24 ☐ Y
05 ☐ F	15 ☐ P	25 ☐ Z
06 ☐ G	16 ☐ Q	26 ☐ ZZ
07 ☐ H	17 ☐ R	
08 ☐ I	18 ☐ S	
09 ☐ J	19 ☐ T	

R

a. *Mark first appropriate box.*

Ra.
- 0 ☐ Under 17
- 1 ☐ Present for all questions
- 2 ☐ Present for some questions
- 3 ☐ Not present

b. *Enter person number of respondent.*

b. _____ Person number(s) of respondent(s)

L3 *Enter person number of first parent listed or mark box.*

L3 _____ Person number of parent
00 ☐ None in household

L4 *Enter person number of spouse or mark box.*

L4 _____ Person number of spouse
00 ☐ None in household

FOOTNOTES

L. DEMOGRAPHIC BACKGROUND PAGE, Continued

RT61 3–4

L5 *Refer to age. Complete a separate column for each nondeleted person aged 18 and over.*

L5 **PERSON NUMBER** _____

Read to respondent(s): **In order to determine how health practices and conditions are related to how long people live, we would like to refer to statistical records maintained by the National Center for Health Statistics.**

L6 *Enter date of birth from question 3 on Household Composition page.*

L6 Date of birth — 5–11

Month	Date	Year

9a. In what State or country was — — born?

Print the full name of the State or mark the appropriate box if the person was not born in the United States.

9a. 12–13

99 ☐ DK

_____ State

01 ☐ Puerto Rico
02 ☐ Virgin Islands
03 ☐ Guam
04 ☐ Canada
05 ☐ Cuba
06 ☐ Mexico
98 ☐ All other countries

If born in U.S., ask 9b; if born in foreign country, ask 9c.

b. Altogether, how many years has — — lived in *(State of present residence)*?

b. 14

1 ☐ Less than 1 yr.
2 ☐ 1 yr., less than 5
3 ☐ 5 yrs., less than 10
4 ☐ 10 yrs., less than 15
5 ☐ 15 yrs. or more
9 ☐ DK

c. Altogether, how many years has — — lived in the United States?

c. 15

1 ☐ Less than 1 yr.
2 ☐ 1 yr., less than 5
3 ☐ 5 yrs., less than 10
4 ☐ 10 yrs., less than 15
5 ☐ 15 yrs. or more
9 ☐ DK

L7 *Print full name, including middle initial, from question 1 on Household Composition page.*

L7

Last — 16–35

First — 36–50

Middle initial — 51

Verify for males; ask for females.

10. What is — — father's LAST name?
Verify spelling. DO NOT write "Same."

10. Father's LAST name — 52–71

_____

Read to respondent(s): **We also need — — Social Security Number. This information is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on — — benefits and no information will be given to any other government or nongovernment agency.**

Read if necessary: **The Public Health Service Act is title 42, United States Code, section 242k.**

11. What is — — Social Security Number?

11. 72–80

999999999 ☐ DK

☐☐☐ - ☐☐ - ☐☐☐☐

Social Security Number

Mark if number obtained from → 1 ☐ Memory 2 ☐ Records — 81

L8 *Mark box to indicate how Social Security number was or was not obtained.*

L8 — 82

1 ☐ Self-personal
2 ☐ Self-telephone
3 ☐ Proxy-personal
4 ☐ Proxy-telephone

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L. DEMOGRAPHIC BACKGROUND PAGE, Continued

Read to Hhld. respondent: **The National Center for Health Statistics may wish to contact you again to obtain additional health related information. Please give me the name, address, and telephone number of a relative or friend who would know where you could be reached in case we have trouble reaching you. (Please give me the name of someone who is not currently living in the household.)** *Please print items 12–15.*

RT62

12. Contact Person name

Last (3–4 / 5–24) | First (25–39) | Middle initial (40)

13a. Address *(Number and street)* (41–65)

b. City (66–85) | State (86–87) | ZIP Code (88–96)

14. Area code/telephone number (97–106)

( ) -

(107)

1 ☐ None
2 ☐ Refused
9 ☐ DK

15. Relationship to household respondent (108–109)

FOOTNOTES

FORM HIS-1 (1989) (7-15-88)

	☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF		☐ SP ☐ Old age ☐ AF	☐ SP ☐ Old age ☐ AF
	2	**3**		**4**	**5**
1.	First name / Mid. init. / Age Last name / Sex 1☐ M 2☐ F	First name / Mid. init. / Age Last name / Sex 1☐ M 2☐ F	1.	First name / Mid. init. / Age Last name / Sex 1☐ M 2☐ F	First name / Mid. init. / Age Last name / Sex 1☐ M 2☐ F
2.	Relationship	Relationship	2.	Relationship	Relationship
3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year	3.	Date of birth Month / Date / Year	Date of birth Month / Date / Year
C1	HOSP. 00☐ None Number / WORK 1☐ Wa 2☐ Wb / RD 1☐ Yes 2☐ No / 2-WK. DV 00☐ None Number	HOSP. 00☐ None Number / WORK 1☐ Wa 2☐ Wb / RD 1☐ Yes 2☐ No / 2-WK. DV 00☐ None Number	C1	HOSP. 00☐ None Number / WORK 1☐ Wa 2☐ Wb / RD 1☐ Yes 2☐ No / 2-WK. DV 00☐ None Number	HOSP. 00☐ None Number / WORK 1☐ Wa 2☐ Wb / RD 1☐ Yes 2☐ No / 2-WK. DV 00☐ None Number
C2	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.	C2	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.		LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.		LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.		LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.
	LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.		LA / RA / DV / INJ. / CL LTR / HS / COND.	LA / RA / DV / INJ. / CL LTR / HS / COND.

FOOTNOTES

FORM HIS-1 (1989) (7-15-88)

FORM HIS-1 (1989) (7-15-88)

E	*If this questionnaire is for an EXTRA unit, enter Control Number of original sample unit* ➡ ______	*If in AREA OR BLOCK SEGMENT, also enter for FIRST unit listed on property* ➡	LISTING SHEET Sheet number	Line number

TABLE X — LIVING QUARTERS DETERMINATIONS AT LISTED ADDRESS

ADDRESS OF ADDITIONAL LIVING QUARTERS	LOCATION OF UNIT	SEPARATENESS AND FACILITIES		CLASSIFICATION	AREA AND BLOCK SEGMENTS	PERMIT SEGMENTS
If already listed, fill sheet and line number below and stop Table X. Otherwise, enter basic address and unit address, if any, OR description of location.	**Is this a unit in a special place?**	**Do the occupants (or intended occupants) of** *(address in col. (1))* **live and eat separately from all other persons on the property?**	**Does** *(address in col. (1))* **have direct access from the outside or through a common hall?**	**N — Not a separate unit** *Include on this questionnaire.* **HU / OT** — **Separate unit** — *Do not include on this questionnaire. Complete the appropriate segment type column for interviewing instructions.*	**Is this unit within the segment boundaries?**	**Is this unit within the same structure as the original sample unit?**
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Sheet ______ Line ______	☐ Yes — *Skip to col. (5) and mark according to Table A in Part C of manual* ☐ No	☐ Yes ☐ No — *Skip to col. (5) and mark N*	☐ Yes — *Mark HU in col. (5)* ☐ No — *Mark N in col. (5)*	☐ N — *Stop Table X for this line* ☐ HU — *Fill col. (6) or (7), as appropriate* ☐ OT — *Fill col. (6) or (7), as appropriate*	☐ Yes — *Interview as an EXTRA unit* ☐ No — *Do not interview*	☐ Yes — *List on first available line of listing sheet. Interview if in sample.* ☐ No — *Do not interview*
Sheet ______ Line ______	☐ Yes — *Skip to col. (5) and mark according to Table A in Part C of manual* ☐ No	☐ Yes ☐ No — *Skip to col. (5) and mark N*	☐ Yes — *Mark HU in col. (5)* ☐ No — *Mark N in col. (5)*	☐ N — *Stop Table X for this line* ☐ HU — *Fill col. (6) or (7), as appropriate* ☐ OT — *Fill col. (6) or (7), as appropriate*	☐ Yes — *Interview as an EXTRA unit* ☐ No — *Do not interview*	☐ Yes — *List on first available line of listing sheet. Interview if in sample.* ☐ No — *Do not interview*
Sheet ______ Line ______	☐ Yes — *Skip to col. (5) and mark according to Table A in Part C of manual* ☐ No	☐ Yes ☐ No — *Skip to col. (5) and mark N*	☐ Yes — *Mark HU in col. (5)* ☐ No — *Mark N in col. (5)*	☐ N — *Stop Table X for this line* ☐ HU — *Fill col. (6) or (7), as appropriate* ☐ OT — *Fill col. (6) or (7), as appropriate*	☐ Yes — *Interview as an EXTRA unit* ☐ No — *Do not interview*	☐ Yes — *List on first available line of listing sheet. Interview if in sample.* ☐ No — *Do not interview*

▶ **NOTE: Be sure to continue interview for original unit after completing Table X for all lines.**

FOOTNOTES

Current health topics: 1985–89

1985

The 1985 NHIS included 34,844 households that yielded interviews with 91,531 persons. Because of budgetary limitations, the NHIS sample was reduced by 25 percent in the 1985 data collection year.

Health promotion and disease prevention was the special health topic of interest in 1985. One adult family member, 18 years of age and over, was selected to participate in the questions on health promotion and disease prevention. Female family members were asked questions concerning their smoking history during pregnancy. Children under 18 years of age were the subject of questions about child safety and infant feeding.

The 1985 basic health and demographic questionnaire included questions that were in the survey in prior years: acute conditions, chronic conditions, restriction in activity, use of medical services, and short-stay hospitalization. However, the 1985 NHIS marked the initiation of several new design features.

The NHIS sample design implemented with the 1985 data collection year reflected a complete redesign from the previous years (1,2). The major changes covered four areas (1). The formation of panels of primary sampling units (PSU's) was one of the changes. The total NHIS sample of PSU's was subdivided into four separate panels such that each panel was a representative sample of the United States population. This design feature had a number of advantages, including flexibility for the total sample size. The 1985 NHIS sample included three of the four panels. The second change was the reduction of the number of primary sampling locations from 376 to 198 to improve sampling efficiency. The third design change implemented in 1985 was the oversampling of the black population to improve the precision of estimates. The oversampling resulted in an increase in the number of black persons in the NHIS sample by approximately 75 percent and an increase in the precision of most related statistics by more than 20 percent. The fourth change facilitated followup studies of respondents and linkage with other national health-related data sets such as the National Death Index by using an all-area frame not based on the decennial census.

OMB No. 0937-0021: Approval Expires March 31, 1986

FORM **HIS-1(SB) (1985)**
(4-25-85)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

HEALTH PROMOTION AND DISEASE PREVENTION SUPPLEMENT BOOKLET

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

RT70

1. 3–7, 8 — Book ____ of ____ books

2. R.O. Number 9–10

3. Sample 11–13

4. Control number 14–16 — PSU | 17–20 — Segment | Serial 21–22

5. Person number 23–24

6. Sex 25 — 1 ☐ Male, 2 ☐ Female

7. Sample Person 26–45 — Last name | First name 46–60

8. FINAL STATUS OF SUPPLEMENTS 61

0 ☐ No person 18+ in this family *(Household page)*

a. Section M (Household Respondent Section)

Interview
- 1 ☐ Complete interview (all appropriate items completed)
- 2 ☐ Partial interview (some but not all appropriate items completed) *(Explain in notes)*

Noninterview
- 3 ☐ Refusal } *(Explain in notes)*
- 4 ☐ Other }

b. Sections N through V (Sample Person Section) 62

Interview
- 1 ☐ Complete interview (all appropriate sections completed)
- 2 ☐ Partial interview (some but not all appropriate sections completed) *(Explain in notes)*

Noninterview
- 3 ☐ Refusal *(Explain in notes)*
- 4 ☐ SP temporarily absent
- 5 ☐ SP mentally or physically incapable
- 8 ☐ Other *(Explain in notes)*

TRANSCRIPTION FROM COMPLETED HIS-1 80

12. Telephone in household *(Household page, question 11, THEN 16)*
- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

13. Education of SP *(page 42, question 2a)* 81–82

00 ☐ Never attended or kindergarten

Elem: 1 2 3 4 5 6 7 8

High: 9 10 11 12

College: 1 2 3 4 5 6+

Finish grade/year *(Question 2b)* 83
- 1 ☐ Yes
- 2 ☐ No

14. Main Race of SP *(page 42, question 3a/b)* 84

1 2 3 4 5 — *Specify* ____

15. Family Income *(page 46, question 8b)* 85–86

00 ☐ A	10 ☐ K	20 ☐ U
01 ☐ B	11 ☐ L	21 ☐ V
02 ☐ C	12 ☐ M	22 ☐ W
03 ☐ D	13 ☐ N	23 ☐ X
04 ☐ E	14 ☐ O	24 ☐ Y
05 ☐ F	15 ☐ P	25 ☐ Z
06 ☐ G	16 ☐ Q	26 ☐ ZZ
07 ☐ H	17 ☐ R	*(Transcribe from 8a if 8b blank)*
08 ☐ I	18 ☐ S	27 ☐ $20,000 or more
09 ☐ J	19 ☐ T	28 ☐ Less than $20,000

Refer to HIS-1(SB) page 4, questions 4a and b. Transcribe from HIS-1 for the sample person, if required *(page 20, questions 5a and b)*.

9. Beginning time 63–66, 67 — 1 a.m., 2 p.m. | Ending time 68–71, 72 — 1 a.m., 2 p.m.

10. Interviewer identification 73–74 — Name | Code

11. FAMILY ROSTER

List all nondeleted family members 18+ by age (oldest to youngest). Refer to sample selection label and circle as appropriate. THEN circle Person No. in item 11 and mark "SP" box on HIS-1 for the selected sample person.

Line No.	Person No.	Name	Age
75	76–77		78–79
1			
2			
3			
4			
5			
6			
7			
8			
9			

16. TELEPHONE NUMBER 87–96

☐ None

Area code | Number

FOOTNOTES

RT71 | 3–4

Section M. PREGNANCY AND SMOKING

Person Number _____ | 5–6

First name _____

M1 *Refer to age and sex on Household Composition Page.*
☐ Females 18—44 in family *(Enter person number and name of all females 18—44; THEN 1)* ☐ No females 18—44 in family *(Section N)*

Read to respondent:
These next few questions refer to smoking and pregnancy and are asked of women aged 18—44. In this family the questions refer to *(read names)*.

1a. Are any of these women now pregnant? ☐ Yes ☐ No *(2)* ☐ DK *(2)*

b. Who is this? *Mark box in person's column.*

1b. 1 ☐ Yes, pregnant now 9 ☐ DK — 7

c. Anyone else? ☐ Yes *(Reask 1b and c)* ☐ No

2a. Have any of these women given birth to a live born infant in the past 5 years? ☐ Yes ☐ No *(M2)* ☐ DK *(M2)*

b. Who is this? *Mark box in person's column.*

2b. 1 ☐ Yes, child past 5 years 9 ☐ DK — 8

c. Anyone else? ☐ Yes *(Reask 2b and c)* ☐ No

M2 *Mark first appropriate box.* ☐ **1b and 2b blank for all persons** *(Section N)*

M2 — 9
1 ☐ Available, "Yes" in 2b *(3)*
2 ☐ Available, "Yes" in 1b *(4)*
3 ☐ Callback required *(NP)*
4 ☐ Noninterview *(Cover page, THEN NP)*
8 ☐ Other *(NP)*

3. In what month and year was your last child born?

3. _____ / 19 _____ (Month / Year) — 10–13

4. Have you smoked at least 100 cigarettes in your entire life?

4. 1 ☐ Yes *(Mark "Smoking asked" box, THEN 5)*
2 ☐ No *(Mark "Smoking asked" box, THEN NP)* — 14

5a. Do you smoke cigarettes now?

5a. 1 ☐ Yes *(6)*
2 ☐ No — 15

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

b. _____ Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } *(M3)* — 16–18
998 ☐ Never smoked regularly *(M3)*

6. On the average, about how many cigarettes a day do you now smoke?

6. _____ Number — 19–20
00 ☐ Less than 1 per day

M3 *Mark appropriate box.*

M3 — 21
1 ☐ "Yes" in 1b and "Yes" in 5a *(8)*
2 ☐ "Yes" in 1b and "No" in 5a *(7)*
8 ☐ Other *(M4)*

7. Have you smoked cigarettes at any time during this pregnancy?

7. 1 ☐ Yes
2 ☐ No *(M4)* — 22

8. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant this time?

8. _____ Number — 23–24
98 ☐ Did not smoke regularly

9. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant this time?

9. _____ Number — 25–26
98 ☐ Did not smoke regularly

M4 *Mark appropriate box.*

M4 — 27
1 ☐ "Yes" in 2b *(10)*
8 ☐ Other *(14)*

10. Did you smoke cigarettes at all during the 12 months before your last child was born in *(month and year in 3)*?

10. 1 ☐ Yes
2 ☐ No *(14)* — 28

11. On the average, about how many cigarettes a day did you smoke BEFORE you found out you were pregnant?

11. _____ Number — 29–30
98 ☐ Did not smoke regularly

12. On the average, about how many cigarettes a day did you smoke AFTER you found out you were pregnant?

12. _____ Number — 31–32
98 ☐ Did not smoke regularly
00 ☐ None *(14)*

13. In general, would you say that you smoked cigarettes during MOST of that pregnancy?

13. 1 ☐ Yes
2 ☐ No
8 ☐ Other *(Specify)* _____ — 33

14. Did a doctor EVER advise you to quit or cut down on smoking?

14. 1 ☐ Yes
2 ☐ No
9 ☐ DK — 34

RT72

Section N. GENERAL HEALTH HABITS

3–4 **Sample Person Number** _____

N1

5
1 ☐ Callback required *(Hhld. page)*
2 ☐ Noninterview *(Cover page)*
3 ☐ Available *(1)*

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 ☐ Almost every day
2 ☐ Sometimes
3 ☐ Rarely or never

7
2. Including evening snacks, how often do you eat between meals — almost every day, sometimes, rarely or never?
1 ☐ Almost every day
2 ☐ Sometimes
3 ☐ Rarely or never

8
3. When you visit a doctor or other health professional for routine care, is eating proper foods discussed often, sometimes, rarely or never?
1 ☐ Often
2 ☐ Sometimes
3 ☐ Rarely or never
4 ☐ Don't visit for routine care

N2 *Refer to page 46 or 47, item R, of HIS-1.*

9
1 ☐ SP is Hhld. resp. *(5)*
8 ☐ Other *(4)*

10–12
4a. About how tall are you without shoes?
_____ Feet _____ Inches

13–15
b. About how much do you weigh without shoes?
_____ Pounds

Hand Card N1 or read responses for telephone interview.

16
17
5. In your opinion which of these are the TWO best ways to lose weight?
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

18
6. Are you now trying to lose weight?
1 ☐ Yes
2 ☐ No *(9)*

19
7. Are you eating fewer calories to lose weight?
1 ☐ Yes
2 ☐ No

20
8. Have you increased your physical activity to lose weight?
1 ☐ Yes
2 ☐ No

21
9a. Do you consider yourself overweight, underweight, or just about right?
1 ☐ Overweight
2 ☐ Underweight } *(10)*
3 ☐ About right }

22
b. Would you say you are very overweight, somewhat overweight, or only a little overweight?
1 ☐ Very overweight
2 ☐ Somewhat overweight
3 ☐ Only a little overweight

23–24
10. On the average, how many hours of sleep do you get in a 24-hour period?
_____ Hours

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85)

Section N. GENERAL HEALTH HABITS — Continued

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? — 25

1 ☐ Yes
2 ☐ No *(14)*

12. What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?

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?** — 26

1 ☐ Doctor's office (group practice or doctor's clinic)
2 ☐ Hospital outpatient clinic
3 ☐ Sample person's home
4 ☐ Hospital emergency room
5 ☐ Company or industry clinic
6 ☐ Health center
8 ☐ Other *(Specify)* _____

13. Is there ONE particular doctor you usually see at *(place in 12)*? — 27

1 ☐ Yes
2 ☐ No } *(N3)*

Hand Card N2 or read reasons for telephone interview.

14. Which of these is the MAIN reason you don't have a particular place you usually go? — 28

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)* _____

N3 *Refer to sex.* — 29

1 ☐ Male *(Section O)*
2 ☐ Female *(15)*

15. About how long has it been since you had a Pap smear test? — 30–31

_____ Years
98 ☐ Never
00 ☐ Less than 1 year

16a. About how long has it been since you had a breast examination by a doctor or other health professional? — 32–33

_____ Years
98 ☐ Never
00 ☐ Less than 1 year

b. Do you know how to examine your own breasts for lumps? — 34

1 ☐ Yes
2 ☐ No *(Section O)*

c. About how many times a year do you examine your own breasts for lumps? — 35–36

_____ Times per year
88 ☐ Other *(Specify)* _____
98 ☐ Never

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85)

Section O. INJURY CONTROL AND CHILD SAFETY AND HEALTH

01 *Refer to household composition.* — 37

1 ☐ Children under 10 in family *(1)*
2 ☐ No children under 10 in family *(03)*

Read to respondent:
These questions are about preventing injuries to children.

1a. Have you ever heard about POISON CONTROL CENTERS? — 38

1 ☐ Yes
2 ☐ No *(2)*

b. Do you have the telephone number for a Poison Control Center in your area? — 39

1 ☐ Yes
2 ☐ No
9 ☐ DK

2. There is a medication called IPECAC (ip' i kak) **SYRUP which is sometimes taken to cause vomiting after something poisonous is swallowed. Do you now have any Ipecac Syrup in this household?** — 40

1 ☐ Yes
2 ☐ No
9 ☐ DK

02 *Refer to household composition.* — 41

1 ☐ Children under 5 in family *(3)*
2 ☐ No children under 5 in family *(03)*

3. Have you heard about child safety seats, sometimes called car safety carriers, which are designed to carry children while they are riding in a car? — 42

1 ☐ Yes
2 ☐ No *(03)*

4. Did a doctor or other health professional EVER tell you about the importance of using car safety seats for (your) children? — 43

1 ☐ Yes
2 ☐ No

03 *Refer to household composition.* — 44

1 ☐ Children under 18 in family *(04)*
2 ☐ No children under 18 in family *(10)*

RT73 — 3–4

04 *Enter person number and name of all children under 18; THEN mark box.* — 04

Person Number _____ — 5–6

First name _____

1 ☐ Under 5 *(5)*
2 ☐ 5–17 *(7)* — 7

5. When — — was brought home from the hospital following birth, was — — buckled in a car safety seat? — 5. — 8

1 ☐ Yes
2 ☐ No
3 ☐ Not born in hospital
4 ☐ Didn't ride home in "car"
9 ☐ DK

6a. Does — — now have a car safety seat? — 6a. — 9

1 ☐ Yes
2 ☐ No } *(7)*
9 ☐ DK }

b. When riding in a car, is — — buckled in a car safety seat all or most of the time, some of the time, once in awhile, or never? — b. — 10

1 ☐ All or most of the time } *(NP)*
2 ☐ Some of the time }
3 ☐ Once in awhile }
4 ☐ Never } *(7)*
9 ☐ DK }

7. When riding in a car, does — — wear a seat belt all or most of the time, some of the time, once in awhile, or never? — 7. — 11

1 ☐ All or most of the time
2 ☐ Some of the time
3 ☐ Once in awhile
4 ☐ Never
5 ☐ Uses child safety seat
9 ☐ DK

05 *Refer to age.* — 05 — 12

1 ☐ Under 5 *(8)*
8 ☐ Other *(06)*

Read to respondent:
{These next questions are about breastfeeding.}

8. Was — —ever breastfed? — 8. — 13

1 ☐ Yes
2 ☐ No } *(06)*
9 ☐ DK }

9. How old was — — when — — COMPLETELY stopped breastfeeding? — 9. — 14–16

000 ☐ Still breastfed

_____ Age

1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

06 *Respondent* — 06 — 17

1 ☐ Child's parent
8 ☐ Other

FORM HIS-1(SB) (1985) (4-25-85)

RT74

Section O. INJURY CONTROL AND CHILD SAFETY AND HEALTH — Continued

3–4

10. When driving or riding in a car, do you wear a seat belt all or most of the time, some of the time, once in awhile, or never? — 5

1 ☐ All or most of the time
2 ☐ Some of the time
3 ☐ Once in awhile
4 ☐ Never
5 ☐ Don't ride in car

Read to respondent:
The next questions are about this home.

11a. How many smoke detectors are installed in this home? — 6–7

01 ☐ Only 1 *(11c)*
_____ Number *(11b)*
00 ☐ None
99 ☐ DK } *(12)*

b. How many of them are now working? — 8–9

_____ Number *(11d)*
00 ☐ None *(11f)*

c. Is it now working? — 10

1 ☐ Yes
2 ☐ No
9 ☐ DK } *(11f)*

d. How do you know [it is/they are] working? — 11–17

1 ☐ Tested it/them — 11
1 ☐ It/they went off because of smoke — 12
1 ☐ It/they went off while cooking — 13
1 ☐ Changed the batteries — 14
1 ☐ The light is on — 15
1 ☐ Beeps when battery is low — 16
1 ☐ Other *(Specify)* _____ — 17

e. Any other way?

☐ Yes *(Reask 11d and e)*
☐ No

f. [Is it/Are any of the smoke detectors] next to a sleeping area? — 18

1 ☐ Yes
2 ☐ No
9 ☐ DK

12a. Do you know about what the hot water temperature is in this home? — 19

1 ☐ Yes
2 ☐ No *(13)*

b. About what temperature is the hot water? — 20–22

_____ Temperature
OR
1 ☐ High — 23
2 ☐ Low
3 ☐ Medium

c. How did you estimate the hot water temperature? — 24

1 ☐ The setting on hot water heater
2 ☐ Tested with thermometer
3 ☐ Guessed
8 ☐ Other *(Specify)* _____

13. In the past 12 months, have you (or has anyone in your household) used a thermometer to test the temperature of the hot water here? — 25

1 ☐ Yes
2 ☐ No
9 ☐ DK

14. ABOVE what temperature will hot water cause scald injuries? — 26–28

_____ Temperature
999 ☐ DK

FOOTNOTES

RT75
3–4

Section P. HIGH BLOOD PRESSURE

1. I am going to read a list of things which may or may not affect a person's chances of getting HEART DISEASE.

Hand Card 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 —

	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 ☐	2 ☐	3 ☐	4 ☐	9 ☐	5
b. Worry or anxiety?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	6
c. High blood pressure?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	7
d. Diabetes?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	8
e. Being VERY overweight?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	9
f. Overwork?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	10
g. Drinking coffee with caffeine?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	11
h. Eating a diet high in animal fat?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	12
i. Family history of heart disease?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	13
j. High cholesterol?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	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? 15

1 ☐ Diabetes
2 ☐ High blood pressure
3 ☐ High cholesterol
9 ☐ DK

3. Which one of the following substances in food is MOST often associated with HIGH BLOOD PRESSURE — sodium, cholesterol or sugar? 16

1 ☐ Sodium
2 ☐ Cholesterol
3 ☐ Sugar
8 ☐ Other *(Specify)* _____
9 ☐ DK

4. Have you EVER been told by a doctor or other health professional that you had hypertension, sometimes called high blood pressure? 17

1 ☐ Yes
2 ☐ No *(12)*
3 ☐ Only during pregnancy *(12)*

5. Were you told two or more DIFFERENT times that you had hypertension or high blood pressure? 18

1 ☐ Yes
2 ☐ No
9 ☐ DK

6. Are you NOW taking any medicine prescribed by a doctor for your hypertension or high blood pressure? 19

1 ☐ Yes *(8)*
2 ☐ No

7a. Was any medicine EVER prescribed by a doctor for your hypertension or high blood pressure? 20

1 ☐ Yes
2 ☐ No *(8)*

b. Did a doctor advise you to stop taking the medicine? 21

1 ☐ Yes
2 ☐ No

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85))

Section P. HIGH BLOOD PRESSURE — Continued

	a. Diet to lose weight?	b. Cut down on salt or sodium in your diet?	c. Exercise?
8. Because of your hypertension or high blood pressure, has a doctor or other health professional EVER advised you to —	1 ☐ Yes *(9)* 22 2 ☐ No *(8b)*	1 ☐ Yes *(9)* 23 2 ☐ No *(8c)*	1 ☐ Yes *(9)* 24 2 ☐ No *(11)*
9. Have you EVER followed this advice?	1 ☐ Yes *(10)* 25 2 ☐ No *(8b)*	1 ☐ Yes *(10)* 26 2 ☐ No *(8c)*	1 ☐ Yes *(10)* 27 2 ☐ No *(11)*
10. Are you NOW following this advice?	1 ☐ Yes } *(8b)* 28 2 ☐ No }	1 ☐ Yes } *(8c)* 29 2 ☐ No }	1 ☐ Yes } *(11)* 30 2 ☐ No }

11a. Do you still have hypertension or high blood pressure? 31

1 ☐ Yes *(12)*
2 ☐ No
9 ☐ DK

b. Is this condition completely cured or is it under control? 32

1 ☐ Cured
2 ☐ Under control
9 ☐ DK

12a. ABOUT how long has it been since you LAST had your blood pressure taken by a doctor or other health professional? 33–35

_____ Number

2 ☐ Days
3 ☐ Weeks
4 ☐ Months
5 ☐ Years

999 ☐ DK
000 ☐ Never } *(13)*

b. Blood pressure is usually given as one number over another. Were you told what your blood pressure was, in NUMBERS? 36

1 ☐ Yes
2 ☐ No } *(12d)*
9 ☐ DK }

c. What was your blood pressure, in NUMBERS? 37–39 / 40–42

_____ / _____

999 999 ☐ DK

d. At that time, was your blood pressure high, low, or normal? 43

1 ☐ High
2 ☐ Low
3 ☐ Normal
8 ☐ Other *(Specify)* _____
9 ☐ DK

13. Do you NOW have diabetes or sugar diabetes? 44

1 ☐ Yes
2 ☐ No
8 ☐ Other *(Specify)* _____

14. Have you ever been told by a doctor or other health professional that you had high cholesterol? 45

1 ☐ Yes
2 ☐ No

15. Do you have any kind of heart condition or heart trouble? 46

1 ☐ Yes
2 ☐ No

16. Have you ever had a stroke? 47

1 ☐ Yes
2 ☐ No

FOOTNOTES

Section Q. STRESS

48

Read to respondent:

These next questions are about stress.

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?

1 ☐ A lot
2 ☐ Moderate
3 ☐ Relatively little
4 ☐ Almost none
5 ☐ DK what stress is *(3)*

49

2. In the past year, how much effect has stress had on your health — a lot, some, hardly any or none?

1 ☐ A lot
2 ☐ Some
3 ☐ Hardly any or none

50

3a. In the past year, did you think about seeking help for any personal or emotional problems from family or friends?

1 ☐ Yes
2 ☐ No

51

b. from a helping professional or a self-help group?

1 ☐ Yes
2 ☐ No

52

Q1 *Refer to 3a and b.*

1 ☐ "No" in 3a and 3b *(Section R)*
8 ☐ Other *(4)*

53

4a. Did you actually seek any help?

1 ☐ Yes
2 ☐ No *(Section R)*

b. From whom did you seek help?

Number up to four items in the order mentioned.

Do not read list.

____ Family member or relative	54	____ Gamblers Anonymous	63
____ Friend	55	____ Weight Watchers	64
____ Psychologist	56	____ Counselor at work	65
____ Psychiatrist	57	____ Counselor at school	66
____ Psychiatric social worker	58	____ Probation officer	67
____ Other mental health professional	59	Other *(Specify)*	
____ Medical doctor	60	____ _____	68
____ Religious counselor	61	____ _____	69
____ Alcoholics Anonymous	62	____ _____	70

c. Anyone else?

☐ Yes *(Reask 4b and c)*
☐ No

RT76

Section R. EXERCISE

3–4

5

R1

1 ☐ SP is physically handicapped *(Describe in footnotes, THEN 1)*
8 ☐ Other *(2)*

6

Read to respondent:

These next questions are about physical exercise. *Hand calendar.*

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?**

1 ☐ Yes
2 ☐ No *(3, page 13)*

b. What were they?

Record on next page, THEN 1c.

c. Anything else?

☐ Yes *(Reask 1b and c)*
☐ No *(2b)*

FOOTNOTES

FORM HIS-1(SB) (1985) (4-25-85))

Section R. EXERCISE — Continued

NOTE *— ASK ALL OF 2a BEFORE GOING TO 2b—d.*

Read to respondent: **These next questions are about physical exercise.** *Hand calendar.*

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) — 7

NOTE: *ASK 2b—d FOR EACH ACTIVITY MARKED "YES" IN 2a.*

	YES	NO	b. How many times in the past 2 weeks did you [play/go/do] *(activity in 2a)*?	c. On the average, about how many minutes did you actually spend *(activity in 2a)* on each occasion?	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?
(1) Walking for exercise?	1 ☐	2 ☐	8–9 (1) _____ Times	10–12 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 13
R2 Refer to age. 1 ☐ SP is 75+ *(23)* 8 ☐ Other *(2)*			14		
(2) Jogging or running?	1 ☐	2 ☐	15 — 16–17 (2) _____ Times	18–20 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 21
(3) Hiking?	1 ☐	2 ☐	22 — 23–24 (3) _____ Times	25–27 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 28
(4) Gardening or yard work?	1 ☐	2 ☐	29 — 30–31 (4) _____ Times	32–34 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 35
(5) Aerobics or aerobic dancing?	1 ☐	2 ☐	36 — 37–38 (5) _____ Times	39–41 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 42
(6) Other dancing?	1 ☐	2 ☐	43 — 44–45 (6) _____ Times	46–48 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 49
(7) Calisthenics or general exercise?	1 ☐	2 ☐	50 — 51–52 (7) _____ Times	53–55 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 56
(8) Golf?	1 ☐	2 ☐	57 — 58–59 (8) _____ Times	60–62 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 63
(9) Tennis?	1 ☐	2 ☐	64 — 65–66 (9) _____ Times	67–69 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 70
(10) Bowling?	1 ☐	2 ☐	71 — 72–73 (10) _____ Times	74–76 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 77
(11) Biking?	1 ☐	2 ☐	78 — 79–80 (11) _____ Times	81–83 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 84
(12) Swimming or water exercises?	1 ☐	2 ☐	85 — 86–87 (12) _____ Times	88–90 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 91
(13) Yoga?	1 ☐	2 ☐	92 — 93–94 (13) _____ Times	95–97 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 98
R3 Refer to age. 1 ☐ SP is 65—74 *(23)* 8 ☐ Other *(14)*			RT77 3–4 5		
(14) Weight lifting or training?	1 ☐	2 ☐	6 — 7–8 (14) _____ Times	9–11 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 12
(15) Basketball?	1 ☐	2 ☐	13 — 14–15 (15) _____ Times	16–18 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 19
(16) Baseball or softball?	1 ☐	2 ☐	20 — 21–22 (16) _____ Times	23–25 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 26
(17) Football?	1 ☐	2 ☐	27 — 28–29 (17) _____ Times	30–32 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 33
(18) Soccer?	1 ☐	2 ☐	34 — 35–36 (18) _____ Times	37–39 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 40
(19) Volleyball?	1 ☐	2 ☐	41 — 42–43 (19) _____ Times	44–46 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 47
(20) Handball, racquetball, or squash?	1 ☐	2 ☐	48 — 49–50 (20) _____ Times	51–53 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 54
(21) Skating?	1 ☐	2 ☐	55 — 56–57 (21) _____ Times	58–60 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 61
(22) Skiing?	1 ☐	2 ☐	62 — 63–64 (22) _____ Times	65–67 _____ Minutes	1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None — 68
(23) Have you done any (other) exercises, sports, or physically active hobbies in the past 2 weeks (that I haven't mentioned)? Anything else? ☐ Yes — **What were they?** ☐ No			69–70 — 71–72 (23) _____ Times	73–75 _____ Minutes	76 — 1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None
_____			77–78 — 79–80 (23) _____ Times	81–83 _____ Minutes	84 — 1 ☐ Small 2 ☐ Moderate 3 ☐ Large 4 ☐ None

FORM HIS-1(SB) (1985) (4-25-85)

Section R. EXERCISE — Continued

3. Do you exercise or play sports regularly? — 85

1 ☐ Yes
2 ☐ No *(5)*

4. For how long have you exercised or played sports regularly? — 86–88

_____ Number
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

5a. Would you say that you are physically more active, less active, or about as active as other persons your age? — 89

1 ☐ More active
2 ☐ Less active
3 ☐ About as active *(R4)*
8 ☐ Other *(Specify)* _____ *(R4)*

b. Is that [a lot more or a little more/a lot less or a little less] active? — 90

1 ☐ A lot more
2 ☐ A little more
3 ☐ A lot less
4 ☐ A little less

R4 — *Refer to "Wa/Wb" boxes in C1 on HIS-1.* — 91

1 ☐ Wa or Wb box marked *(6a)*
8 ☐ Other *(6c)*

6a. How much hard physical work is required on your job? Would you say a great deal, a moderate amount, a little, or none? — 92

1 ☐ Great deal
2 ☐ Moderate amount
3 ☐ A little } *(7)*
4 ☐ None }

b. About how many hours per day do you perform hard physical work on your job? — 93–94

_____ Hours *(7)*

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? — 95

1 ☐ Great deal
2 ☐ Moderate amount
3 ☐ A little } *(7)*
4 ☐ None }

d. About how many hours per day do you perform hard physical work in your main daily activity? — 96–97

_____ Hours

Read to respondent: — 98

These next questions are about strengthening the heart and lungs through exercise.

7a. How many days a week do you think a person should exercise to strengthen the heart and lungs?

_____ Days
8 ☐ Other *(Specify)* _____
9 ☐ DK

b. For how many minutes do you think a person should exercise on EACH occasion so that the heart and lungs are strengthened? — 99–101

_____ Minutes
999 ☐ DK

Hand card R1 — 102

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 —

no faster than usual,
a little faster than usual,
a lot faster but talking is possible,
so fast that talking is not possible?

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
9 ☐ DK

FOOTNOTES

RT78

Section S. SMOKING

3–4

S1 *Refer to "Smoking asked" box on HIS-1.*

5

1 ☐ "Smoking asked" box marked *(4)*
8 ☐ Other *(1)*

6

Read to respondent:
These next questions are about smoking cigarettes.

1. Have you smoked at least 100 cigarettes in your entire life?

1 ☐ Yes
2 ☐ No *(4)*

2a. Do you smoke cigarettes now?

7

1 ☐ Yes *(3)*
2 ☐ No

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

8–10

____ Number { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years } *(4)*

998 ☐ Never smoked regularly *(4)*

3. On the average, about how many cigarettes a day do you now smoke?

11–12

00 ☐ 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 ☐	2 ☐	3 ☐	4 ☐	9 ☐	13
b. Bladder cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	14
c. Cancer of the larynx (lar'inks) **or voice box?**	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	15
d. Cataracts?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	16
e. Cancer of the esophagus?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	17
f. Chronic bronchitis?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	18
g. Gallstones?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	19
h. Lung cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	20

S2 *Refer to age.*

21

1 ☐ SP is under 45 *(4i)*
2 ☐ 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 ☐	2 ☐	3 ☐	4 ☐	9 ☐	22
j. Stillbirth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	23
k. Premature birth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	24
l. Low birth weight of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	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?

26

1 ☐ Yes
2 ☐ No } *(S3)*
9 ☐ DK }

b. Is she much more likely or somewhat more likely to have a stroke?

27

1 ☐ Much more
2 ☐ Somewhat more

S3 *Refer to 1.*

28

1 ☐ "Yes" in 1 *(6)*
8 ☐ Other *(Section T)*

6. Did a doctor EVER advise you to quit or cut down on smoking?

29

1 ☐ Yes
2 ☐ No
9 ☐ DK

FORM HIS-1(SB) (1985) (4-25-85)

Section T. ALCOHOL USE

Read to respondent:

These next questions are about drinking alcoholic beverages. Included are liquor such as whiskey, rum, gin, or vodka, and beer, and wine, and any other type of alcoholic beverage.

30

1a. In YOUR ENTIRE LIFE have you had at least 12 drinks of ANY kind of alcoholic beverage?

1 ☐ Yes
2 ☐ No *(1d)*

31

b. In ANY ONE YEAR have you had at least 12 drinks of ANY kind of alcoholic beverage?

1 ☐ Yes
2 ☐ No *(1d)*

32

c. Have you had at least one drink of beer, wine, or liquor during the PAST YEAR?

1 ☐ Yes *(2)*
2 ☐ No

33–34

d. What is your MAIN reason for not drinking (in the past year)?

00 ☐ No need/not necessary
01 ☐ Don't care for/dislike it
02 ☐ Medical/health reasons
03 ☐ Religious/moral reasons
04 ☐ Brought up not to drink
05 ☐ Costs too much
06 ☐ Family member an alcoholic or problem drinker
07 ☐ Infrequent drinker
08 ☐ Other *(Specify)* _____
(9)

35–36

2. In the past 2 WEEKS (outlined on that calendar), beginning Monday *(date)* and ending this past Sunday *(date)*, on how many days did you drink any alcoholic beverages, such as beer, wine, or liquor?

Use list to probe, if necessary.

01 ☐ 14 (Every day)	12 ☐ 8–9	23 ☐ 3
02 ☐ 13–14	13 ☐ 8	24 ☐ 2–3
03 ☐ 13	14 ☐ 7–8	25 ☐ 2
04 ☐ 12–13	15 ☐ 7	26 ☐ 1–2
05 ☐ 12	16 ☐ 6–7	27 ☐ 1
06 ☐ 11–12	17 ☐ 6	00 ☐ None/Never *(4)*
07 ☐ 11	18 ☐ 5–6	99 ☐ DK
08 ☐ 10–11	19 ☐ 5	
09 ☐ 10	20 ☐ 4–5	
10 ☐ 9–10	21 ☐ 4	
11 ☐ 9	22 ☐ 3–4	

37–38

3. *On the (number in 2) days that you drank alcoholic beverages*, how many drinks did you have per day, on the average?

Use list to probe, if necessary.

01 ☐ Twelve or more	08 ☐ Three or four
02 ☐ Seven to eleven	09 ☐ Three
03 ☐ Six	10 ☐ Two or three
04 ☐ Five or six	11 ☐ Two
05 ☐ Five	12 ☐ One or two
06 ☐ Four or five	13 ☐ One
07 ☐ Four	99 ☐ DK

39

4a. Was the amount of your drinking during that 2-WEEK period typical of your drinking during the past 12 months?

1 ☐ Yes *(5)*
2 ☐ No

40

b. Was the amount of your drinking during that 2-WEEK period more or less than your drinking during the past 12 months?

1 ☐ More
2 ☐ Less

41–42

5. During the past 12 months, in how many MONTHS did you have at least one drink of ANY alcoholic beverage?

_____ Months

43–45

6. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage?

_____ Days
000 ☐ None or never

46–48

7. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the *(number in 6)* days you had 9 or more drinks.)

_____ Days
000 ☐ None or never

49–51

8. During the past year, how many times did you drive when you had perhaps too much to drink?

_____ Times
000 ☐ None
998 ☐ Don't drive

FOOTNOTES

Section T. ALCOHOL USE — Continued

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 —**

	DEFINITELY INCREASES	PROBABLY INCREASES	PROBABLY DOES NOT INCREASE	DEFINITELY DOES NOT INCREASE	DK/NO OPINION	
a. Throat cancer? (Give me a number from the card.)	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	52
b. Cirrhosis of the liver?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	53
c. Bladder cancer?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	54
d. Cancer of the mouth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	55
e. Arthritis?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	56
f. Blood clots?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	57

T1 *Refer to age.* — 58

1 ☐ SP is under 45 *(9g)*
2 ☐ SP is 45+ *(Section U)*

Read to respondent :

Does heavy drinking 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	
g. Miscarriage?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	59
h. Mental retardation of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	60
i. Low birth weight of the newborn?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	61
j. Birth defects?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	62

10a. Have you ever heard of FETAL ALCOHOL SYNDROME? — 63

1 ☐ Yes
2 ☐ No *(Section U)*

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? — 64

1 ☐ Drunk
2 ☐ Addicted to alcohol
3 ☐ With certain birth defects

FOOTNOTES

Section U. DENTAL CARE

	DEFINITELY IMPORTANT	PROBABLY IMPORTANT	PROBABLY NOT IMPORTANT	DEFINITELY NOT IMPORTANT	DK/NO OPINION	
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 —**						
a. Seeing a dentist regularly? (Give me a number from the card.)	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	65
b. Drinking water with fluoride from early childhood?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	66
c. Regular brushing and flossing of the teeth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	67
d. Using fluoride toothpaste or fluoride mouth rinse?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	68
e. Avoiding between-meal sweets?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	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 ☐	2 ☐	3 ☐	4 ☐	9 ☐	70
b. Drinking water with fluoride from early childhood?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	71
c. Regular brushing and flossing of the teeth?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	72
d. Using fluoride toothpaste or fluoride mouth rinse?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	73
e. Avoiding between-meal sweets?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	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? 75

1 ☐ Tooth decay
2 ☐ Gum disease
3 ☐ 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? 76

1 ☐ Tooth decay
2 ☐ Gum disease
3 ☐ Injury to the teeth

5a. Have you ever heard of DENTAL SEALANTS? 77

1 ☐ Yes
2 ☐ 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? 78

1 ☐ Prevent gum disease
2 ☐ Prevent tooth decay
3 ☐ Hold dentures in place

FOOTNOTES

RT79
3–4
5

Section V. OCCUPATIONAL SAFETY AND HEALTH

V1 *Refer to "Wa/Wb" boxes in C1 on HIS-1.*

1 ☐ Wa or Wb box marked *(1)*
8 ☐ Other *(Cover page)*

6

Read to respondent:

These questions are about your present job.

1a. In your present job, are you exposed to any SUBSTANCES that could endanger your health, such as chemicals, dusts, fumes, or gases?

1 ☐ Yes
2 ☐ No
9 ☐ DK
(2)

b. What substances are you exposed to that could endanger your health?

Enter each substance in a separate column.

Any others?

SUBSTANCE 1	SUBSTANCE 2
7–8	17–18
9–16	19–26
99 ☐ DK	99 ☐ DK

Ask 1c for each response in 1b.

c. How can *(response in 1b)* endanger your health?

Record verbatim response(s).

Any other way?

RT80
3–4
5

2a. In your present job, are you exposed to any WORK CONDITIONS that could endanger your health, such as loud noise, extreme heat or cold, physical or mental stress, or radiation?

1 ☐ Yes
2 ☐ No
9 ☐ DK
(3)

b. What work conditions are you exposed to that could endanger your health?

Enter each work condition in a separate column.

Any others?

WORK CONDITION 1	WORK CONDITION 2
6–7	16–17
8–15	18–25
99 ☐ DK	99 ☐ DK

Ask 2c for each response in 2b.

c. How can *(response in 2b)* endanger your health?

Record verbatim response(s).

Any other way?

66

3a. In your present job are you exposed to any risks of accidents or injuries?

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Cover Page)

67–86

b. What (other) risks of accidents or injuries are you exposed to?

Record verbatim response(s).

c. Any others?

☐ Yes *(Reask 3b and c)*
☐ No
☐ DK
(Cover Page)

FORM HIS-1(SB) (1985) (4-25-85)

CARD R

RACE

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White

CARD O

ORIGIN

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

Card R
Card O
(Cut along broken line.)

CARD I

INCOME

U .... $20,000 — $24,999

V .... $25,000 — $29,999

W ... $30,000 — $34,999

X .... $35,000 — $39,999

Y .... $40,000 — $44,999

Z .... $45,000 — $49,999

ZZ... $50,000 and over

CARD J

INCOME

A ..... Less than $1,000 (including loss)
B ..... $1,000 — $1,999
C ..... $2,000 — $2,999
D ..... $3,000 — $3,999
E ..... $4,000 — $4,999
F ..... $5,000 — $5,999
G ..... $6,000 — $6,999
H ..... $7,000 — $7,999
I ..... $8,000 — $8,999
J ..... $9,000 — $9,999
K ..... $10,000 — $10,999
L ..... $11,000 — $11,999
M ..... $12,000 — $12,999
N ..... $13,000 — $13,999
O ..... $14,000 — $14,999
P ..... $15,000 — $15,999
Q ..... $16,000 — $16,999
R ..... $17,000 — $17,999
S ..... $18,000 — $18,999
T ..... $19,000 — $19,999

Card I
Card J
(Cut along broken line.)

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 HIS-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 HIS-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 HIS-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 HIS-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 HIS-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

Card S
Card T

(Cut along broken line)

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

CARD U

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

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

1986

The 1986 NHIS was conducted with a sample approximately one-half the size of the full sample because of funding limitations. The 1986 NHIS sample included two of the four panels. The interview sample for 1986 was composed of 23,838 households in which 62,052 persons were interviewed.

In 1986, as in previous years, the NHIS obtained data on acute conditions, episodes of persons injured, restriction in activity, limitation of activity due to chronic conditions, the prevalence of chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

The current health topics included in the 1986 NHIS were vitamin and mineral intake, employment, dental health, functional limitations, and health insurance. Except for the health insurance questions, the 1986 health topics were included in a separate booklet. Questions on health insurance were included in the health and demographic questionnaire.

The questions on vitamin and mineral intake inquired about the name of the product, the amount taken, the length of time the product was taken, and if the product was obtained with a doctor's prescription.

The questions pertaining to employment asked about the longest job worked, the kind of work the sample person had been doing the longest, and the kind of business or industry it was.

The questions on dental health pertained to the number of dental visits, the reason for going to the dentist, the brand of toothpaste and fluoride mouthrinses used, the use of fluoride supplements, and the purpose of water fluoridation.

The questions on functional limitations pertained to the activities of daily living and the instrumental activities of daily living. The survey instrument also included questions about the number of steps and the number of floors, and the need for having a walk-in shower and having a bathroom, bedroom, and kitchen on the same floor.

The health insurance questions inquired about Medicare, Medicaid, military, and other health insurance plans and coverage; reasons for not having health insurance; compensation for disability; and coverage during job layoff.

Section M. HEALTH INSURANCE

Read to respondent(s): **Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this.** *Show card.*

1a. Is anyone in this family, that is *(read names)*, **now covered by Medicare?** ☐ Yes ☐ No *(4)* ☐ DK

b. Is —— now covered?

1b. 1 ☐ Covered 9 ☐ DK 2 ☐ Not covered — 5

Ask for each person with "Covered" in 1b:

2a. Is —— now covered by the part of Social Security Medicare which pays for hospital bills?

2a. 1 ☐ Yes 9 ☐ DK 2 ☐ No — 6

b. Is —— now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which —— or some agency must pay a certain amount each month.

b. 1 ☐ Yes 9 ☐ DK 2 ☐ No — 7

Ask for each person with "DK" in 2a and/or b:

3. May I please see the Social Security Medicare card(s) for —— (and ——) to determine the type of coverage?
Transcribe the information from the card or mark the "Card N.A." box.

3. 1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A. — 8

4a. We are interested in all kinds of health insurance plans except those which pay only for accidents. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of a hospital, doctor's, surgeon's or dentist's bill? ☐ Yes ☐ No *(M1)* ☐ DK *(M1)* — 9

b. What is the name of the plan? *Record in Table H.I.*

c. Is anyone in the family now covered by any other health insurance plan which pays any part of a hospital, doctor's, surgeon's or dentist's bill? ☐ Yes *(Reask 4b and c)* ☐ No

TABLE H.I.

PLAN 1 NAME — 10

	Yes	No	DK			Yes	No	DK	
5a. Is this *(name)* **plan a Health Maintenance Organization or HMO?**	1	2	9	11	**6a. Does this** *(name)* **plan pay any part of hospital expenses?**	1	2	9	14
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	12	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?**	1	2	9	15
c. Is it now carried through an employer or union?	1	2	9	13	**c. Does it pay for any DENTAL services other than oral surgery?**	1	2	9	16

7. Is —— covered under this *(name)* **plan?**

7. 1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . } *(NP)* — 17

PLAN 2 NAME — 18

	Yes	No	DK			Yes	No	DK	
5a. Is this *(name)* **plan a Health Maintenance Organization or HMO?**	1	2	9	19	**6a. Does this** *(name)* **plan pay any part of hospital expenses?**	1	2	9	22
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	20	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?**	1	2	9	23
c. Is it now carried through an employer or union?	1	2	9	21	**c. Does it pay for any DENTAL services other than oral surgery?**	1	2	9	24

7. Is —— covered under this *(name)* **plan?**

7. 1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . } *(NP)* — 25

PLAN 3 NAME — 26

	Yes	No	DK			Yes	No	DK	
5a. Is this *(name)* **plan a Health Maintenance Organization or HMO?**	1	2	9	27	**6a. Does this** *(name)* **plan pay any part of hospital expenses?**	1	2	9	30
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	28	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?**	1	2	9	31
c. Is it now carried through an employer or union?	1	2	9	29	**c. Does it pay for any DENTAL services other than oral surgery?**	1	2	9	32

7. Is —— covered under this *(name)* **plan?**

7. 1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . } *(NP)* — 33

FORM HIS-1 (1986) (7-3-85)

	3–4		3–4		3–4		3–4
1b.	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	5	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	5	1b. 1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	5	1 ☐ Covered 9 ☐ DK 2 ☐ Not covered	5
2a.	1 ☐ Yes 9 ☐ DK 2 ☐ No	6	1 ☐ Yes 9 ☐ DK 2 ☐ No	6	2a. 1 ☐ Yes 9 ☐ DK 2 ☐ No	6	1 ☐ Yes 9 ☐ DK 2 ☐ No	6
b.	1 ☐ Yes 9 ☐ DK 2 ☐ No	7	1 ☐ Yes 9 ☐ DK 2 ☐ No	7	b. 1 ☐ Yes 9 ☐ DK 2 ☐ No	7	1 ☐ Yes 9 ☐ DK 2 ☐ No	7
3.	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.	8	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.	8	3. 1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.	8	1 ☐ Hospital 2 ☐ Medical 3 ☐ Card N.A.	8
		9		9		9		9
7.	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	17	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	17	7. 1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	17	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	17
7.	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	25	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	25	7. 1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	25	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	25
7.	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	33	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	33	7. 1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	33	1 ☐ Covered . . . 2 ☐ Not covered 9 ☐ DK . . . . . } (NP)	33

FORM HIS-1(1986) (7-3-85)

Section M. HEALTH INSURANCE, Continued

TABLE H.I., Continued

PLAN 4 NAME 34

	Yes	No	DK			Yes	No	DK		
5a. Is this *(name)* plan a Health Maintenance Organization or HMO?	1	2	9	35	**6a. Does this *(name)* plan pay any part of hospital expenses?**	1	2	9	38	**7. Is — — covered under this *(name)* plan?**
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	36	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?**	1	2	9	39	
c. Is it now carried through an employer or union?	1	2	9	37	**c. Does it pay for any DENTAL services other than oral surgery?**	1	2	9	40	

7. 41
1 ☐ Covered . . .
2 ☐ Not covered } *(NP)*
9 ☐ DK . . . . . .

PLAN 5 NAME 42

	Yes	No	DK			Yes	No	DK		
5a. Is this *(name)* plan a Health Maintenance Organization or HMO?	1	2	9	43	**6a. Does this *(name)* plan pay any part of hospital expenses?**	1	2	9	46	**7. Is — — covered under this *(name)* plan?**
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	44	**b. Does this plan pay any part of doctor's or surgeon's bills for operations?**	1	2	9	47	
c. Is it now carried through an employer or union?	1	2	9	45	**c. Does it pay for any DENTAL services other than oral surgery?**	1	2	9	48	

7. 49
1 ☐ Covered . . .
2 ☐ Not covered } *(NP)*
9 ☐ DK . . . . . .

M1 *Review 1 and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."*

M1 50
1 ☐ Covered . . . . . .
2 ☐ Not covered under 65 . .
3 ☐ Not covered 65 and over } *(NP)*
9 ☐ DK . . . . . .

Ask for each person "Not covered" in M1. If "Not covered 65 and over," include "or Medicare."

8a. (Many people do not carry health insurance for various reasons.) *Hand Card M.*
Which of those statements describes why — — is not covered by any health insurance (or Medicare)?

Any other reason? *Circle all reasons given.*

8a. 51–52
1 2 3 4 5 6 7 8 7

Specify

53–54
55–56

Mark box if only one reason. If "Not covered 65 and over" in M1, include " or Medicare."

b. What is the MAIN reason — — is not covered by any health insurance (or Medicare)?

b. 57–58
00 ☐ Only one reason
1 2 3 4 5 6 7 8 7

Specify

Ask only if persons under age 20 in family:

9a. Does anyone in this family now receive assistance through the "Aid to Families with Dependent Children" program, sometimes called "AFDC" or "ADC"? ☐ Yes ☐ No *(10)* ☐ DK

b. Does — — now receive AFDC or ADC?

9b. 59
1 ☐ Yes 9 ☐ DK
2 ☐ No

10a. Does anyone in this family now receive the "Supplemental Security Income" or "SSI" check? ☐ Yes ☐ No *(11)* ☐ DK

b. Does — — now receive this check?

10b. 60
1 ☐ Yes 9 ☐ DK
2 ☐ No

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7.	41 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK	41 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK	**7.** 41 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK	41 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK . . . . .
7.	49 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK	49 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK	**7.** 49 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK	49 1 ☐ Covered . . . 2 ☐ Not covered } (NP) 9 ☐ DK . . . . .
M1	50 1 ☐ Covered . . . . . . 2 ☐ Not covered under 65 . . 3 ☐ Not covered 65 and over } (NP) 9 ☐ DK	50 1 ☐ Covered . . . . . . 2 ☐ Not covered under 65 . . 3 ☐ Not covered 65 and over } (NP) 9 ☐ DK	**M1** 50 1 ☐ Covered . . . . . . 2 ☐ Not covered under 65 . . 3 ☐ Not covered 65 and over } (NP) 9 ☐ DK	50 1 ☐ Covered . . . . . . 2 ☐ Not covered under 65 . . 3 ☐ Not covered 65 and over } (NP) 9 ☐ DK . . . . .
8a.	51–52 1 2 3 4 5 6 7 8 ↘ *Specify* 53–54 55–56	51–52 1 2 3 4 5 6 7 8 ↘ *Specify* 53–54 55–56	**8a.** 51–52 1 2 3 4 5 6 7 8 ↘ *Specify* 53–54 55–56	51–52 1 2 3 4 5 6 7 8 ↘ *Specify* 53–54 55–56
b.	57–58 00 ☐ Only one reason 1 2 3 4 5 6 7 8 ↘ *Specify*	57–58 00 ☐ Only one reason 1 2 3 4 5 6 7 8 ↘ *Specify*	**b.** 57–58 00 ☐ Only one reason 1 2 3 4 5 6 7 8 ↘ *Specify*	57–58 00 ☐ Only one reason 1 2 3 4 5 6 7 8 ↘ *Specify*
9b.	59 1 ☐ Yes 9 ☐ DK 2 ☐ No	59 1 ☐ Yes 9 ☐ DK 2 ☐ No	**9b.** 59 1 ☐ Yes 9 ☐ DK 2 ☐ No	59 1 ☐ Yes 9 ☐ DK 2 ☐ No
10b.	60 1 ☐ Yes 9 ☐ DK 2 ☐ No	60 1 ☐ Yes 9 ☐ DK 2 ☐ No	**10b.** 60 1 ☐ Yes 9 ☐ DK 2 ☐ No	60 1 ☐ Yes 9 ☐ DK 2 ☐ No

FORM HIS-1(1986) (7-3-85)

Section M. HEALTH INSURANCE, Continued

11a. **There is a national program called Medicaid which pays for health care for persons in need. (In this State it is also called *(name)*.)**
During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or *(name)*)? ☐ Yes ☐ No *(12)* ☐ DK

b. **Has —— received this care in the past 12 months?** — **11b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 61

12a. **Does anyone in the family now have a Medicaid (or *(name)*) card which looks like this?** *Show Medicaid card(s).* ☐ Yes ☐ No *(13)* ☐ DK

b. **Does —— now have this card?** — **12b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 62

Ask for each person with "Yes" in 12b:

c. **May I please see —— (and ——) card(s)?** — **c.** 63

Mark appropriate box(es) in person's column.

☐ Medicaid card seen →
1 ☐ Current
2 ☐ Expired
3 ☐ No card seen
8 ☐ Other card seen →

Specify

13a. **Is anyone in the family now covered by any other public assistance program that pays for health care?** ☐ Yes ☐ No *(14)* ☐ DK

b. **Is —— now covered?** — **13b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 64

14a. **Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration? Do not include VA disability compensation.** ☐ Yes ☐ No *(15)* ☐ DK

b. **Does —— now receive military retirement or a VA pension?** — **14b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 65

Ask for each person with "Yes" in 14b:

c. **Which does —— receive — the Armed Forces retirement, the VA pension or both?** — **c.** 66
1 ☐ Armed Forces
2 ☐ VA
3 ☐ Both

15a. **Is anyone in the family now covered by CHAMPUS, which is a program of medical care for dependents of military personnel?** ☐ Yes ☐ No *(15c)* ☐ DK

b. **Is —— now covered by CHAMPUS?** — **15b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 67

c. **Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans?** ☐ Yes ☐ No *(16)* ☐ DK

d. **Is —— now covered by CHAMP-VA?** — **d.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 68

16a. **Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons?** ☐ Yes ☐ No *(M2)* ☐ DK

b. **Is —— now covered?** — **16b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 69

FORM HIS-1(1988) (7-3-85)

11b.	1 ☐ Yes 9 ☐ DK 61 2 ☐ No	1 ☐ Yes 9 ☐ DK 61 2 ☐ No	**11b.** 1 ☐ Yes 9 ☐ DK 61 2 ☐ No	1 ☐ Yes 9 ☐ DK 61 2 ☐ No
12b.	1 ☐ Yes 9 ☐ DK 62 2 ☐ No	1 ☐ Yes 9 ☐ DK 62 2 ☐ No	**12b.** 1 ☐ Yes 9 ☐ DK 62 2 ☐ No	1 ☐ Yes 9 ☐ DK 62 2 ☐ No
c.	63 ☐ Medicaid card seen → 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen → Specify	63 ☐ Medicaid card seen → 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen → Specify	**c.** 63 ☐ Medicaid card seen → 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen → Specify	63 ☐ Medicaid card seen → 1 ☐ Current 2 ☐ Expired 3 ☐ No card seen 8 ☐ Other card seen → Specify
13b.	1 ☐ Yes 9 ☐ DK 64 2 ☐ No	1 ☐ Yes 9 ☐ DK 64 2 ☐ No	**13b.** 1 ☐ Yes 9 ☐ DK 64 2 ☐ No	1 ☐ Yes 9 ☐ DK 64 2 ☐ No
14b.	1 ☐ Yes 9 ☐ DK 65 2 ☐ No	1 ☐ Yes 9 ☐ DK 65 2 ☐ No	**14b.** 1 ☐ Yes 9 ☐ DK 65 2 ☐ No	1 ☐ Yes 9 ☐ DK 65 2 ☐ No
c.	66 1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both	66 1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both	**c.** 66 1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both	66 1 ☐ Armed Forces 2 ☐ VA 3 ☐ Both
15b.	1 ☐ Yes 9 ☐ DK 67 2 ☐ No	1 ☐ Yes 9 ☐ DK 67 2 ☐ No	**15b.** 1 ☐ Yes 9 ☐ DK 67 2 ☐ No	1 ☐ Yes 9 ☐ DK 67 2 ☐ No
d.	1 ☐ Yes 9 ☐ DK 68 2 ☐ No	1 ☐ Yes 9 ☐ DK 68 2 ☐ No	**d.** 1 ☐ Yes 9 ☐ DK 68 2 ☐ No	1 ☐ Yes 9 ☐ DK 68 2 ☐ No
16b.	1 ☐ Yes 9 ☐ DK 69 2 ☐ No	1 ☐ Yes 9 ☐ DK 69 2 ☐ No	**16b.** 1 ☐ Yes 9 ☐ DK 69 2 ☐ No	1 ☐ Yes 9 ☐ DK 69 2 ☐ No

FORM HIS-1(1986) (7-3-85)

Section M. HEALTH INSURANCE, Continued

M2 *Refer to "AF" box above person's column.*

M2 — 1 ☐ AF box marked *(17)* 8 ☐ Other *(NP)* — 70

17a. Does — — have a disability related to — — service in the Armed Forces of the United States?

17a. — 1 ☐ Yes 2 ☐ No *(NP)* — 71

b. Does — — now receive compensation for this disability from the Veterans' Administration?

b. — 1 ☐ Yes *(NP)* 2 ☐ No — 72

c. Has — — ever applied for a service-connected disability rating from the Veterans' Administration?

c. — 1 ☐ Yes 2 ☐ No *(NP)* 9 ☐ DK *(NP)* — 73

d. Was it approved or denied?

d. — 1 ☐ Approved 2 ☐ Denied 3 ☐ Pending 9 ☐ DK — 74

18a. During the past 12 months, that is since *(12-month date)* **a year ago, have** *(read names of related HH members 18 or over)* **been laid off from a job or lost a job?** ☐ Yes ☐ No *(Supplement Booklet)* ☐ DK *(Supplement Booklet)*

b. Who was this?

Mark "Laid off/lost job" box in person's column.

18b. — 1 ☐ Laid off/lost job — 75

c. Anyone else? ☐ Yes *(Reask 18b and c)* ☐ No

Ask 18d, e, and f for each person with "Laid off/lost job" in 18b.

d. How many times has — — been laid off or lost a job during the past 12 months?

d. — _____ Times — 76

e. In what month and year was — — laid off or did — — lose a job [(the last time/the time before that)]?

e. — Mo. Yr. 19___ Time 1 — 77–80

Mo. Yr. 19___ Time 2 — 81–84

Mo. Yr. 19___ Time 3 — 85–88

f. For ANYTIME during [that/those] job layoff(s) or job loss(es), did — — receive unemployment insurance benefits?

f. — 1 ☐ Yes 2 ☐ No — 89

19a. Because of *(names of persons in 18b)* **job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)?** ☐ Yes ☐ No *(Supplement Booklet)* ☐ DK *(Supplement Booklet)*

b. Who was this?

Mark "Lost coverage" box in person's column.

19b. — 1 ☐ Lost coverage — 90

c. Anyone else? ☐ Yes *(Reask 19b and c)* ☐ No

M3 *Refer to 19b and mark appropriate box.*

M3 — 1 ☐ Lost coverage *(20)* 2 ☐ Did not lose coverage *(NP)* — 91

20a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — without any type of health insurance coverage? {Do not include health care programs, such as Medicaid, AFDC, or military benefit programs, as health insurance coverage.}

20a. — 1 ☐ Yes 2 ☐ No *(21)* — 92

b. For how long was — — without some type of health insurance coverage?

(How many months is that?)

b. — 00 ☐ Less than 1 month _____ Months — 93–94

21a. For ANYTIME during [that/those] job layoff(s) or job loss(es), was — — covered by any health care program, such as Medicaid, AFDC, or a military benefit program?

21a. — 1 ☐ Yes 2 ☐ No *(NP)* — 95

b. For how long was — — covered by some health care program?

(How many months is that?)

b. — 00 ☐ Less than 1 month _____ Months — 96–97

FORM HIS-1(1986) (7-3-85)

OMB No. 0937-0021: Approval Expires March 31, 1987

FORM HIS-1(SB) (1986)
(3-19-86)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

SUPPLEMENT BOOKLET

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

RT 64

1. 3–7, 8 — Book _____ of _____ books

2. R.O. Number 9–10

3. Sample 11–13

4. Control number
PSU 14–16 | Segment 17–23 | Serial 24–25

5. Beginning time 26–29, 30
1 a.m.
2 p.m.

GO TO SECTION N

9. FINAL STATUS OF SUPPLEMENTS

a. Sections N and O (Household Respondent Section) 43

Interview

1 ☐ Complete interview (all appropriate sections completed)

2 ☐ Partial interview (some but not all appropriate sections completed) *(Explain in notes)*

Noninterview

3 ☐ Refusal
8 ☐ Other
} *(Explain in notes)*

b. Section P (Eligible Person Section) 44

0 ☐ No person 65+ in this family

1 ☐ All eligible persons interviewed

2 ☐ Some but not all eligible persons interviewed *(Explain in notes)*

3 ☐ No eligible persons interviewed *(Explain in notes)*

10. Ending time 47–50, 51
1 a.m.
2 p.m.

11. Interviewer identification
Name

Code 52–53

FOOTNOTES

RT 65

Section N. LONGEST JOB WORKED

PERSON 1 — 3–4

N1 *Refer to age*

N1 — 5
1 ☐ Under 25 *(NP)*
2 ☐ 25+ *(N2)*

N2 *Refer to HIS-1 pages 44, 45, q. 6b/c.*

N2 — 6
1 ☐ "NEV" marked *in 6b/c (NP)*
8 ☐ All others *(1)*

READ TO RESPONDENT(S):
{Now I would like to ask about work experience.}

1. Of all the PAID jobs or businesses — — ever had, what kind of work was — — doing the longest?
(For example, electrical engineer, stock clerk, typist, farmer.)

1. — 7–9
000 ☐ Never worked *(NP)*
905 ☐ AF
_____
Occupation

2. How long did — — do this kind of work?

2. — 10
1 ☐ Less than 5 years
2 ☐ 5 years, less than 10 years
3 ☐ 10 years, less than 20 years
4 ☐ 20 or more years

Mark box if "AF" marked in 1.

3. What kind of business or industry did — — work in the longest as a *(entry in 1)*?
(For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.)

3. — 11–13
942 ☐ AF
_____
Industry

FOOTNOTES

RT 66 3–4

Section O. DENTAL HEALTH

PERSON 1

Now I'm going to ask you some questions about WATER FLUORIDATION.

1. As you understand it, what is the purpose of adding FLUORIDE to the public drinking water? — 1.

Do not read answer categories, circle the ONE that best fits respondent's answer.

1. Prevent tooth decay, protect teeth, or related response
8. Other *(Specify)*
9. Don't know

5–6: 1 8 7 9

_____ *(Specify)*

2a. Does the water that you drink at home come from a public water system or is it from another source, such as a well? — 2a.

7:
1 ☐ Public water system
8 ☐ Other source
9 ☐ DK

b. Does this drinking water have FLUORIDE in it? — b.

8:
1 ☐ Yes
2 ☐ No
9 ☐ DK

HAND CALENDAR.

These next questions are about receiving dental care.

3a. During the 2 weeks (outlined in red on that calendar), beginning Monday *(date)* **and ending this past Sunday** *(date)*, **did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.** ☐ Yes ☐ No *(4)*

b. Who was this? — 3b.

Mark "Dental visit" box in person's column.

9:
1 ☐ Dental visit

c. During those 2 weeks, did anyone else in the family go to a dentist? ☐ Yes *(Reask 3b and c)* ☐ No

Ask for each person with "Dental visit" in 3b:

d. During those 2 weeks, how many times did — — go to a dentist? — d.

10–11: ☐☐ Number of times

Mark box if under two years old.

4a. During the past 12 months {that is, since *(12-month date)* **a year ago}, how many visits did — — make to a dentist? (Include the** *(Number in 3d)* **visit(s) you already told me about.)** — 4a.

12–14:
998 ☐ Under 2 *(NP)*
☐☐☐ Visits
000 ☐ None

Mark "2-week dental visit" box in person's column if visit(s) reported in 3d.

b. How long has it been since — — LAST went to a dentist? — b.

15:
1 ☐ Past 2 weeks not reported *(Mark 3b, ask 3d)*
2 ☐ 2-week dental visit
3 ☐ Over 2 weeks, less than 6 months
4 ☐ 6 months, less than 1 year
5 ☐ 1 year, less than 2 years
6 ☐ 2 years, less than 5 years
7 ☐ 5 years or more
0 ☐ Never

01 *Refer to 4b.* — 01

16:
1 ☐ Less than 2 years in 4b *(5)*
8 ☐ Other *(NP)*

{Some people go to the dentist because they think they have a problem; other people go to the dentist for a check-up or to have their teeth cleaned. Sometimes when people go for a check-up the dentist discovers a problem that needs to be treated.}

5. What was the MAIN REASON — — last went to the dentist? — 5.

Do not read answer categories, circle the ONE main reason.

1. Went in on own for check-up, examination or cleaning.
2. Was called in by the dentist for check-up, examination or cleaning.
3. Something was wrong, bothering or hurting — — .
4 Went for treatment of a condition that dentist discovered at earlier check-up or examination.
8. Other *(Specify)*
9. Don't know

17–18: 1 2 3 4 8 7 9

_____ *(Specify)*

FOOTNOTES

Section O. DENTAL HEALTH, Continued

PERSON 1

6a. Is there anyone in the family who has lost ALL of his or her natural teeth? ☐ Yes ☐ No *(7)*

b. Who is this?
Mark "Lost all teeth" box in person's column.

c. Anyone else? ☐ Yes *(Reask 6b and c)* ☐ No

6b. 19
1 ☐ Lost all teeth

02 *Refer to 6b for all family members.*

02 20
1 ☐ "Lost all teeth" marked in 6b for all family members *(Section P)*
8 ☐ Other *(7)*

Do not ask for persons with "Lost all teeth" in 6b.

7a. {Now I am going to ask about some things that people may be doing to take care of their teeth.}
What does — — use when — — brushes — — teeth — toothpaste, tooth powder, or something else?

7a. 21
1 ☐ Toothpaste *(7b)*
8 ☐ Other →
_____ *(NP)*
(Specify)

b. What brand did — — use most often during the past two weeks?
Do not read answer categories, circle ONE brand.

1. Crest
2. Crest Tartar Control
3. Colgate
4. Dentagard
5. Aquafresh
6. Aim
8. Other *(Specify)*
9. Don't know

b. 22–23
1 2 3 4 5 6 8 — 9
_____
(Specify)

Some MOUTHRINSES contain FLUORIDE to reduce tooth decay. Others do not. ACT, Fluorigard, Listermint with Fluoride, StanCare and some prescription brands are examples of mouthrinses that contain FLUORIDE.

8a. Does anyone in the family now use a FLUORIDE mouthrinse at home? ☐ Yes ☐ No *(O3)* ☐ DK *(O3)*

b. Who is this?
Mark "Fluoride mouthrinse" box in person's column.

c. Anyone else? ☐ Yes *(Reask 8b and c)* ☐ No

8b. 24
1 ☐ Fluoride mouthrinse

Ask for each person with "Fluoride mouthrinse" in 8b:

d. What brand did — — use most often during the past 2 weeks?
Do not read answer categories, circle ONE brand.

1. ACT / Fluorigard / Listermint with Fluoride / StanCare
2. Prescription fluoride rinse
8. Other *(Specify)*
9. Don't know

d. 25–26
1 2 8 → 9
_____
(Specify)

03 *Refer to age.*

03 27
1 ☐ Under 17 *(9)*
2 ☐ 17 and over *(NP)*

{Some schools have fluoride MOUTHRINSE programs.}

9. Does — — now take part in a fluoride MOUTHRINSE program at school?

9. 28
1 ☐ Yes
2 ☐ No
9 ☐ DK

Sometimes doctors or dentists prescribe or provide pills or drops with fluoride in them. Sometimes these are given at school.

10a. Does anyone in the family now take vitamins with FLUORIDE in them or any other kind of FLUORIDE drops, pills, or tablets, either at home or at school? ☐ Yes ☐ No *(11)* ☐ DK *(11)*

b. Who is this?
Mark "Fluoride Supplements" box in person's column.

c. Anyone else? ☐ Yes *(Reask 10b and c)* ☐ No

10b. 29
1 ☐ Fluoride supplements

11a. Dental SEALANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are put on by a dentist or a dental hygienist. They are DIFFERENT from fillings, caps, crowns and fluoride treatments. Has anyone in the family had dental SEALANTS placed on their teeth? ☐ Yes ☐ No *(Section P)* ☐ DK *(Section P)*

b. Who is this?
Mark "Dental sealants" box in person's column.

c. Anyone else? ☐ Yes *(Reask 11b and c)* ☐ No

11b. 30
1 ☐ Dental sealants

FOOTNOTES

RT 67

Section P. FUNCTIONAL LIMITATIONS (FL)

P1 *Refer to ages of all family members*

☐ Persons 65+ in family *(Enter person number and first name of EACH person on a separate FL page)*

☐ No persons 65+ in family *(Cover Page)*

FL1 Person No. 3–4 _____ First name _____

☐ Callback required *(Hhld. page, THEN NP)* ☐ Available *(1)*

☐ Noninterview *(Footnotes, THEN NP)*

Read to respondent — **The next questions are about how well you are able to do certain activities — by yourself and without using special equipment.**

	(1)	(2)	(3)
1. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	5 **Bathing or showering?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	21 **Dressing?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	37 **Eating?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 2–5 for each activity marked "Yes" in 1. **2. By yourself and without using special equipment, how much difficulty do you have (activity), some, a lot, or are you unable to do it?**	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	22 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	38 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from anyone in (activity)?	7 1 ☐ Yes 2 ☐ No *(5)*	23 1 ☐ Yes 2 ☐ No *(5)*	39 1 ☐ Yes 2 ☐ No *(5)*
4a. Who gives this help? **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents.* **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	**4a.** Source of help 8–11 / **4b.** Paid 12–15 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	**4a.** Source of help 24–27 / **4b.** Paid 28–31 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	**4a.** Source of help 40–43 / **4b.** Paid 44–47 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
5a. Do you use any special equipment or aids in (activity)?	16 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	32 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	48 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*
b. What special equipment or aids do you use? **Anything else?**	Special equipment or aids _____ 17–18 _____ 19–20	Special equipment or aids _____ 33–34 _____ 35–36	Special equipment or aids _____ 49–50 _____ 51–52

6a. Do you have difficulty controlling your bowels? RT 68 3–4	1 ☐ Yes	2 ☐ No *(6c)* — 5
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week	4 ☐ Less than once a week 9 ☐ DK — 6
c. Do you have a colostomy or a device to help control bowel movements?	1 ☐ Yes	2 ☐ No *(7)* — 7
d Do you need help from anyone in taking care of this device?	1 ☐ Yes	2 ☐ No — 8
7a. Do you have difficulty controlling urination?	1 ☐ Yes	2 ☐ No (7c) — 9
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week	4 ☐ Less than once a week 9 ☐ DK — 10
c. Do you have a urinary catheter or a device to help control urination?	1 ☐ Yes	2 ☐ No *(P2)* — 11
d. Do you need help from anyone in taking care of this device?	1 ☐ Yes	2 ☐ No — 12
P2 *Mark first appropriate box*	1 ☐ Respondent is a proxy 2 ☐ Person has only been seen in a bed or chair *(8)*	3 ☐ Telephone interview *(8)* 4 ☐ All other *(Page 10)* — 13
Mark if known **8. Because of a health or physical problem, do you usually —**		14
a. Stay in bed all or most of the time?	1 ☐ Yes *(Page 10)*	2 ☐ No
b. Stay in a chair all or most of the time?	1 ☐ Yes	2 ☐ No — 15

FORM HIS-1 (58) (1986) (3-19-86)

Reask 1 (4) [53]	(5) [69]	(6) [85]	(7) [101]
Getting in and out of bed or chairs? 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Walking?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Getting outside?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	**Using the toilet, including getting to the toilet?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
[54] 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	[70] 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	[86] 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	[102] 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
[55] 1 ☐ Yes 2 ☐ No *(5)*	[71] 1 ☐ Yes 2 ☐ No *(5)*	[87] 1 ☐ Yes 2 ☐ No *(5)*	[103] 1 ☐ Yes 2 ☐ No *(5)*
4a. Source of help [56–59] / **4b.** Paid [60–63] HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help [72–75] / **4b.** Paid [76–79] HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help [88–91] / **4b.** Paid [92–95] HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No	**4a.** Source of help [104–107] / **4b.** Paid [108–111] HH member — 0 ☐ S/C/P *(5)* 1 ☐ Relative .... 1 ☐ Yes 2 ☐ No 2 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No Non-HH member 3 ☐ Relative .... 1 ☐ Yes 2 ☐ No 4 ☐ Nonrelative . 1 ☐ Yes 2 ☐ No
[64] 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	[80] 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	[96] 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	[112] 1 ☐ Yes 2 ☐ No *(6)*
Special equipment or aids ______ [65–66] ______ [67–68]	Special equipment or aids ______ [81–82] ______ [83–84]	Special equipment or aids ______ [97–98] ______ [99–100]	Special equipment or aids ______ [113–114] ______ [115–116]

FOOTNOTES

FORM HIS-1 (SB) (1986) (3-19-86)

Section P. FUNCTIONAL LIMITATIONS (FL), Continued

Read to respondent — **Now I will ask about some other activities. Tell me about doing them by yourself.**

	(1)	(2)
9. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	16 **Preparing your own meals?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	27 **Shopping for personal items, (such as toilet items or medicines)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 10—12 for each activity marked "Yes" in 9. **10. By yourself, how much difficulty do you have** *(activity)*, **some, a lot, or are you unable to do it?**	17 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	28 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
11. Do you receive help from anyone in *(activity)*?	18 1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*	29 1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*

12a. Who gives this help? **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents, THEN 10 for next activity marked "Yes" in 9.* **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	**12a.** Source of help 19—22	**12b.** Paid 23—26	**12a.** Source of help 30—33	**12b.** Paid 34—37
	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

P3	*Refer to 13 and 14 on other FL pages.*	82 1 ☐ 13 and 14 filled on another FL page *(15)* 8 ☐ Other *(13)*
13a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?		83 1 ☐ No Yes — *If not mentioned, ask:* **Is it one step or more than one step?** 2 ☐ 1 step 3 ☐ More than 1 step
b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?		84 1 ☐ Yes 2 ☐ No *(14b)*
14a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the same floor or level?		85 1 ☐ Yes 2 ☐ No
b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?		86 1 ☐ Yes 2 ☐ No
15a. Because of a health or physical problem do YOU NEED a bathroom, bedroom, and kitchen ALL on the SAME floor or level?		87 1 ☐ Yes 2 ☐ No
b. Because of a health or physical problem do YOU NEED a walk-in shower?		88 1 ☐ Yes 2 ☐ No

FOOTNOTES

(3)	38	Reask 9 (4)	49	(5)	60	(6)	71
Managing your money, {such as keeping track of expenses or paying bills}?		**Using the telephone?**		**Doing heavy housework, {such as scrubbing floors, or washing windows}?**		**Doing light housework, {such as doing dishes, straightening up, or light cleaning}?**	
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	
	39		50		61		72
1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable	
	40		51		62		73
1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*		1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*		1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*		1 ☐ Yes *(12)* 2 ☐ No *(P3)*	
12a. Source of help	**12b.** Paid	**12a.** Source of help	**12b.** Paid	**12a.** Source of help	**12b.** Paid	**12a.** Source of help	**12b.** Paid
41–44	45–48	52–55	56–59	63–66	67–70	74–77	78–81
HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

FOOTNOTES

RT 67

Section P — FUNCTIONAL LIMITATIONS (FL), Continued

FL2 Person No. 3–4 _____ First name _____ ☐ Callback required *(Hhld. page, THEN NP)* ☐ Available *(1)* ☐ Noninterview *(Footnotes, THEN NP)*

Read to respondent — **The next questions are about how well you are able to do certain activities — by yourself and without using special equipment.**

	(1)	(2)	(3)
1. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	5 **Bathing or showering?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	21 **Dressing?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	37 **Eating?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 2—5 for each activity marked "Yes" in 1. **2. By yourself and without using special equipment, how much difficulty do you have *(activity)*, some, a lot, or are you unable to do it?**	6 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	22 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	38 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
3. Do you receive help from anyone in *(activity)*?	7 1 ☐ Yes 2 ☐ No *(5)*	23 1 ☐ Yes 2 ☐ No *(5)*	39 1 ☐ Yes 2 ☐ No *(5)*
4a. Who gives this help? **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents.* **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	**4a.** Source of help 8–11 / **4b.** Paid 12–15 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . . 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	**4a.** Source of help 24–27 / **4b.** Paid 28–31 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . . 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	**4a.** Source of help 40–43 / **4b.** Paid 44–47 HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative . . Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative . . 0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
5a. Do you use any special equipment or aids in *(activity)*?	16 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	32 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	48 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*
b. What special equipment or aids do you use? **Anything else?**	Special equipment or aids _____ 17–18 _____ 19–20	Special equipment or aids _____ 33–34 _____ 35–36	Special equipment or aids _____ 49–50 _____ 51–52

6a. Do you have difficulty controlling your bowels? RT 68 3–4	1 ☐ Yes	2 ☐ No *(6c)* — 5
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week	4 ☐ Less than once a week 9 ☐ DK — 6
c. Do you have a colostomy or a device to help control bowel movements?	1 ☐ Yes	2 ☐ No *(7)* — 7
d Do you need help from anyone in taking care of this device?	1 ☐ Yes	2 ☐ No — 8
7a. Do you have difficulty controlling urination?	1 ☐ Yes	2 ☐ No *(7c)* — 9
b. How frequently do you have this difficulty — daily, several times a week, once a week, or less than once a week?	1 ☐ Daily 2 ☐ Several times a week 3 ☐ Once a week	4 ☐ Less than once a week 9 ☐ DK — 10
c. Do you have a urinary catheter or a device to help control urination?	1 ☐ Yes	2 ☐ No *(P2)* — 11
d. Do you need help from anyone in taking care of this device?	1 ☐ Yes	2 ☐ No — 12
P2 *Mark first appropriate box*	1 ☐ Respondent is a proxy 2 ☐ Person has only been seen in a bed or chair *(8)*	3 ☐ Telephone interview *(8)* 4 ☐ All other *(Page14)* — 13
Mark if known **8. Because of a health or physical problem, do you usually —**		14
a. Stay in bed all or most of the time?	1 ☐ Yes *(Page 14)*	2 ☐ No
b. Stay in a chair all or most of the time?	1 ☐ Yes	2 ☐ No — 15

FORM HIS-1 (SB) (1986) (3-19-86)

Section P — FUNCTIONAL LIMITATIONS (FL), Continued

Reask 1 (4) 53	(5) 69	(6) 85	(7) 101
Getting in and out of bed or chairs?	**Walking?**	**Getting outside?**	**Using the toilet, including getting to the toilet?**
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
54 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	70 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	86 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	102 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
55 1 ☐ Yes 2 ☐ No *(5)*	71 1 ☐ Yes 2 ☐ No *(5)*	87 1 ☐ Yes 2 ☐ No *(5)*	103 1 ☐ Yes 2 ☐ No *(5)*
4a. Source of help 56–59 / **4b.** Paid 60–63	**4a.** Source of help 72–75 / **4b.** Paid 76–79	**4a.** Source of help 88–91 / **4b.** Paid 92–95	**4a.** Source of help 104–107 / **4b.** Paid 108–111
HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P *(5)* 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
64 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	80 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	96 1 ☐ Yes 2 ☐ No *(2 for next activity with "Yes" in 1)*	112 1 ☐ Yes 2 ☐ No *(6)*
Special equipment or aids 65–66 67–68	Special equipment or aids 81–82 83–84	Special equipment or aids 97–98 99–100	Special equipment or aids 113–114 115–116

FOOTNOTES

Section P. FUNCTIONAL LIMITATIONS (FL), Continued

Read to respondent — **Now I will ask about some other activities. Tell me about doing them by yourself.**

	(1)	(2)
9. Because of a health or physical problem, do you have ANY difficulty — *Ask if "Doesn't do":* **Is this because of a HEALTH or PHYSICAL problem?** *If "Yes," mark box 1; if "No," mark box 3*	16 **Preparing your own meals?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	27 **Shopping for personal items, (such as toilet items or medicines)?** 1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason
Ask 10—12 for each activity marked "Yes" in 9. **10. By yourself, how much difficulty do you have** *(activity)*, **some, a lot, or are you unable to do it?**	17 1 ☐ Some 2 ☐ A lot 3 ☐ Unable	28 1 ☐ Some 2 ☐ A lot 3 ☐ Unable
11. Do you receive help from anyone in *(activity)*?	18 1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*	29 1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*

12a. Who gives this help? **Anyone else?** *Mark the S/C/P box without asking if ONLY help is from spouse/children/parents, THEN 10 for next activity marked "Yes" in 9.* **b. Is this help paid for?** *Ask if necessary:* **Which helpers are paid?**	**12a.** Source of help 19–22	**12b.** Paid 23–26	**12a.** Source of help 30–33	**12b.** Paid 34–37
	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

P3	*Refer to 13 and 14 on other FL pages.*	82 1 ☐ 13 and 14 filled on another FL page *(15)* 8 ☐ Other *(13)*
13a. Is it NECESSARY to go up or down a step to get into this [house/apartment] from the outside?		83 1 ☐ No Yes — *If not mentioned, ask:* **Is it one step or more than one step?** 2 ☐ 1 step 3 ☐ More than 1 step
b. Counting basements and stepdown living areas as separate levels, does this [house/apartment] have more than one floor or level?	1 ☐ Yes	84 2 ☐ No *(14b)*
14a. Does this [house/apartment] have a bathroom, bedroom, and kitchen ALL on the same floor or level?	1 ☐ Yes	85 2 ☐ No
b. Does this [house/apartment] have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower?	1 ☐ Yes	86 2 ☐ No
15a. Because of a health or physical problem do YOU NEED a bathroom, bedroom, and kitchen ALL on the SAME floor or level?	1 ☐ Yes	87 2 ☐ No
b. Because of a health or physical problem do YOU NEED a walk-in shower?	1 ☐ Yes	88 2 ☐ No

FOOTNOTES

(3)	38	Reask 9 (4)	49	(5)	60	(6)	71
Managing your money, {such as keeping track of expenses or paying bills}?		**Using the telephone?**		**Doing heavy housework, {such as scrubbing floors, or washing windows}?**		**Doing light housework, {such as doing dishes, straightening up, or light cleaning}?**	
1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason		1 ☐ Yes 2 ☐ No 3 ☐ Doesn't do for other reason	
	39		50		61		72
1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable		1 ☐ Some 2 ☐ A lot 3 ☐ Unable	
	40		51		62		73
1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*		1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*		1 ☐ Yes *(12)* 2 ☐ No *(10 for next activity with "Yes" in 9)*		1 ☐ Yes *(12)* 2 ☐ No *(P3)*	
12a. Source of help	**12b.** Paid	**12a.** Source of help	**12b.** Paid	**12a.** Source of help	**12b.** Paid	**12a.** Source of help	**12b.** Paid
41–44	45–48	52–55	56–59	63–66	67–70	74–77	78–81
HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	HH member 1 ☐ Relative . . . . 2 ☐ Nonrelative .	0 ☐ S/C/P 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No
Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No	Non-HH member 3 ☐ Relative . . . . 4 ☐ Nonrelative .	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No

FOOTNOTES

CARD R

RACE

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White

CARD O

ORIGIN

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

Card R
Card O
(Cut along broken line.)

CARD I

INCOME

U .... $20,000 — $24,999

V .... $25,000 — $29,999

W ... $30,000 — $34,999

X .... $35,000 — $39,999

Y .... $40,000 — $44,999

Z .... $45,000 — $49,999

ZZ... $50,000 and over

CARD J

INCOME

A ..... Less than $1,000 (including loss)
B ..... $1,000 — $1,999
C ..... $2,000 — $2,999
D ..... $3,000 — $3,999
E ..... $4,000 — $4,999
F ..... $5,000 — $5,999
G ..... $6,000 — $6,999
H ..... $7,000 — $7,999
I ..... $8,000 — $8,999
J ..... $9,000 — $9,999
K ..... $10,000 — $10,999
L ..... $11,000 — $11,999
M ..... $12,000 — $12,999
N ..... $13,000 — $13,999
O ..... $14,000 — $14,999
P ..... $15,000 — $15,999
Q ..... $16,000 — $16,999
R ..... $17,000 — $17,999
S ..... $18,000 — $18,999
T ..... $19,000 — $19,999

Card I
Card J
(Cut along broken line.)

1987

The 1987 NHIS was conducted with a full sample that comprised 47,240 households containing 122,859 household members. In addition to the basic health and demographic questionnaire, the 1987 survey included questions on the following special health topics: cancer risk factors, child adoption, poliomyelitis, and Acquired Immunodeficiency Syndrome (AIDS).

The questions pertaining to cancer risk factors comprised a separate booklet. One-half of the households were asked the epidemiology questionnaire for cancer risk factors and the other one-half of the households were asked the cancer control study questionnaire. The Hispanic population was oversampled for the cancer risk factor questionnaires. The interviews in Hispanic households were conducted using a Spanish translation guide. The guide is not included in this report.

The special health topic on AIDS asked questions concerning knowledge of AIDS and attitudes about AIDS. A self-response questionnaire was administered between August and December 1987. The interview, initially administered with a paper questionnaire, was converted to a computer-assisted personal interview (CAPI).

The questions were designed to determine what a person knew about AIDS. The person was asked if he or she had ever heard of AIDS, what was their source of information about AIDS, true or false statements about AIDS, and questions about ways a person contracts AIDS.

Approximately 21,000 randomly selected NHIS household members 18 years of age and older responded to the questions. Data from the AIDS health topic were produced on a monthly basis and published in *Advance Data reports.*

Questions concerning child adoption were included in the basic health and demographic questionnaire. Women in the family 20–54 years of age were eligible to respond to the questions on child adoption. The survey instrument included questions that asked about the number of children adopted, how many of the adopted children were living in the household, the date the child began living in the household, the date of birth, the country of birth (United States or foreign country), their relation to child prior to adoption, and through whom the adoption was arranged.

The questions on poliomyelitis were also included in the basic health and demographic questionnaire. The questions were designed as screener questions intended to identify individuals having post-polio symptoms. Persons 26 years of age and over were asked the screener questions.

OMB No. 0933-0161; Approval Expires March 31, 1988

FORM **HIS-1A (1987)**
(7-28-86)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

CANCER CONTROL

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

RT 65

1. 3–7 / 8 Book ____ of ____ books

2. R.O. number 9–10

3. Sample 11–13

4. Control number
PSU 14–16 Segment 17–23 Serial 24–25

5. Beginning time 26–29 30
1 a.m.
2 p.m.

6a. FAMILY ROSTER
List all nondeleted family members 18+ by age (oldest to youngest).

6b. Hispanic oversample 31
1 ☐

SP1 32 Line No.	33–34 Person No.	35–36 Age	Name	"X" if Hisp. marked	SP2–3 Hisp. Line No.
1				☐ Hisp.	
2				☐ Hisp.	
3				☐ Hisp.	
4				☐ Hisp.	
5				☐ Hisp.	
6				☐ Hisp.	
7				☐ Hisp.	
8				☐ Hisp.	
9				☐ Hisp.	

Refer to the appropriate section of the sample person selection label and circle as applicable. THEN circle the "SP1" Line No. in item 6a and mark "SP" box on the HIS-1 for the selected sample person. THEN go to Section O.

7. FINAL STATUS

0 ☐ No person 18+ in this family (Household Page)

Interview
1 ☐ Complete interview (all appropriate sections completed)
2 ☐ Partial interview (some but not all appropriate sections completed) —*Explain*

Noninterview
3 ☐ Refusal *(Explain in Notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
8 ☐ Other — *Explain*

37

8. Ending time 38–41 42
1 a.m.
2 p.m.

9. Interview mode 43
1 ☐ Personal
2 ☐ Telephone

10. Language of interview 44
1 ☐ English 3 ☐ Both English and Spanish
2 ☐ Spanish 8 ☐ Other

11. Interviewer identification 45–46
Name Code

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP *(Page 2 or 55, question 3)* 47
1 ☐ M
2 ☐ F

13. Education of SP *(Page 42 or 43, question 2a)* 48–49
00 ☐ Never attended or kindergarten
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5 6+

Finish grade/year *(Question 2b)* 50
1 ☐ Yes
2 ☐ No

14. Main race of SP *(Page 42 or 43, question 3a/b)* 51
1 2 3 4 5 — *Specify*

15. Marital status 52 *(Page 46 or 47, question 7)*
1 ☐ Married — spouse in HH
2 ☐ Married — spouse not in HH
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married

16. Family income *(Page 46, question 8b)* 53–54

00 ☐ A	07 ☐ H	14 ☐ O	21 ☐ V
01 ☐ B	08 ☐ I	15 ☐ P	22 ☐ W
02 ☐ C	09 ☐ J	16 ☐ Q	23 ☐ X
03 ☐ D	10 ☐ K	17 ☐ R	24 ☐ Y
04 ☐ E	11 ☐ L	18 ☐ S	25 ☐ Z
05 ☐ F	12 ☐ M	19 ☐ T	26 ☐ ZZ
06 ☐ G	13 ☐ N	20 ☐ U	

(Transcribe from 8a if 8b blank)
27 ☐ $20,000 or more
28 ☐ Less than $20,000

17. 55–56
Person No. ____

18. 57–58
Age ____

19. Booklet type 59
1 ☒ Cancer control

PHS-T-540
08/86

RT 66
3–4

Section O — ACCULTURATION

5

01 SP Status at initial interview

1 ☐ Available *(02)*
2 ☐ Callback required *(Household page)*
8 ☐ Noninterview *(Cover page)*

6

02 *Refer to hispanic origin from family roster and expected language for this supplement.*

1 ☐ Hispanic/English Supp. interview *(1a)*
2 ☐ Hispanic/Spanish Supp. interview *(1b)*
8 ☐ Other *(section P)*

7

Read to respondent:

I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, doctor visits and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.

1a. Do you speak any Spanish?

1 ☐ Yes *(2)*
2 ☐ No *(4)*

8

Read to respondent:

I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, doctor visits and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.

b. Do you speak any English?

1 ☐ Yes
2 ☐ No *(4)*

9

2. Would you say that you speak mostly Spanish, mostly English, or do you speak Spanish and English about the same?

1 ☐ Mostly Spanish
2 ☐ Mostly English
3 ☐ Both about the same

10

3. What language do you prefer: Spanish only, mostly Spanish, mostly English, English only, or Spanish and English about equally?

1 ☐ Spanish only
2 ☐ Mostly Spanish
3 ☐ Mostly English
4 ☐ English only
5 ☐ Spanish and English equally

11

4. Can you read Spanish?

1 ☐ Yes
2 ☐ No

12

5. Can you read English?

1 ☐ Yes
2 ☐ No

13

If "Yes" to both 4 and 5 ask:

6. In which language do you read better?

1 ☐ Spanish
2 ☐ English
3 ☐ Both the same

14

7. Can you write in Spanish?

1 ☐ Yes
2 ☐ No

15

8. Can you write in English?

1 ☐ Yes
2 ☐ No

16

If "Yes" to both 7 and 8 ask:

9. In which language do you write better?

1 ☐ Spanish
2 ☐ English
3 ☐ Both the same

17

If self-reported on HIS-1, mark box without asking.

HAND CARD O, read categories if telephone interview.

10. Which of these groups best describes your ethnic identification?

1 ☐ Puerto Rican
2 ☐ Cuban
3 ☐ Mexican/Mexicano
4 ☐ Mexican American
5 ☐ Chicano
6 ☐ Other Latin American
7 ☐ Other Spanish
8 ☐ Other *(Specify)* → _____

18

11. Which of these groups best describes your mother's ethnic identification?

1 ☐ Puerto Rican
2 ☐ Cuban
3 ☐ Mexican/Mexicano
4 ☐ Mexican American
5 ☐ Chicano
6 ☐ Other Latin American
7 ☐ Other Spanish
8 ☐ Other *(Specify)* → _____

19

12. Which of these groups best describes your father's ethnic identification?

1 ☐ Puerto Rican
2 ☐ Cuban
3 ☐ Mexican/Mexicano
4 ☐ Mexican American
5 ☐ Chicano
6 ☐ Other Latin American
7 ☐ Other Spanish
8 ☐ Other *(Specify)* → _____

FORM HIS-1A (1987) (7-28-86)

Section O — ACCULTURATION — Continued

If self-reported on HIS-1, mark box without asking.

13. In what country or state were you born? 20

1 ☐ U.S., except Puerto Rico
2 ☐ Puerto Rico
3 ☐ Cuba
4 ☐ Mexico
8 ☐ Other *(Specify)* →

_____

14. In what country or state was your father born? 21

1 ☐ U.S., except Puerto Rico
2 ☐ Puerto Rico
3 ☐ Cuba
4 ☐ Mexico
8 ☐ Other *(Specify)* →

_____

15. In what country or state was your mother born? 22

1 ☐ U.S., except Puerto Rico
2 ☐ Puerto Rico
3 ☐ Cuba
4 ☐ Mexico
8 ☐ Other *(Specify)* →

_____

Notes

Section P — MEDICAL CARE

(I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, doctor visits and so forth.)

These questions are about medical care you may have needed in the past year.

1a. During the past 12 months, that is, since *(12-month date)* a year ago, have you NEEDED any medical care or advice? — 23

1 ☐ Yes
2 ☐ No *(2)*

b. During the past 12 months, was there ever a time when you did not get the medical care or advice that you needed? — 24

1 ☐ Yes
2 ☐ No *(2)*

c. Why didn't you get the care that you needed?

Mark all mentioned, do not probe.

1 ☐ Procrastinated/Put it off — 25
1 ☐ Did not have health insurance — 26
1 ☐ Care was not available when needed — 27
1 ☐ Cost too much — 28
1 ☐ Didn't know where to go — 29
1 ☐ Didn't know what kind of doctor to see — 30
1 ☐ Didn't have a way to get there — 31
1 ☐ Hours not convenient — 32
1 ☐ Fear of being treated rudely or unkindly — 33
1 ☐ Other reason *(Specify)* ↘ — 34

_____

1 ☐ DK — 35

2. Is there a particular doctor's office, clinic, health center, or other place that you usually go to if you are sick or need advice about your health? — 36

1 ☐ Yes
2 ☐ No } *(4)*
9 ☐ DK }

3. What kind of place is it — a doctor's office, a hospital, a clinic, a health center, or some other place?

***If hospital:* Is this an outpatient clinic or an emergency room?**

***If clinic:* Is this a public health clinic or some other kind of clinic?** — 37

1 ☐ Doctor's office (private group practice or doctor's clinic)
2 ☐ Hospital emergency room
3 ☐ Hospital outpatient clinic
4 ☐ Health center or private neighborhood health clinic
5 ☐ Public health clinic
6 ☐ Health clinic at work
7 ☐ HMO/prepaid group practice/"Group Health"
8 ☐ Other *(Specify)* ↘ } *(5)*

_____

4. Where do you go when you are sick or need advice about your health?

Mark all mentioned, do not probe.

1 ☐ Doctor's office (private group practice or doctor's clinic) — 38
1 ☐ Hospital emergency room — 39
1 ☐ Hospital outpatient clinic — 40
1 ☐ Health center or private neighborhood health clinic — 41
1 ☐ Public health clinic — 42
1 ☐ Health clinic at work — 43
1 ☐ HMO/prepaid group practice/"Group Health" — 44
1 ☐ Haven't needed a doctor — 45
1 ☐ Don't go anywhere — 46
1 ☐ Have two or more doctors or usual places depending on what is wrong — 47
1 ☐ Other *(Specify)* ↘ — 48

_____

1 ☐ DK — 49

5. Where do you get your most useful information about how to prevent illness and improve your health?

Mark all mentioned, do not probe.

1 ☐ Telephone Information - Public Service or Hotline — 50
1 ☐ Family — 51
1 ☐ Friends — 52
1 ☐ Doctor — 53
1 ☐ Work — 54
1 ☐ Television — 55
1 ☐ Radio — 56
1 ☐ Books — 57
1 ☐ Newspaper — 58
1 ☐ Magazines — 59
1 ☐ Pamphlets in doctor's office — 60
1 ☐ Other source — 61
1 ☐ Nowhere/Don't get information — 62
1 ☐ DK — 63

Section Q — FOOD KNOWLEDGE

RT 67 | 3–4 | 5

1a. **Have you ever made any LASTING and MAJOR changes in what you eat and drink for health reasons?**

1 ☐ Yes
2 ☐ No *(2)*

b. **In making these changes, what foods do you eat MORE of?**

Enter responses verbatim, one food per line. Do not probe.

MORE

_____ 6–8
_____ 9–11
_____ 12–14
_____ 15–17

000 ☐ None
999 ☐ DK

c. **What foods do you eat LESS of?**

Enter responses verbatim, one food per line. Do not probe.

LESS

_____ 18–20
_____ 21–23
_____ 24–26
_____ 27–29

000 ☐ None
999 ☐ DK

d. **Have you made these changes in what you eat and drink in the past 5 years?** — 30

1 ☐ Yes
2 ☐ No } *(3)*
9 ☐ DK }

e. **Did you make these changes in the past year?** — 31

1 ☐ Yes } *(3)*
2 ☐ No }

2. **Please tell me whether the following statements are true for you. First —**

	Yes *(True)*	No *(False)*	
(a) It seems that everything you eat is bad for you so why bother changing. (Is that true for you?)	1 ☐	2 ☐	32
(b) I enjoy the things I eat and I don't want to change.	1 ☐	2 ☐	33
(c) There are so many different recommendations, it's hard for me to know which ones to follow.	1 ☐	2 ☐	34
(d) I eat out so much that making changes would be hard.	1 ☐	2 ☐	35
(e) Making changes in the kind of food I eat would be expensive.	1 ☐	2 ☐	36
(f) I would like to change but the rest of my family won't change.	1 ☐	2 ☐	37
(g) The things I eat and drink are healthy so there is no reason for me to make changes.	1 ☐	2 ☐	38

3. **I am going to read two (more) statements. Please tell me which one you agree with most.** — 39

(a) What people eat or drink has little effect on whether they will develop major diseases.

1 ☐ a *(7)*

OR

(b) By eating the right kinds of foods, people can reduce their chances of developing major diseases.

2 ☐ b *(4)*
9 ☐ DK *(5)*

4. **Which major diseases do you think may be related to what people eat and drink?**

Mark all mentioned, do not probe.

1 ☐ Cancer — 40
1 ☐ Heart disease — 41
1 ☐ Obesity/overweight — 42
1 ☐ Diabetes — 43
1 ☐ Hypertension or High Blood Pressure — 44
1 ☐ Other — 45
1 ☐ None — 46
1 ☐ DK — 47

Q1 *Refer to 4* — 48

1 ☐ Cancer in 4 *(6)*
8 ☐ Other *(5)*

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Section Q — FOOD KNOWLEDGE — Continued

5. Do you think cancer may be related to what people eat and drink? — 49

1 ☐ Yes
2 ☐ No *(8)*
3 ☐ Probably/maybe/could be/etc.
9 ☐ DK *(8)*

6a. What foods do you think people should eat or drink MORE of to help prevent cancer?

Enter responses verbatim, one food per line. Do not probe.

MORE

_____ 50–52
_____ 53–55
_____ 56–58
_____ 59–61

000 ☐ None
999 ☐ DK

b. What foods should people eat or drink LESS of to help prevent cancer?

Enter responses verbatim, one food per line. Do not probe.

LESS

_____ 62–64
_____ 65–67
_____ 68–70
_____ 71–73

000 ☐ None
999 ☐ DK

c. What kinds of cancer do you think may be related to the things people eat and drink?

Mark all mentioned, do not probe.

1 ☐ All kinds of cancer — 74
1 ☐ Breast cancer — 75
1 ☐ Bladder cancer — 76
1 ☐ Cancer of the mouth/throat/esophagus — 77
1 ☐ Cancer of the colon/bowel/intestine/rectum — 78
1 ☐ Stomach cancer — 79
1 ☐ Prostate cancer — 80
1 ☐ Cancer of the uterus — 81
1 ☐ Lung cancer — 82
1 ☐ Liver cancer — 83
1 ☐ Other — 84
1 ☐ DK — 85

(8)

7a. Have you heard or read ANYTHING about how eating more of some foods and less of other foods can help prevent some major diseases? — 86

1 ☐ Yes
2 ☐ No
9 ☐ DK
(8)

b. Which major diseases have you heard may be related to what people eat and drink?

Mark all mentioned, do not probe.

1 ☐ Cancer — 87
1 ☐ Heart disease — 88
1 ☐ Obesity/overweight — 89
1 ☐ Diabetes — 90
1 ☐ Hypertension or High Blood Pressure — 91
1 ☐ Other — 92
1 ☐ None — 93
1 ☐ DK — 94

8a. Some foods contain fiber. Have you heard of fiber? — 95

1 ☐ Yes
2 ☐ No
9 ☐ DK
(9)

b. Overall, would you say your diet is high, medium, or low in fiber? — 96

1 ☐ High
2 ☐ Medium
3 ☐ Low
9 ☐ DK

HAND CARD Q1, read list if telephone interview.

c. Here is a list of foods. Please tell me which ones you think are high in fiber.

Mark all mentioned, do not probe.

1 ☐ Bran flakes — 97
1 ☐ Corn flakes — 98
1 ☐ Hamburgers — 99
1 ☐ Lettuce — 100
1 ☐ Baked beans — 101
1 ☐ Carrots — 102
1 ☐ White rice — 103
1 ☐ Raw apples — 104
1 ☐ None — 105
1 ☐ DK — 106

Section Q — FOOD KNOWLEDGE — Continued

RT 68 | 3–4 | 5

9a. Overall, would you say your diet is high, medium, or low in fat?

1 ☐ High
2 ☐ Medium
3 ☐ Low
9 ☐ DK

HAND CARD Q2, read list if telephone interview.

b. Here is [a/another] list of foods. Please tell me which ones you think are high in fat.

Mark all mentioned, do not probe.

1 ☐ Fried chicken	6
1 ☐ White bread	7
1 ☐ Soda or soft drinks	8
1 ☐ Peanut butter	9
1 ☐ Broiled fish	10
1 ☐ Bananas	11
1 ☐ Cold cuts or lunch meats	12
1 ☐ Doughnuts	13
1 ☐ None	14
1 ☐ DK	15

10. Thinking about what you eat and drink, which of the following are IMPORTANT concerns for you?

(a) Avoiding foods with too much salt or sodium. (Is that an important concern for you?)	1 ☐ Yes	2 ☐ No	16
(b) Avoiding foods with too much sugar.	1 ☐ Yes	2 ☐ No	17
(c) Eating foods to lower cholesterol.	1 ☐ Yes	2 ☐ No	18
(d) Not having enough money to buy food.	1 ☐ Yes	2 ☐ No	19
(e) Being overweight.	1 ☐ Yes *(section R)*	2 ☐ No	20
(f) Being too thin.	1 ☐ Yes	2 ☐ No	21

Notes

Section R — GENERAL KNOWLEDGE AND ATTITUDES

These next questions are about cancer risks.

Hand Card R1, read categories if telephone interview.

1a. Which of these things do you think increases a person's chances of getting cancer?

Mark all mentioned in first column, do not probe.

b. In your opinion, of the things you just mentioned which TWO are responsible for the MOST cases of cancer in this country?

Mark box in second column next to the 2 items mentioned.

If two or fewer responses in 1a, mark 1b without asking and skip to 2

INCREASE CHANCES	TWO MOST RESPONSIBLE		
1 ☐	1 ☐	Stress	22 23
1 ☐	1 ☐	Inherited make-up or heredity	24 25
1 ☐	1 ☐	Exposure to x-rays	26 27
1 ☐	1 ☐	Poor eating practices	28 29
1 ☐	1 ☐	Using chewing tobacco, snuff, pipes or cigars	30 31
1 ☐	1 ☐	Air pollution	32 33
1 ☐	1 ☐	Water pollution	34 35
1 ☐	1 ☐	Some cloth dyes	36 37
1 ☐	1 ☐	Exposure to toxic waste dumps	38 39
1 ☐	1 ☐	Exposure to toxic substances on the job	40 41
1 ☐	1 ☐	Exposure to people with cancer	42 43
1 ☐	1 ☐	Excessive drinking of alcoholic beverages	44 45
1 ☐	1 ☐	Exposure to the sun	46 47
1 ☐	1 ☐	Cigarette smoking	48 49
1 ☐	1 ☐	Exposure to nuclear waste	50 51
1 ☐	1 ☐	Some strong soaps and detergents	52 53
1 ☐	1 ☐	Viruses	54 55
1 ☐	1 ☐	Some medicines	56 57
1 ☐	1 ☐	Medical procedures using radiation	58 59
1 ☐ DK	1 ☐	DK	60 61

Hand Card R2

2. Please tell me whether you strongly agree, agree, disagree, or strongly disagree with this statement, or if you have no opinion —

There is very little a person can do to reduce his or her chances of getting cancer.

62

1 ☐ Strongly agree
2 ☐ Agree
3 ☐ Disagree
4 ☐ Strongly disagree
5 ☐ No opinion

3. What do you think are the warning signs or symptoms of cancer?

Mark all mentioned, do not probe.

1 ☐ Weight loss/loss of appetite	63
1 ☐ Change in bowel or bladder habits	64
1 ☐ Unusual bleeding or discharge	65
1 ☐ Lump in breast or elsewhere	66
1 ☐ Indigestion	67
1 ☐ Difficulty in swallowing	68
1 ☐ Change in a wart or mole	69
1 ☐ Nagging cough or hoarseness	70
1 ☐ Chest pain	71
1 ☐ Shortness of breath	72
1 ☐ Sores that don't heal	73
1 ☐ Tired/fatigued	74
1 ☐ Changes on skin/rash/blemish/sunspots/blotches	75
1 ☐ Other *(Specify)*	76
1 ☐ DK	77

Section R — GENERAL KNOWLEDGE AND ATTITUDES — Continued

4a. If you were offered a free 2 hour class on how to reduce your chances of getting cancer, would you be interested in going to it if it were convenient?

78

1 ☐ Yes
2 ☐ No *(section S)*
3 ☐ Maybe
9 ☐ DK

Hand Card R3, read categories if telephone interview.

b. If you were going to attend such a class, which of these places would be convenient for you?

Mark all mentioned, do not probe.

1 ☐ Church	79
1 ☐ Local school	80
1 ☐ Hospital	81
1 ☐ Club meeting	82
1 ☐ Workplace	83
1 ☐ Home	84
1 ☐ Senior center	85
1 ☐ Community center	86
1 ☐ Other place	87
1 ☐ DK	88

Notes

RT 69

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE

3–4

S1 *Refer to age and sex* — 5

1 ☐ Male, under 40 *(41)*
2 ☐ Male, 40+ *(21)*
3 ☐ Female *(1)*

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

1a. Have you ever heard of a Pap smear test? — 6

1 ☐ Yes
2 ☐ No } *(7)*
9 ☐ DK }

b. Have you ever had a Pap smear? — 7

1 ☐ Yes
2 ☐ No *(6)*
9 ☐ DK *(7)*

c. When did you have your last Pap smear? — 8–11

___/___ mo. / 19__ year **OR** ____ { 1 ☐ Days ago; 2 ☐ Weeks ago; 3 ☐ Months ago; 4 ☐ Years ago } *If 3 years ago or less (2) If more than 3 years ago (4)*

999 ☐ DK *(1d)* — 12–14

d. Was it within the past year or a year or more ago? — 15

1 ☐ Within past year *(1e)*
2 ☐ 1 year or more *(1f)*
9 ☐ DK *(4)*

e. Was it less than three months, or 3 or more months ago? — 16

1 ☐ Less than 3 months
2 ☐ 3 or more months } *(2)*
9 ☐ DK

f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago? — 17

1 ☐ 3 years or less *(2)*
2 ☐ Between 3 and 5 years
3 ☐ 5 or more years } *(4)*
9 ☐ DK

2. Where was this Pap smear done — in a doctor's office, a clinic, a hospital, or some other place? — 18

1 ☐ Doctor's office
2 ☐ Clinic
3 ☐ Hospital
8 ☐ Other place *(Specify)* _____
9 ☐ DK

3a. Did you go for your last Pap smear because of a health problem? — 19

1 ☐ Yes
2 ☐ No } *(3c)*
9 ☐ DK }

b. What was the problem?

Mark all mentioned, do not probe.

1 ☐ Follow-up tests/treatment — 20
1 ☐ Bleeding — 21
1 ☐ Pain — 22
1 ☐ Discharge — 23
1 ☐ Itching — 24
1 ☐ Burning — 25
1 ☐ Infection — 26
1 ☐ Unrelated medical problem — 27
1 ☐ Other — 28
1 ☐ DK — 29

c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way? — 30

1 ☐ In person
2 ☐ Telephone
3 ☐ Through the mail
4 ☐ Combination of methods
5 ☐ Never told; meaning results normal
6 ☐ Never told; DK if problem
8 ☐ Other

S2 *Refer to 3a.* — 31

1 ☐ Yes *(5)*
2 ☐ No } *(4)*
9 ☐ DK }

4a. Have you EVER had a Pap smear because of a health problem? — 32

1 ☐ Yes
2 ☐ No } *(5)*
9 ☐ DK }

b. What was the problem?

Mark all mentioned, do not probe.

1 ☐ Follow-up tests/treatment — 33
1 ☐ Bleeding — 34
1 ☐ Pain — 35
1 ☐ Discharge — 36
1 ☐ Itching — 37
1 ☐ Burning — 38
1 ☐ Infection — 39
1 ☐ Unrelated medical problem — 40
1 ☐ Other — 41
1 ☐ DK — 42

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

5a. Have you ever had a Pap smear where the results were NOT normal? — 43
1 ☐ Yes
2 ☐ No } *(S3)*
9 ☐ DK }

b. Because of the abnormal results, did you have any additional tests? — 44
1 ☐ Yes
2 ☐ No
9 ☐ DK

c. Because of the abnormal results, did you have any surgery or other treatment? — 45
1 ☐ Yes
2 ☐ No
9 ☐ DK

d. Did the [Pap smear/additional tests/surgery or other treatment] indicate that you had cancer? — 46
1 ☐ Yes
2 ☐ No } *(S3)*
9 ☐ DK }

e. When were you diagnosed as having cancer? — 47–50
____ / 19____ mo. / year **OR** _____
1 ☐ Days ago
2 ☐ Weeks ago
3 ☐ Months ago
4 ☐ Years ago
999 ☐ DK — 51–53

S3 *Refer to 1c and 1f.* — 54
1 ☐ More than 3 years in 1c or 1f *(6)*
8 ☐ Other *(7)*

6. What is the most important reason why you have [never had a Pap smear/not had a Pap smear in the past few years]? — 55–56
00 ☐ Procrastinated/Put it off
01 ☐ Had a hysterectomy *(8)*
02 ☐ Didn't know I should
03 ☐ Not needed/not necessary
04 ☐ Cost too much
05 ☐ No insurance coverage
06 ☐ Don't go to doctors
07 ☐ Don't have a doctor
08 ☐ Not recommended by doctor/Dr. never said it was needed
09 ☐ Dr. said it wasn't needed
10 ☐ Too embarrassing
11 ☐ Haven't had any problems
12 ☐ Fear
88 ☐ Other
99 ☐ DK

7a. Do you have menstrual periods? — 57
1 ☐ Yes *(8)*
2 ☐ No *(7b)*
3 ☐ Never had menstrual periods *(7c)*

b. Did they stop due to surgery? — 58
1 ☐ Yes } *(8)*
2 ☐ No }

c. Was this due to surgery? — 59
1 ☐ Yes
2 ☐ No

8a. Do you know how to examine your own breasts for lumps? — 60
1 ☐ Yes
2 ☐ No *(S4)*

b. About how often do you examine your breasts for lumps? — 61–63
____ Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
000 ☐ Never
888 ☐ Other *(Specify)* _____
999 ☐ DK

c. Who taught you how to examine your breasts? — 64–70
Mark all mentioned, do not probe.
1 ☐ Doctor
1 ☐ Nurse
1 ☐ Other health professional
1 ☐ Learned in a class/meeting
1 ☐ Read in a book, pamphlet, magazine, etc.
1 ☐ Television
1 ☐ Other *(Specify)* _____
1 ☐ DK — 71

S4 Refer to age.	1 ☐ Under 40 *(39)* 2 ☐ 40 and over *(9)*	72
9a. A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant. Have you ever heard of a breast physical examination?	1 ☐ Yes 2 ☐ No } *(15)* 9 ☐ DK }	73
b. Have you ever had a breast physical exam?	1 ☐ Yes 2 ☐ No *(14)* 9 ☐ DK *(15)*	74
c. When did you have your last breast physical exam?	___/ 19___ (mo. / year) OR ____ { 1 ☐ Days ago; 2 ☐ Weeks ago; 3 ☐ Months ago; 4 ☐ Years ago } *If 3 years ago or less (10) If more than 3 years ago (12)* 999 ☐ DK *(9d)*	75–78 79–81
d. Was it within the past year or a year or more ago?	1 ☐ Within past year *(9e)* 2 ☐ 1 year or more *(9f)* 9 ☐ DK *(12)*	82
e. Was it less than three months, or 3 or more months ago?	1 ☐ Less than 3 months } 2 ☐ 3 or more months } *(10)* 9 ☐ DK }	83
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 ☐ 3 years or less *(10)* 2 ☐ Between 3 and 5 years } 3 ☐ 5 or more years } *(12)* 9 ☐ DK }	84
10. Where was this exam done — in a doctor's office, a clinic, a hospital, or some other place?	1 ☐ Doctor's office 2 ☐ Clinic 3 ☐ Hospital 8 ☐ Other place *(Specify)* ↴ ____ 9 ☐ DK	85
11a. Did you go for your last breast physical exam because of a health problem?	1 ☐ Yes 2 ☐ No } *(11c)* 9 ☐ DK }	86
b. What was the problem? *Mark all mentioned, do not probe.*	1 ☐ Follow-up tests/treatment — 87 1 ☐ Soreness — 88 1 ☐ Swelling — 89 1 ☐ Lumps — 90 1 ☐ Pain — 91 1 ☐ Discharge — 92 1 ☐ Complications related to breast feeding — 93 1 ☐ Unrelated medical problem — 94 1 ☐ Other — 95 1 ☐ DK — 96	87–96
c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 ☐ In person 2 ☐ Telephone 3 ☐ Through the mail 4 ☐ Combination of methods 5 ☐ Never told; meaning results normal 6 ☐ Never told; DK if problem 8 ☐ Other	97
S5 Refer to 11a.	1 ☐ Yes *(13)* 2 ☐ No } *(12)* 9 ☐ DK }	98
12a. Have you EVER had a breast physical exam because of a health problem?	1 ☐ Yes 2 ☐ No } *(13)* 9 ☐ DK }	99
b. What was the problem? *Mark all mentioned, do not probe.*	1 ☐ Follow-up tests/treatment — 100 1 ☐ Soreness — 101 1 ☐ Swelling — 102 1 ☐ Lumps — 103 1 ☐ Pain — 104 1 ☐ Discharge — 105 1 ☐ Complications related to breast feeding — 106 1 ☐ Unrelated medical problem — 107 1 ☐ Other — 108 1 ☐ DK — 109	100–109

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Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

3–4

5

13a. **Have you ever had a breast physical exam where the results were NOT normal?**

1 ☐ Yes
2 ☐ No } *(S6)*
9 ☐ DK

6

b. **Because of the abnormal results, did you have any additional tests?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

7

c. **Because of the abnormal results, did you have any surgery or other treatment?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

8

d. **Did the [breast physical exam/additional tests/surgery or other treatment] indicate that you had cancer?**

1 ☐ Yes
2 ☐ No } *(S6)*
9 ☐ DK

9–12

e. **When were you diagnosed as having cancer?**

____ / **19**__ mo. year **OR** _____

1 ☐ Days ago
2 ☐ Weeks ago
3 ☐ Months ago
4 ☐ Years ago

999 ☐ DK

13–15

16

S6 *Refer to 9c and 9f.*

1 ☐ More than 3 years in 9c or 9f *(14)*
8 ☐ Other *(15)*

17–18

14. **What is the most important reason why you have [never had a breast physical exam/not had a breast physical exam in the past few years] by a doctor or other health professional?**

00 ☐ Procrastinated/Put it off
01 ☐ Didn't know I should
02 ☐ Not needed/not necessary
03 ☐ Cost too much
04 ☐ No insurance coverage
05 ☐ Don't go to doctors
06 ☐ Don't have a doctor
07 ☐ Not recommended by doctor/Dr. never said it was needed
08 ☐ Dr. said it wasn't needed
09 ☐ Too embarrassing
10 ☐ Haven't had any problems
11 ☐ Fear
12 ☐ Examine own breasts
88 ☐ Other
99 ☐ DK

Notes

HAND CARD S

15a. A mammogram is when an x-ray is taken only of the breasts by a machine that presses against the breast while the picture is taken. Have you ever heard of a mammogram? [19]

1 ☐ Yes
2 ☐ No } (21)
9 ☐ DK } (21)

b. Have you ever had a mammogram? [20]

1 ☐ Yes
2 ☐ No (20)
9 ☐ DK (21)

c. When did you have your last mammogram? [21–24]

___/ 19___ OR ______ 1 ☐ Days ago / 2 ☐ Weeks ago / 3 ☐ Months ago / 4 ☐ Years ago
mo. year

If 3 years ago or less (16)
If more than 3 years ago (18)

999 ☐ DK (15d) [25–27]

d. Was it within the past year or a year or more ago? [28]

1 ☐ Within past year (15e)
2 ☐ 1 year or more (15f)
9 ☐ DK (18)

e. Was it less than three months, or 3 or more months ago? [29]

1 ☐ Less than 3 months } (16)
2 ☐ 3 or more months } (16)
9 ☐ DK } (16)

f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago? [30]

1 ☐ 3 years or less (16)
2 ☐ Between 3 and 5 years } (18)
3 ☐ 5 or more years } (18)
9 ☐ DK } (18)

16. Where was this test done — in a doctor's office, a clinic, a hospital, or some other place? [31]

1 ☐ Doctor's office
2 ☐ Clinic
3 ☐ Hospital
4 ☐ Imaging center/x-ray lab
8 ☐ Other place *(Specify)* ↴

____

9 ☐ DK

17a. Did you go for your last mammogram because of a health problem? [32]

1 ☐ Yes
2 ☐ No } (17c)
9 ☐ DK } (17c)

b. What was the problem?

Mark all mentioned, do not probe.

1 ☐ Thickening [33]
1 ☐ Soreness [34]
1 ☐ Swelling [35]
1 ☐ Lumps [36]
1 ☐ Pain [37]
1 ☐ Discharge [38]
1 ☐ Unrelated medical problem [39]
1 ☐ Other [40]
1 ☐ DK [41]

c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way? [42]

1 ☐ In person
2 ☐ Telephone
3 ☐ Through the mail
4 ☐ Combination of methods
5 ☐ Never told; meaning results normal
6 ☐ Never told; DK if problem
8 ☐ Other

S7 *Refer to 17a.* [43]

1 ☐ Yes (19)
2 ☐ No } (18)
9 ☐ DK } (18)

18a. Have you EVER had a mammogram because of a health problem? [44]

1 ☐ Yes
2 ☐ No } (19)
9 ☐ DK } (19)

b. What was the problem?

Mark all mentioned, do not probe.

1 ☐ Thickening [45]
1 ☐ Soreness [46]
1 ☐ Swelling [47]
1 ☐ Lumps [48]
1 ☐ Pain [49]
1 ☐ Discharge [50]
1 ☐ Unrelated medical problem [51]
1 ☐ Other [52]
1 ☐ DK [53]

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

19a. **Have you ever had a mammogram where the results were NOT normal?** — 54

1 ☐ Yes
2 ☐ No } *(S8)*
9 ☐ DK

b. **Because of the abnormal results, did you have any additional tests?** — 55

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. **Because of the abnormal results, did you have any surgery or other treatment?** — 56

1 ☐ Yes
2 ☐ No
9 ☐ DK

d. **Did the [mammogram/additional tests/surgery or other treatment] indicate that you had cancer?** — 57

1 ☐ Yes
2 ☐ No } *(S8)*
9 ☐ DK

e. **When were you diagnosed as having cancer?** — 58–61

____ / **19**__ mo. / year **OR** ____ 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago 4 ☐ Years ago

999 ☐ DK — 62–64

S8 *Refer to 15c and 15f.* — 65

1 ☐ More than 3 years in 15c or 15f *(20)*
8 ☐ Other *(21)*

20. **What is the most important reason why you have [never had a mammogram/not had a mammogram in the past few years]?** — 66–67

00 ☐ Procrastinated/Put it off
01 ☐ Didn't know I should
02 ☐ Not needed/not necessary
03 ☐ Cost too much
04 ☐ No insurance coverage
05 ☐ Don't go to doctors
06 ☐ Don't have a doctor
07 ☐ Not recommended by doctor/Dr. never said it was needed
08 ☐ Dr. said it wasn't needed
09 ☐ Too embarrassing
10 ☐ Haven't had any problems
11 ☐ Fear
12 ☐ Fear of radiation
13 ☐ Painful procedure
14 ☐ Unpredictable results
88 ☐ Other
99 ☐ DK

Notes

Question	Response	Item
(These next questions are about certain kinds of medical tests and examinations.)		68
21a. Have you ever heard of a digital rectal exam, that is when a finger is inserted in the rectum to check for problems?	1 ☐ Yes 2 ☐ No } *(27)* 9 ☐ DK } *(27)*	
b. Have you ever had a digital rectal exam?	1 ☐ Yes 2 ☐ No *(26)* 9 ☐ DK *(27)*	69
c. When did you have your last digital rectal exam?	___/19___ (mo./year) OR ______ { 1 ☐ Days ago, 2 ☐ Weeks ago, 3 ☐ Months ago, 4 ☐ Years ago } *If 3 years ago or less (22). If more than 3 years ago (24)* 999 ☐ DK *(21d)*	70–73 74–76
d. Was it within the past year or a year or more ago?	1 ☐ Within past year *(21e)* 2 ☐ 1 year or more *(21f)* 9 ☐ DK *(24)*	77
e. Was it less than three months, or 3 or more months ago?	1 ☐ Less than 3 months 2 ☐ 3 or more months 9 ☐ DK } *(22)*	78
f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?	1 ☐ 3 years or less *(22)* 2 ☐ Between 3 and 5 years 3 ☐ 5 or more years 9 ☐ DK } *(24)*	79
22. Where was this exam done — in a doctor's office, a clinic, a hospital, or some other place?	1 ☐ Doctor's office 2 ☐ Clinic 3 ☐ Hospital 8 ☐ Other place *(Specify)* ________ 9 ☐ DK	80
23a. Did you go for your last digital rectal exam because of a health problem?	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(23c)*	81
b. What was the problem? *Mark all mentioned, do not probe.*	1 ☐ Pain	82
	1 ☐ Constipation	83
	1 ☐ Bowel trouble	84
	1 ☐ Blood in stool	85
	1 ☐ Difficulty urinating	86
	1 ☐ Prostate enlargement	87
	1 ☐ Bleeding	88
	1 ☐ Hemorrhoids	89
	1 ☐ Diverticulitis	90
	1 ☐ Unrelated medical problem	91
	1 ☐ Other	92
	1 ☐ DK	93
c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way?	1 ☐ In person 2 ☐ Telephone 3 ☐ Through the mail 4 ☐ Combination of methods 5 ☐ Never told; meaning results normal 6 ☐ Never told; DK if problem 8 ☐ Other	94
S9 *Refer to 23a.*	1 ☐ Yes *(25)* 2 ☐ No 9 ☐ DK } *(24)*	95
24a. Have you EVER had a digital rectal exam because of a health problem?	1 ☐ Yes 2 ☐ No 9 ☐ DK } *(25)*	96
b. What was the problem? *Mark all mentioned, do not probe.*	1 ☐ Pain	97
	1 ☐ Constipation	98
	1 ☐ Bowel trouble	99
	1 ☐ Blood in stool	100
	1 ☐ Difficulty urinating	101
	1 ☐ Prostate enlargement	102
	1 ☐ Bleeding	103
	1 ☐ Hemorrhoids	104
	1 ☐ Diverticulitis	105
	1 ☐ Unrelated medical problem	106
	1 ☐ Other	107
	1 ☐ DK	108

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Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

3–4

25a. **Have you ever had a digital rectal exam where the results were NOT normal?** — 5

1 ☐ Yes
2 ☐ No } *(S10)*
9 ☐ DK }

b. **Because of the abnormal results, did you have any additional tests?** — 6

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. **Because of the abnormal results, did you have any surgery or other treatment?** — 7

1 ☐ Yes
2 ☐ No
9 ☐ DK

d. **Did the [digital rectal exam/additional tests/surgery or other treatment] indicate that you had cancer?** — 8

1 ☐ Yes
2 ☐ No } *(S10)*
9 ☐ DK }

e. **When were you diagnosed as having cancer?** — 9–12

____ / **19**__ mo. year **OR** ____ { 1 ☐ Days ago; 2 ☐ Weeks ago; 3 ☐ Months ago; 4 ☐ Years ago }

999 ☐ DK

13–15

S10 *Refer to 21c and 21f.* — 16

1 ☐ More than 3 years in 21c or 21f *(26)*
8 ☐ Other *(27)*

26. **What is the most important reason why you have [never had a digital rectal exam/not had a digital rectal exam in the past years]?** — 17–18

00 ☐ Procrastinated/Put it off
01 ☐ Didn't know I should
02 ☐ Not needed/not necessary
03 ☐ Cost too much
04 ☐ No insurance coverage
05 ☐ Don't go to doctors
06 ☐ Don't have a doctor
07 ☐ Not recommended by doctor/Dr. never said it was needed
08 ☐ Doctor said it wasn't needed
09 ☐ Too embarrassing
10 ☐ Fear
11 ☐ Haven't had any problems
12 ☐ Painful procedure
13 ☐ Unpredictable results
88 ☐ Other
99 ☐ DK

Notes

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

27a. A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test? — 19

1 ☐ Yes
2 ☐ No } *(33)*
9 ☐ DK }

b. Have you ever had a blood stool test? — 20

1 ☐ Yes
2 ☐ No *(32)*
9 ☐ DK *(33)*

c. When did you have your last blood stool test? — 21–24

___/___ mo. / 19__ year OR ____ { 1 ☐ Days ago / 2 ☐ Weeks ago / 3 ☐ Months ago / 4 ☐ Years ago } *If 3 years ago or less (28) If more than 3 years ago (30)*

999 ☐ DK *(27d)*

d. Was it within the past year or a year or more ago? — 25–27 / 28

1 ☐ Within past year *(27e)*
2 ☐ 1 year or more *(27f)*
9 ☐ DK *(30)*

e. Was it less than three months, or 3 or more months ago? — 29

1 ☐ Less than 3 months
2 ☐ 3 or more months } *(28)*
9 ☐ DK

f. Was it 3 years ago or less, between three and 5 years, or 5 or more years ago? — 30

1 ☐ 3 years or less *(28)*
2 ☐ Between 3 and 5 years
3 ☐ 5 or more years } *(30)*
9 ☐ DK

28. Did you do the blood stool test yourself or was it done by a doctor or other medical person? — 31

1 ☐ Self-administered
2 ☐ Doctor/medical person

29a. Was your last blood stool test done because of a health problem? — 32

1 ☐ Yes
2 ☐ No } *(29c)*
9 ☐ DK }

b. What was the problem?

Mark all mentioned, do not probe.

1 ☐ Hemorrhoids — 33
1 ☐ Bleeding — 34
1 ☐ Pain — 35
1 ☐ Constipation — 36
1 ☐ Bowel trouble — 37
1 ☐ Blood in stool — 38
1 ☐ Ulcers — 39
1 ☐ Unrelated medical problem — 40
1 ☐ Other — 41
1 ☐ DK — 42

c. How were you told the results of the test — in person, over the telephone, through the mail, or some other way? — 43

1 ☐ In person
2 ☐ Telephone
3 ☐ Through the mail
4 ☐ Combination of methods
5 ☐ Never told; meaning results normal
6 ☐ Never told; DK if problem
8 ☐ Other

S11 *Refer to 29a.* — 44

1 ☐ Yes *(31)*
2 ☐ No } *(30)*
9 ☐ DK }

30a. Have you EVER had a blood stool test because of a health problem? — 45

1 ☐ Yes
2 ☐ No } *(31)*
9 ☐ DK }

b. What was the problem?

Mark all mentioned, do not probe.

1 ☐ Hemorrhoids — 46
1 ☐ Bleeding — 47
1 ☐ Pain — 48
1 ☐ Constipation — 49
1 ☐ Bowel trouble — 50
1 ☐ Blood in stool — 51
1 ☐ Ulcers — 52
1 ☐ Unrelated medical problem — 53
1 ☐ Other — 54
1 ☐ DK — 55

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

31a. **Have you ever had a blood stool test where the results were NOT normal?** — 56

1 ☐ Yes
2 ☐ No } *(S12)*
9 ☐ DK

b. **Because of the abnormal results, did you have any additional tests?** — 57

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. **Because of the abnormal results, did you have any surgery or other treatment?** — 58

1 ☐ Yes
2 ☐ No
9 ☐ DK

d. **Did the [blood stool test/additional tests/surgery or other treatment] indicate that you had cancer?** — 59

1 ☐ Yes
2 ☐ No } *(S12)*
9 ☐ DK

e. **When were you diagnosed as having cancer?** — 60–63

_____ / 19__ mo. / year **OR**

1 ☐ Days ago
2 ☐ Weeks ago
3 ☐ Months ago
4 ☐ Years ago

999 ☐ DK

64–66

S12 *Refer to 27c and 27f.* — 67

1 ☐ More than 3 years in 27c or 27f *(32)*
8 ☐ Other *(33)*

32. **What is the most important reason why you have [never had a blood stool test/not had a blood stool test in the past few years]?** — 68–69

00 ☐ Procrastinated/Put it off
01 ☐ Didn't know I should
02 ☐ Not needed/not necessary
03 ☐ Cost too much
04 ☐ No insurance coverage
05 ☐ Don't go to doctors
06 ☐ Don't have a doctor
07 ☐ Not recommended by doctor/Dr. never said it was needed
08 ☐ Dr. said it wasn't needed
09 ☐ Too embarrassing
10 ☐ Fear
11 ☐ Haven't had any problems
12 ☐ Painful procedure
13 ☐ Unpredictable results
88 ☐ Other
99 ☐ DK

Notes

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE

33a. **A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam?** — 70

1 ☐ Yes
2 ☐ No } *(S15)*
9 ☐ DK }

b. **Have you ever had a proctoscopic exam?** — 71

1 ☐ Yes
2 ☐ No *(38)*
9 ☐ DK *(S15)*

c. **When did you have your last proctoscopic exam?** — 72–75

__/19__ mo. year **OR** ____ { 1 ☐ Days ago; 2 ☐ Weeks ago; 3 ☐ Months ago; 4 ☐ Years ago } *If 3 years ago or less (34) If more than 3 years ago (36)*

999 ☐ DK *(33d)*

d. **Was it within the past year or a year or more ago?** — 76–78 / 79

1 ☐ Within past year *(33e)* 9 ☐ DK *(36)*
2 ☐ 1 year or more *(33f)*

e. **Was it less than three months, or 3 or more months ago?** — 80

1 ☐ Less than 3 months } *(34)*
2 ☐ 3 or more months }
9 ☐ DK

f. **Was it 3 years ago or less, between three and 5 years, or 5 or more years ago?** — 81

1 ☐ 3 years or less *(34)*
2 ☐ Between 3 and 5 years } *(36)*
3 ☐ 5 or more years }
9 ☐ DK

34. **Where was this exam done — in a doctor's office, a clinic, a hospital, or some other place?** — 82

1 ☐ Doctor's office
2 ☐ Clinic
3 ☐ Hospital
4 ☐ Other place *(Specify)* _____
9 ☐ DK

35a. **Did you go for your last proctoscopic exam because of a health problem?** — 83

1 ☐ Yes
2 ☐ No } *(35c)*
9 ☐ DK }

b. **What was the problem?**

Mark all mentioned, do not probe.

1 ☐ Bleeding — 84
1 ☐ Pain — 85
1 ☐ Constipation — 86
1 ☐ Bowel trouble — 87
1 ☐ Blood in stool — 88
1 ☐ Unrelated medical problem — 89
1 ☐ Other — 90
1 ☐ DK — 91

c. **How were you told the results of the test — in person, over the telephone, through the mail, or some other way?** — 92

1 ☐ In person
2 ☐ Telephone
3 ☐ Through the mail
4 ☐ Combination of methods
5 ☐ Never told; meaning results normal
6 ☐ Never told; DK if problem
8 ☐ Other

S13 *Refer to 35a.* — 93

1 ☐ Yes *(37)*
2 ☐ No } *(36)*
9 ☐ DK }

36a. **Have you EVER had a proctoscopic exam because of a health problem?** — 94

1 ☐ Yes
2 ☐ No *(37)*

b. **What was the problem?**

Mark all mentioned, do not probe.

1 ☐ Bleeding — 95
1 ☐ Pain — 96
1 ☐ Constipation — 97
1 ☐ Bowel trouble — 98
1 ☐ Blood in stool — 99
1 ☐ Unrelated medical problem — 100
1 ☐ Other — 101
1 ☐ DK — 102

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

37a. **Have you ever had a proctoscopic exam where the results were NOT normal?** — 103

1 ☐ Yes
2 ☐ No
9 ☐ DK
(S14)

b. **Because of the abnormal results, did you have any additional tests?** — 104

1 ☐ Yes
2 ☐ No
9 ☐ DK

c. **Because of the abnormal results did you have any surgery or other treatment?** — 105

1 ☐ Yes
2 ☐ No
9 ☐ DK

d. **Did the [proctoscopic exam/additional tests/surgery or other treatment] indicate that you had cancer?** — 106

1 ☐ Yes
2 ☐ No
9 ☐ DK
(S14)

e. **When were you diagnosed as having cancer?** — 107–110

____ / 19__ mo. year **OR** ____

1 ☐ Days ago
2 ☐ Weeks ago
3 ☐ Months ago
4 ☐ Years ago

999 ☐ DK

111–113

S14 *Refer to 33c and 33f.* — 114

1 ☐ More than 3 years in 33c or 33f *(38)*
8 ☐ Other *(S15)*

38. **What is the most important reason why you have [never had a proctoscopic exam/not had a proctoscopic exam in the past few years]?** — 115–116

00 ☐ Procrastinated/Put it off
01 ☐ Didn't know I should
02 ☐ Not needed/not necessary
03 ☐ Cost too much
04 ☐ No insurance coverage
05 ☐ Don't go to doctors
06 ☐ Don't have a doctor
07 ☐ Not recommended by doctor/Dr. never said it was needed
08 ☐ Dr. said it wasn't needed
09 ☐ Too embarrassing
10 ☐ Fear
11 ☐ Haven't had any problems
12 ☐ Painful procedure
13 ☐ Unpredictable results
88 ☐ Other
99 ☐ DK
(S15)

Notes

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Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

3–4

39. **A breast physical exam is when the breast is felt for lumps by a doctor or medical assistant. Have you ever heard of a breast physical exam?**

5

1 ☐ Yes
2 ☐ No
9 ☐ DK

Hand Card S

40. **A mammogram is when an x-ray is taken only of the breasts by a machine that presses against the breast while the picture is taken. Have you ever heard of a mammogram?**

6

1 ☐ Yes
2 ☐ No
9 ☐ DK

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

41. **A digital rectal exam is when a finger is inserted in the rectum to check for problems. Have you ever heard of a digital rectal exam?**

7

1 ☐ Yes
2 ☐ No
9 ☐ DK

42. **A blood stool test is when the stool is examined to determine whether it contains blood. Have you ever heard of a blood stool test?**

8

1 ☐ Yes
2 ☐ No
9 ☐ DK

43. **A proctoscopic exam is when a tube is inserted in the rectum to check for problems. Have you ever heard of a proctoscopic exam?**

9

1 ☐ Yes
2 ☐ No
9 ☐ DK

S15 *Refer to sex.*

10

1 ☐ Male *(47)*
8 ☐ Female *(44)*

Mark box if "No" or "DK" in 1a.

44. **About how often do you think a woman should have a Pap smear test?**

11–13

000 ☐ No/DK

Every _____ (Number) { 1 ☐ Week(s) / 2 ☐ Month(s) / 3 ☐ Year(s) }

777 ☐ Never
888 ☐ Other *(Specify)* ↘ _____

666 ☐ Only if problem/symptoms
999 ☐ DK

Mark box if "No" or "DK" in 9a or 39.

45. **About how often do you think a woman age 50 and over should have a breast physical examination by a doctor or health professional?**

14–16

000 ☐ No/DK

Every _____ (Number) { 1 ☐ Week(s) / 2 ☐ Month(s) / 3 ☐ Year(s) }

777 ☐ Never
888 ☐ Other *(Specify)* ↘ _____

666 ☐ Only if problem/symptoms
999 ☐ DK

Mark box if "No" or "DK" in 15a or 40.

46. **About how often do you think a woman age 50 and over should have a mammogram?**

17–19

000 ☐ No/DK

Every _____ (Number) { 1 ☐ Week(s) / 2 ☐ Month(s) / 3 ☐ Year(s) }

777 ☐ Never
888 ☐ Other *(Specify)* ↘ _____

666 ☐ Only if problem/symptoms
999 ☐ DK

Mark box if "No" or "DK" in 21a or 41.

47. **About how often do you think a person age 40 and over should have digital rectal exam?**

20–22

000 ☐ No/DK

Every _____ (Number) { 1 ☐ Week(s) / 2 ☐ Month(s) / 3 ☐ Year(s) }

777 ☐ Never
888 ☐ Other *(Specify)* ↘ _____

666 ☐ Only if problem/symptoms
999 ☐ DK

Section S — CANCER SCREENING KNOWLEDGE AND PRACTICE — Continued

Mark box if "No" or "DK" in 27a or 42.

48. **About how often do you think a person age 40 and over should have a blood stool test?** — 23–25

000 ☐ No/DK

Every _____ (Number) { 1 ☐ Week(s) / 2 ☐ Month(s) / 3 ☐ Year(s) }

777 ☐ Never

888 ☐ Other *(Specify)* ↴

_____

666 ☐ Only if problem/symptoms

999 ☐ DK

Mark box if "No" or "DK" in 33a or 43.

49. **About how often do you think a person age 40 and over should have a proctoscopic exam?** — 26–28

000 ☐ No/DK

Every _____ (Number) { 1 ☐ Week(s) / 2 ☐ Month(s) / 3 ☐ Year(s) }

777 ☐ Never

888 ☐ Other *(Specify)* ↴

_____

666 ☐ Only if problem/symptoms

999 ☐ DK

50. **Has a doctor or other health professional ever told you that you had any kind of cancer (including any cancer you have already mentioned)?** — 29

1 ☐ Yes

2 ☐ No *(section T)*

51a. **What kind of cancer was it?** — 30–32

_____ *(52)*

799 ☐ DK *(51b)*

b. **What part of the body was affected?**

_____

☐ DK

52. **How old were you when this cancer was first diagnosed by a doctor?** — 33–34

_____ Age

99 ☐ DK

53. **Besides this cancer, has a doctor ever told you that you had any other kind of cancer?** — 35

1 ☐ Yes

2 ☐ No *(section T)*

54a. **What kind of cancer was it?** — 36–38

_____ *(55)*

799 ☐ DK *(54b)*

b. **What part of the body was affected?**

_____

☐ DK

55. **How old were you when THIS cancer was first diagnosed by a doctor?** — 39–40

_____ Age

99 ☐ DK

Notes

Section T — SMOKING HABITS

These next questions are about cigarette smoking.

1.	**Have you smoked at least 100 cigarettes in your entire life?** *If asked: approximately 5 packs*	41 1 ☐ Yes 2 ☐ No 9 ☐ DK } *(4)*
2.	**How old were you when you first started smoking cigarettes fairly regularly?**	42–43 _____ Age 00 ☐ Never smoked regularly *(4)* 99 ☐ DK
3.	**Do you smoke cigarettes now?**	44 1 ☐ Yes *(section V)* 2 ☐ No *(section U)*
4.	**When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away from the person, just do nothing, or something else?**	45 1 ☐ Ask person not to smoke 2 ☐ Move away 3 ☐ Do nothing 8 ☐ Something else } *(section W)*

Notes

Section U — FORMER SMOKER

1. About how long has it been since you last smoked cigarettes regularly? — 46–48

000☐ Never smoked regularly *(section W)*

_____ 1☐ Days 2☐ Weeks 3☐ Months 4☐ Years

999☐ DK

2. On the average, how many cigarettes did you usually smoke a day? — 49–50

00☐ Less than one cigarette per day

_____ Cigarettes per day

99☐ DK

3. How many minutes or hours after awakening did you usually have your first cigarette? — 51–53

000☐ Immediately

_____ 1☐ Minutes 2☐ Hours

999☐ DK

4. Before you quit *(entry in 1)* ago, did you make any other serious attempts to stop smoking? — 54

1☐ Yes
2☐ No *(7)*

5. Including the last time you quit smoking, how many times did you make a serious attempt to stop smoking cigarettes? — 55–56

_____ Times

99☐ DK

6. Before you quit smoking *(entry in 1)* ago, what was the longest period you stayed off cigarettes? — 57–59

000☐ Less than one day

_____ 1☐ Days 2☐ Weeks 3☐ Months 4☐ Years

999☐ DK

7. For how many years were you a regular smoker (do not include the times when you stayed off cigarettes)? — 60–61

00☐ Less than one year

_____ Years

99☐ DK

I'm going to read a list of methods which some people use to stop smoking cigarettes.

8a. [When you quit did you ever/In any of your quit attempts did you ever] —

	Yes	No	
1) switch to lower tar or nicotine cigarettes?	1☐	2☐	62
2) use special filters or cigarette holders to regulate the amount of smoke inhaled?	1☐	2☐	63
3) gradually decrease the number of cigarettes you smoked in a day?	1☐	2☐	64
4) use prescription chewing gum called "nicorette"?	1☐	2☐	65
5) participate in the Great American Smoke-out?	1☐	2☐	66
6) stop smoking along with friends or relatives who were also trying to quit?	1☐	2☐	67
7) stop by following instructions in a book or pamphlet?	1☐	2☐	68
8) stop "cold turkey", that is, stopping all at once without cutting down?	1☐	2☐	69
9) use some other method?	1☐	2☐	70

If "No" in 4 or only 1 method in 8a, mark box(es) without asking and skip to 9; otherwise ask:

b. Thinking of the methods you just mentioned, which ones did you use the last time you quit smoking?

Mark all applicable boxes, do not probe.

1☐ Switch to lower tar/nicotine cigarettes — 71
1☐ Use special filters/cigarette holders — 72
1☐ Gradually decrease number smoked — 73
1☐ Use "nicorette" — 74
1☐ Great American Smoke-out — 75
1☐ Stop with friends or relatives — 76
1☐ Follow instructions in pamphlet or book — 77
1☐ Stop "cold turkey" — 78
1☐ Other — 79
1☐ DK — 80

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Section U — FORMER SMOKER — Continued

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9. Thinking of the time(s) you tried to quit smoking, please tell me the reasons you had for trying to quit.

Mark all mentioned, do not probe.

If for health reasons in general ask:

Was that concern for your health at the time or concern for your future health?

1 ☐	Health symptom/problem	5
1 ☐	Present health	6
1 ☐	Future health	7
1 ☐	Both present and future health	8
1 ☐	Cost of cigarettes	9
1 ☐	Pressure from family and friends	10
1 ☐	Advice from my doctor	11
1 ☐	Setting a good example for children	12
1 ☐	Effect my smoking had on others	13
1 ☐	Pregnancy	14
1 ☐	Lost desire	15
1 ☐	Dirty habit	16
1 ☐	Other	17
1 ☐	DK	18

10a. Did you ever try to quit smoking because of a health condition you had at the time?

1 ☐	Yes	19
2 ☐	No *(11)*	

b. What was the health condition?

Mark all mentioned, do not probe.

1 ☐	Heart trouble/problem	20
1 ☐	High blood pressure	21
1 ☐	Cancer	22
1 ☐	Emphysema	23
1 ☐	Cough	24
1 ☐	Shortness of breath	25
1 ☐	Cold/flu/virus	26
1 ☐	Other respiratory problem	27
1 ☐	Sore throat	28
1 ☐	Pregnancy	29
1 ☐	Other	30
1 ☐	DK	31

11. Did a doctor ever advise you to quit smoking?

1 ☐	Yes	32
2 ☐	No	
9 ☐	DK	

12a. Do you believe your smoking affected your health in any way?

1 ☐	Yes	33
2 ☐	No } *(13)*	
9 ☐	DK }	

b. How did smoking affect your health?

Mark all mentioned, do not probe.

1 ☐	Heart trouble/problem	34
1 ☐	High blood pressure	35
1 ☐	Cancer	36
1 ☐	Emphysema	37
1 ☐	Cough	38
1 ☐	Shortness of breath	39
1 ☐	Cold/flu/virus	40
1 ☐	Other respiratory problem	41
1 ☐	Sore throat	42
1 ☐	Other	43
1 ☐	DK	44

13. When you are inside public places that have no rules about smoking and someone lights up a cigarette, what are you most likely to do — ask the person not to smoke, move away from the person, just do nothing, or something else?

1 ☐	Ask person not to smoke } *(section W)*	45
2 ☐	Move away	
3 ☐	Do nothing	
8 ☐	Something else	

Notes

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Section V — CURRENT SMOKER

If telephone interview, skip to 1b.

1a. **In order to get an accurate record of the brand of cigarette you smoke most often, I'd like to see the cigarette package. Do you have the pack handy?**

☐ Yes *(Record UPC, THEN 3)* — 46–57

_____

☐ No

b. **What brand or type of cigarette do you smoke most often?** — 58–60

_____
Brand/Type name

2. **What type of cigarettes are the** *(brand in 1b)* **that you smoke? Are they —** — 61

a. **filter tip or non-filter tip?**

1 ☐ Filter tip
2 ☐ Non-filter tip

b. **hard pack or soft pack?** — 62

1 ☐ Hard pack
2 ☐ Soft pack

c. **menthol or plain?** — 63

1 ☐ Menthol
2 ☐ Plain

d. **regular, king-size, 100, or 120 millimeter?** — 64

1 ☐ Regular
2 ☐ King-size
3 ☐ 100 millimeter
4 ☐ 120 millimeter
9 ☐ DK

e. **regular, lights or ultra lights?** — 65

1 ☐ Regular
2 ☐ Lights
3 ☐ Ultra lights
9 ☐ DK

3. **On the average, how many cigarettes do you usually smoke a day?** — 66–67

00 ☐ Less than one cigarette per day
_____ Cigarettes per day
99 ☐ DK

4. **How many minutes or hours after awakening do you have your first cigarette?** — 68–70

000 ☐ Immediately
_____ 1 ☐ Minutes / 2 ☐ Hours
999 ☐ DK

5. **What are the reasons you smoke cigarettes?**

Mark all mentioned, do not probe.

1 ☐ Addicted — 71
1 ☐ Relaxes or calms me/nerves/stress/helps me cope — 72
1 ☐ To keep my weight down — 73
1 ☐ Wakes me up — 74
1 ☐ Gives me something to do with my hands — 75
1 ☐ Keeps me going/helps me concentrate/excuse to take a break — 76
1 ☐ Habit — 77
1 ☐ I like it/enjoy it — 78
1 ☐ Social reasons — 79
1 ☐ Other — 80
1 ☐ DK — 81

6a. **Have you ever made a serious attempt to stop smoking cigarettes?** — 82

1 ☐ Yes
2 ☐ No *(12)*
9 ☐ DK *(12)*

b. **Have you made more than one serious attempt?** — 83

1 ☐ Yes
2 ☐ No *(6d)*

c. **How many times within the last year have you made a serious attempt to stop smoking cigarettes?** — 84–85

01 ☐ Once *(6d)*
00 ☐ Never *(6e)*
_____ Times *(6e)*
99 ☐ DK

d. **When did you make the serious attempt to quit smoking?** — 86–89

_____ / 19 _____ *(7a)*
month year

e. **When did you last make a serious attempt to quit smoking?** — 90–93

_____ / 19 _____ *(7b)*
month year

7a. **When you tried to quit, how long did you stay off cigarettes?** — 94–96

000 ☐ Less than a day
_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years *(8)*
999 ☐ DK

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RT 74 3–4 5–7

Section V — CURRENT SMOKER — Continued

7b. When you tried to quit in *(entry in 6e)*, for how long did you stay off cigarettes?

000 ☐ Less than a day
____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years
999 ☐ DK

c. Of all the times you have tried to quit smoking, what was the longest period you stayed off cigarettes? — 8–10

000 ☐ Less than a day
____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years
999 ☐ DK

I'm going to read a list of methods which some people use to stop smoking cigarettes.

8a. [When you tried to quit did you ever/In any of your quit attempts did you ever] —

	Yes	No	
1) switch to lower tar or nicotine cigarettes?	1 ☐	2 ☐	11
2) use special filters or cigarette holders to regulate the amount of smoke inhaled?	1 ☐	2 ☐	12
3) gradually decrease the number of cigarettes you smoked in a day?	1 ☐	2 ☐	13
4) use prescription chewing gum called "nicorette"?	1 ☐	2 ☐	14
5) participate in the Great American Smoke-out?	1 ☐	2 ☐	15
6) stop smoking along with friends or relatives who were also trying to quit?	1 ☐	2 ☐	16
7) stop by following instructions in a book or pamphlet?	1 ☐	2 ☐	17
8) stop "cold turkey", that is, stopping all at once without cutting down?	1 ☐	2 ☐	18
9) use some other method?	1 ☐	2 ☐	19

If "No" in 6b, or only 1 method in 8a, mark box(es) without asking and skip to 9, otherwise ask:

b. Thinking of the methods you just mentioned, which ones did you use the last time you tried to quit smoking?

Mark all applicable boxes, do not probe.

1 ☐ Switch to lower tar/nicotine cigarettes — 20
1 ☐ Use special filters/cigarette holders — 21
1 ☐ Gradually decrease number smoked — 22
1 ☐ Use "nicorette" — 23
1 ☐ Great American Smoke-out — 24
1 ☐ Stop with friends or relatives — 25
1 ☐ Follow instructions in pamphlet or book — 26
1 ☐ Stop "cold turkey" — 27
1 ☐ Other — 28
1 ☐ DK — 29

9. Thinking of the time(s) you tried to quit smoking, please tell me the reasons you had for trying to quit.

Mark all mentioned, do not probe.

If for health reasons in general ask:

Was that concern for your health at the time or concern for your future health?

1 ☐ Health symptom/problem — 30
1 ☐ Present health — 31
1 ☐ Future health — 32
1 ☐ Both present and future health — 33
1 ☐ Cost of cigarettes — 34
1 ☐ Pressure from family and friends — 35
1 ☐ Advice from my doctor — 36
1 ☐ Setting a good example for children — 37
1 ☐ Effect my smoking had on others — 38
1 ☐ Pregnancy — 39
1 ☐ Lost desire — 40
1 ☐ Dirty habit — 41
1 ☐ Other — 42
1 ☐ DK — 43

10a. Did you ever try to quit smoking because of a health condition you had at the time? — 44

1 ☐ Yes
2 ☐ No *(11)*

b. What was the health condition?

Mark all mentioned, do not probe.

1 ☐ Heart trouble/problem — 45
1 ☐ High blood pressure — 46
1 ☐ Cancer — 47
1 ☐ Emphysema — 48
1 ☐ Cough — 49
1 ☐ Shortness of breath — 50
1 ☐ Cold/flu/virus — 51
1 ☐ Other respiratory problem — 52
1 ☐ Sore throat — 53
1 ☐ Pregnancy — 54
1 ☐ Other — 55
1 ☐ DK — 56

Section V — CURRENT SMOKER — Continued

11a. After your attempt(s) to quit, what were the reasons you started to smoke again?

Mark all mentioned, do not probe.

00 ☐	Fear of gaining weight	57–58
01 ☐	Actual weight gain	59–60
02 ☐	Headaches/irritability/difficulty concentrating/drowsiness	61–62
03 ☐	Bored/blue/depressed	63–64
04 ☐	Nervous/tense/angry/frustrated/stress	65–66
05 ☐	Stressful life event	67–68
06 ☐	Pressure from others to smoke	69–70
07 ☐	No support from others	71–72
08 ☐	Habit/situation where used to smoke regularly	73–74
09 ☐	Addiction/craving	75–76
10 ☐	Pleasure of smoking/enjoy it	77–78
11 ☐	Others smoking around me	79–80
12 ☐	Not ready to quit/didn't want to quit	81–82
13 ☐	Didn't try hard enough/no will power	83–84
14 ☐	Any mention of alcohol	85–86
88 ☐	Other	87–88
99 ☐	DK	89–90

If only one reason in 11a, mark box without asking and skip to 12; otherwise ask:

b. Of the reasons you have told me, which of these was the MOST IMPORTANT to you as a reason for starting to smoke again.

91–92

MOST IMPORTANT

00 ☐	06 ☐	12 ☐
01 ☐	07 ☐	13 ☐
02 ☐	08 ☐	14 ☐
03 ☐	09 ☐	88 ☐
04 ☐	10 ☐	99 ☐
05 ☐	11 ☐	

12. Have you ever switched to a lower tar and nicotine cigarette just to reduce your health risk? — 93

1 ☐ Yes
2 ☐ No

13a. Do you believe your smoking has affected your health in any way? — 94

1 ☐ Yes
2 ☐ No
9 ☐ DK } *(14)*

b. How has your smoking affected your health?

Mark all mentioned, do not probe.

1 ☐	Heart trouble/problem	95
1 ☐	High blood pressure	96
1 ☐	Cancer	97
1 ☐	Emphysema	98
1 ☐	Cough	99
1 ☐	Shortness of breath	100
1 ☐	Cold/flu/virus	101
1 ☐	Other respiratory problem	102
1 ☐	Other	103
1 ☐	DK	104

14. Has a doctor ever advised you to quit smoking? — 105

1 ☐ Yes
2 ☐ No

15. For how many years have you been a regular smoker (do not include the times when you stayed off cigarettes)? — 106–107

00 ☐ Less than one year
_____ Years
99 ☐ DK

16a. Could you quit smoking permanently if you wanted to? — 108

1 ☐ Yes
2 ☐ No *(17)*
9 ☐ DK

b. How hard do you think it would be to quit smoking cigarettes entirely — very hard, somewhat hard, or not hard at all? — 109

1 ☐ Very hard
2 ☐ Somewhat hard
3 ☐ Not hard at all
9 ☐ DK

17. When you are inside public places that have no rules about smoking, what are you most likely to do — light up a cigarette if you wish, look around to see if others are smoking and then light up, ask if others would mind, just not smoke, or something else? — 110

1 ☐ Light up
2 ☐ Look around
3 ☐ Ask others
4 ☐ Not smoke
8 ☐ Something else

Notes

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Section W — OTHER TOBACCO USE

3–4

These next questions are about the use of other tobacco products.

5

1a. Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?

1 ☐ Yes
2 ☐ No *(6)*
9 ☐ DK Chewing tobacco *(6)*

b. Have you used chewing tobacco at least 20 times?

6

1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK

2. How old were you when you first used chewing tobacco?

7–8

_____ Age
99 ☐ DK

3. Do you use chewing tobacco now?

9

1 ☐ Yes
2 ☐ No

4. Altogether, about how long [did you use/have you used] chewing tobacco?

10–12

000 ☐ Less than one month
_____ { 1 ☐ Months / 2 ☐ Years
999 ☐ DK

5a. On the average, how many days per month [did/do] you use chewing tobacco?

13–14

00 ☐ Less than one day a month
97 ☐ Never used regularly *(6)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK

b. On the days that you use(d) chewing tobacco, how many times [did/do] you use it?

15–16

_____ Times per day
99 ☐ DK

6a. Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?

17

1 ☐ Yes
2 ☐ No *(12)*
9 ☐ DK Snuff *(12)*

b. Have you used snuff at least 20 times?

18

1 ☐ Yes
2 ☐ No } *(12)*
9 ☐ DK

7. How old were you when you first used snuff?

19–20

_____ Age
99 ☐ DK

8. Do you use snuff now?

21

1 ☐ Yes
2 ☐ No

9. Altogether, about how long [did you use/have you used] snuff?

22–24

000 ☐ Less than one month
_____ { 1 ☐ Months / 2 ☐ Years
999 ☐ DK

10a. On the average, how many days per month [did/do] you use snuff?

25–26

00 ☐ Less than one day a month
97 ☐ Never used regularly *(12)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK

b. On the days you use(d) snuff, how many times [did/do] you use it?

27–28

_____ Times per day
99 ☐ DK

11. [Did/Do] you use snuff by sniffing it or by placing it in your mouth?

29

1 ☐ Sniffing
2 ☐ Mouth
3 ☐ Both

12a. Have you ever smoked a pipe?

30

1 ☐ Yes
2 ☐ No *(17)*

b. Have you smoked a pipe at least 50 times?

31

1 ☐ Yes
2 ☐ No } *(17)*
9 ☐ DK

13. How old were you when you first smoked a pipe?

32–33

_____ Age
99 ☐ DK

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Section W — OTHER TOBACCO USE — Continued

14. **Do you smoke a pipe now?**
1 ☐ Yes
2 ☐ No
34

15. **Altogether, about how long [did you smoke/have you smoked] a pipe?**
000 ☐ Less than one month
_____ { 1 ☐ Months / 2 ☐ Years
999 ☐ DK
35–37

16a. **On the average, how many days per month [did/do] you smoke a pipe?**
00 ☐ Less than one day a month
97 ☐ Never smoked a pipe regularly *(17)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK
38–39

b. **On the days you smoke(d) a pipe, how many pipefuls of tobacco [did/do] you smoke?**
00 ☐ Less than one
_____ Pipefuls per day
99 ☐ DK
40–41

17a. **Have you ever smoked cigars?**
1 ☐ Yes
2 ☐ No *(22)*
42

b. **Have you smoked at least 50 cigars in your entire life?**
1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(22)*
43

18. **How old were you when you first smoked cigars?**
_____ Age
99 ☐ DK
44–45

19. **Do you smoke cigars now?**
1 ☐ Yes
2 ☐ No
46

20. **Altogether, about how long [did you smoke/have you smoked] cigars?**
000 ☐ Less than one month
_____ { 1 ☐ Months / 2 ☐ Years
999 ☐ DK
47–49

21a. **On the average, how many days per month [did/do] you smoke cigars?**
00 ☐ Less than one day a month
97 ☐ Never smoked cigars regularly *(22)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK
50–51

b. **On the days you smoke(d) cigars, how many [did/do] you smoke?**
00 ☐ Less than one
_____ Cigars per day
99 ☐ DK
52–53

Notes

Section W — OTHER TOBACCO USE — Continued

22a. Do you believe cigarette smoking is related to —

		HAND CARD W ASK 22b for each "Yes" in 22a. **b. Do you think there is a strong, moderate, or slight relationship between cigarette smoking and *(condition)*?**	ASK 22c for each "Yes" in 22a. **c. Do you believe that if a person stops smoking completely, his chances of getting *(condition)* are reduced?**
1) emphysema?	1 ☐ Yes 2 ☐ No 3 ☐ Maybe 9 ☐ DK *(2)* → 54	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK *(2)* → 55	1 ☐ Yes 2 ☐ No 9 ☐ DK → 56
2) gallstones?	1 ☐ Yes 2 ☐ No 3 ☐ Maybe 9 ☐ DK *(3)* → 57	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK *(3)* → 58	1 ☐ Yes 2 ☐ No 9 ☐ DK → 59
3) lung cancer?	1 ☐ Yes 2 ☐ No 3 ☐ Maybe 9 ☐ DK *(4)* → 60	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK *(4)* → 61	1 ☐ Yes 2 ☐ No 9 ☐ DK → 62
4) chronic bronchitis?	1 ☐ Yes 2 ☐ No 3 ☐ Maybe 9 ☐ DK *(5)* → 63	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK *(5)* → 64	1 ☐ Yes 2 ☐ No 9 ☐ DK → 65
5) diabetes?	1 ☐ Yes 2 ☐ No 3 ☐ Maybe 9 ☐ DK *(6)* → 66	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK *(6)* → 67	1 ☐ Yes 2 ☐ No 9 ☐ DK → 68
6) cancer of the mouth and throat?	1 ☐ Yes 2 ☐ No 3 ☐ Maybe 9 ☐ DK *(7)* → 69	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK *(7)* → 70	1 ☐ Yes 2 ☐ No 9 ☐ DK → 71
7) heart disease?	1 ☐ Yes 2 ☐ No 3 ☐ Maybe 9 ☐ DK *(22b)* → 72	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK *(22c)* → 73	1 ☐ Yes 2 ☐ No 9 ☐ DK → 74

75

W1 *Mark appropriate box*

1 ☐ Sample 871 *(23)*
2 ☐ Sample 872—874 *(W2)*

76

W2 *Mark race. Refer to question 3, page 42 or 43 on HIS-1.*

1 ☐ White *(section X)*
8 ☐ All others *(23)*

23a. Do you think that using chewing tobacco on a regular basis can increase a person's chances of getting mouth and throat cancer?

		HAND CARD W Ask 23b for each "Yes" in 23a **b. Do you think there is a strong, moderate or slight connection between mouth and throat cancer and *(YES in 23a)*?** **What about *(YES in 23a)*?**
1) Using chewing tobacco?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(2)* → 77	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK → 78
What about — **2) Using snuff by mouth?**	1 ☐ Yes 2 ☐ No 9 ☐ DK *(3)* → 79	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK → 80
3) Smoking a pipe?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(4)* → 81	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK → 82
4) Smoking cigars?	1 ☐ Yes 2 ☐ No 9 ☐ DK *(23b)* → 83	1 ☐ Strong 2 ☐ Moderate 3 ☐ Slight 9 ☐ DK → 84

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Section W — OTHER TOBACCO USE — Continued

HAND CARD R2

24. Now I'm going to read a list of statements about cigarette smoking. After I read each one, please tell me whether you strongly agree, agree, disagree, or strongly disagree, or if you have no opinion.

a.	**Everything causes cancer anyway so it doesn't really matter if you smoke.**	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion
b.	**Smoking by a pregnant woman may harm the baby.**	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion
c.	**The smoke from someone else's cigarette is harmful to you.**	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion
d.	**Most deaths from lung cancer are caused by cigarette smoking.**	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion
e.	**People who smoke low tar and nicotine cigarettes are less likely to get cancer than people who smoke high tar and nicotine cigarettes.**	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion
f.	**If people want to smoke, they should not do so inside public places where it might disturb others.**	1 ☐ Strongly agree 2 ☐ Agree 3 ☐ Disagree 4 ☐ Strongly disagree 5 ☐ No opinion

Notes

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Section X — OCCUPATIONAL EXPOSURE

3–4

X1 *Refer to HIS-1, C1*

5

1 ☐ Wa/Wb box marked *(1)*
8 ☐ All others *(6)*

1. On your current job, are you exposed to any substances that would be harmful if you breathed them or got them on your skin?

6

1 ☐ Yes
2 ☐ No } *(3a)*
9 ☐ DK }

2a. Do you know how these substances could affect your health?

7

1 ☐ Yes
2 ☐ No *(3a)*

b. Where did you learn how these substances could affect your health?

Mark all mentioned, do not probe.

8 1 ☐ Employer
9 1 ☐ Union
10 1 ☐ Health clinic at work
11 1 ☐ Magazines
12 1 ☐ Newspapers
13 1 ☐ Notices posted at work
14 1 ☐ Doctor
15 1 ☐ Television
16 1 ☐ Read container label
17 1 ☐ Other
18 1 ☐ DK

3a. Do you spend at least half your work day in an office building or some other type of building or do you work mostly outside?

19

1 ☐ Inside
2 ☐ Outside } *(6)*
9 ☐ DK }

b. Are there at least five other people working in the building?

20

1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK }

4a. Is smoking allowed where you work?

21

1 ☐ Yes
2 ☐ No *(4c)*
9 ☐ DK *(6)*

b. Do you have smoking and non-smoking areas where you work?

22

1 ☐ Yes
2 ☐ No } *(5)*
9 ☐ DK }

c. Does your employer restrict smoking (to certain areas) for health reasons and personal comfort, or for some other reasons?

23

1 ☐ Health/personal comfort
2 ☐ Other reasons
3 ☐ Both
9 ☐ DK

If "No" in 4a, skip to 6; otherwise ask:

5. Would you say your immediate work area is very smoky from tobacco, somewhat smoky, or not smoky at all?

24

1 ☐ Very smoky
2 ☐ Somewhat smoky
3 ☐ Not smoky at all
9 ☐ DK

6. In general, would you say the smoke from other people's cigarettes is very annoying to you, somewhat annoying to you, or not at all annoying to you?

25

1 ☐ Very annoying
2 ☐ Somewhat annoying
3 ☐ Not at all annoying

Notes

Section Y — HEIGHT AND WEIGHT

1. About how tall are you without shoes?	_____ Feet _____ Inches	26–28
2. About how much do you weigh without shoes?	_____ Pounds	29–31
3. When you weighed the most, how much did you weigh (do not include pregnancy)?	_____ Pounds	32–34

Notes

OMB No. 0933-0161: Approval Expires March 31, 1988

FORM **HIS-1B (1987)**
(8-1-86)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

EPIDEMIOLOGY STUDY

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

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1. 3–7, 8 — Book ____ of ____ books

2. R.O. number 9–10

3. Sample 11–13

4. Control number — PSU 14–16 | Segment 17–23 | Serial 24–25

5. Beginning time 26–29, 30 — 1 a.m. 2 p.m.

6a. FAMILY ROSTER
List all nondeleted family members 18+ by age (oldest to youngest).

6b. Hispanic oversample 31 — 1☐

SP1 Line No. 32	Person No. 33–34	Age 35–36	Name	"X" if Hisp. marked	SP2–3 Hisp. Line No.
1				☐ Hisp.	
2				☐ Hisp.	
3				☐ Hisp.	
4				☐ Hisp.	
5				☐ Hisp.	
6				☐ Hisp.	
7				☐ Hisp.	
8				☐ Hisp.	
9				☐ Hisp.	

Refer to the appropriate section of the sample person selection label and circle as applicable. THEN circle the "SP1" Line No. in item 6a and mark "SP" box on the HIS-1 for the selected sample person. THEN go to Section AA.

7. FINAL STATUS

0 ☐ No person 18+ in this family (Household Page)

Interview
1 ☐ Complete interview (all appropriate sections completed)
2 ☐ Partial interview (some but not all appropriate sections completed) —*Explain* ↘

Noninterview
3 ☐ Refusal *(Explain in Notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
8 ☐ Other — *Explain* ↘

37

8. Ending time 38–41, 42 — 1 a.m. 2 p.m.

9. Interview mode 43 — 1☐ Personal 2☐ Telephone

10. Language of interview 44 — 1☐ English 2☐ Spanish 3☐ Both English and Spanish 8☐ Other

11. Interviewer identification 45–46 — Name | Code

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP *(Page 2 or 55, question 3)* 47
1☐ M
2☐ F

13. Education of SP *(Page 42 or 43, question 2a)* 48–49
00 ☐ Never attended or kindergarten
Elem: 1 2 3 4 5 6 7 8
High: 9 10 11 12
College: 1 2 3 4 5 6+

Finish grade/year *(Question 2b)* 50
1☐ Yes
2☐ No

14. Main race of SP *(Page 42 or 43, question 3a/b)* 51
1 2 3 4 5 — *Specify* ↘

15. Marital status 52 *(Page 46 or 47, question 7)*
1☐ Married — spouse in HH
2☐ Married — spouse not in HH
3☐ Widowed
4☐ Divorced
5☐ Separated
6☐ Never married

16. Family income *(Page 46, question 8b)* 53–54
00☐ A 01☐ B 02☐ C 03☐ D 04☐ E 05☐ F 06☐ G
07☐ H 08☐ I 09☐ J 10☐ K 11☐ L 12☐ M 13☐ N
14☐ O 15☐ P 16☐ Q 17☐ R 18☐ S 19☐ T 20☐ U
21☐ V 22☐ W 23☐ X 24☐ Y 25☐ Z 26☐ ZZ
(Transcribe from 8a if 8b blank)
27☐ $20,000 or more
28☐ Less than $20,000

17. 55–56 — Person No. ____

18. 57–58 — Age ____

19. Booklet type 59
2☒ Epidemiology study

PHS-T-541
08/86

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Section AA — ACCULTURATION

3–4

AA1 SP Status at initial interview — 5

1 ☐ Available *(AA2)*
2 ☐ Callback required *(Household page)*
8 ☐ Noninterview *(Cover page)*

AA2 *Refer to hispanic origin from family roster and expected language for this supplement.* — 6

1 ☐ Hispanic/English Supp. interview *(1a)*
2 ☐ Hispanic/Spanish Supp. interview *(1b)*
8 ☐ Other *(section BB)*

7

Read to respondent:

I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.

1a. Do you speak any Spanish?

1 ☐ Yes *(2)*
2 ☐ No *(4)*

8

Read to respondent:

I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth. Before I ask these questions I would like to ask a few questions about the language you use most often.

b. Do you speak any English?

1 ☐ Yes
2 ☐ No *(4)*

2. Would you say that you speak mostly Spanish, mostly English, or do you speak Spanish and English about the same? — 9

1 ☐ Mostly Spanish
2 ☐ Mostly English
3 ☐ Both about the same

3. What language do you prefer: Spanish only, mostly Spanish, mostly English, English only, or Spanish and English about equally? — 10

1 ☐ Spanish only
2 ☐ Mostly Spanish
3 ☐ Mostly English
4 ☐ English only
5 ☐ Spanish and English equally

4. Can you read Spanish? — 11

1 ☐ Yes
2 ☐ No

5. Can you read English? — 12

1 ☐ Yes
2 ☐ No

If "Yes" to both 4 and 5 ask:

6. In which language do you read better? — 13

1 ☐ Spanish
2 ☐ English
3 ☐ Both the same

7. Can you write in Spanish? — 14

1 ☐ Yes
2 ☐ No

8. Can you write in English? — 15

1 ☐ Yes
2 ☐ No

If "Yes" to both 7 and 8 ask:

9. In which language do you write better? — 16

1 ☐ Spanish
2 ☐ English
3 ☐ Both the same

If self-reported on HIS-1, mark box without asking.

HAND CARD O, read categories if telephone interview.

10. Which of these groups best describes your ethnic identification? — 17

1 ☐ Puerto Rican
2 ☐ Cuban
3 ☐ Mexican/Mexicano
4 ☐ Mexican American
5 ☐ Chicano
6 ☐ Other Latin American
7 ☐ Other Spanish
8 ☐ Other *(Specify)* _____

11. Which of these groups best describes your mother's ethnic identification? — 18

1 ☐ Puerto Rican
2 ☐ Cuban
3 ☐ Mexican/Mexicano
4 ☐ Mexican American
5 ☐ Chicano
6 ☐ Other Latin American
7 ☐ Other Spanish
8 ☐ Other *(Specify)* _____

12. Which of these groups best describes your father's ethnic identification? — 19

1 ☐ Puerto Rican
2 ☐ Cuban
3 ☐ Mexican/Mexicano
4 ☐ Mexican American
5 ☐ Chicano
6 ☐ Other Latin American
7 ☐ Other Spanish
8 ☐ Other *(Specify)* _____

Section AA — ACCULTURATION — Continued

If self-reported on HIS-1, mark box without asking.

13. In what country or state were you born? 20

1 ☐ U.S., except Puerto Rico
2 ☐ Puerto Rico
3 ☐ Cuba
4 ☐ Mexico
8 ☐ Other *(Specify)* →

_____

14. In what country or state was your father born? 21

1 ☐ U.S., except Puerto Rico
2 ☐ Puerto Rico
3 ☐ Cuba
4 ☐ Mexico
8 ☐ Other *(Specify)* →

_____

15. In what country or state was your mother born? 22

1 ☐ U.S., except Puerto Rico
2 ☐ Puerto Rico
3 ☐ Cuba
4 ☐ Mexico
8 ☐ Other *(Specify)* →

_____

Notes

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Section BB — FOOD FREQUENCY

3–4

Read to respondent: **(I'm going to be asking questions that are related to health concerns, such as smoking, eating practices, vitamin use and so forth.) These next questions are about the foods you eat. Please tell me how often you eat each one, for example , twice a week, three times a month and so forth. Also tell me whether you usually eat a small, medium or large portion of each food. Remember I'm only interested in the foods YOU eat.** *HAND FOOD FREQUENCY FLASHCARD BOOKLET.* **Please look at List 1 as I ask these first questions.**

During the past year or so, how often did you usually [eat/drink] —

	Times per	1 Day, 2 Week, 3 Month, 4 Year	0000 Less than 6 a year or never	Was it a small, medium or large portion?
1. Orange juice or grapefruit juice?		5–8		9 1 Small 2 Medium (6 oz.) 3 Large
2. Other fruit juices or fortified fruit drinks?		10–13		14 1 Small 2 Medium (6 oz.) 3 Large
3. Oranges?		15–18		19 1 Small 2 Medium (1 med.) 3 Large
4. Grapefruit?		20–23		24 1 Small 2 Medium (1/2 grapefruit) 3 Large
5. Cantaloupe in season?		25–28		29 **A medium serving is 1/4 cantaloupe** 1 Small 2 Medium (1/4 med.) 3 Large
6. Apples or applesauce?		30–33		34 1 Small 2 Medium (1 med. or 1/2 cup) 3 Large
Now look at List 2. **During the past year or so, how often did you usually eat —** **7. Beans, such as baked, pinto, kidney beans, or in chili? Do not include green beans.**		35–38		39 **Small, medium or large?** 1 Small 2 Medium (3/4 cup) 3 Large
8. Carrots, or mixed vegetables containing carrots?		40–43		44 1 Small 2 Medium (1/2 cup) 3 Large
9. Tomatoes, including in salad?		45–48		49 1 Small 2 Medium (1 tomato) 3 Large
10. Green salad?		50–53		54 1 Small 2 Medium (1 med. bowl) 3 Large
11. Salad dressing or mayonnaise, including on sandwiches?		55–58		59 1 Small 2 Medium (2 tbs.) 3 Large

FORM HIS-1B (1987) (6-1-86)

Section BB — FOOD FREQUENCY — Continued

12. Broccoli? — 60–63

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(13)*

Small, medium or large? — 64
1 ☐ Small
2 ☐ Medium (1/2 cup)
3 ☐ Large

13. Spinach? — 65–68

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(14)*

69
1 ☐ Small
2 ☐ Medium (1/2 cup)
3 ☐ Large

14. Mustard greens, turnip greens or collards? — 70–73

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(15)*

74
1 ☐ Small
2 ☐ Medium (1/2 cup)
3 ☐ Large

15. Coleslaw, cabbage or sauerkraut? — 75–78

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(16)*

79
1 ☐ Small
2 ☐ Medium (1/2 cup)
3 ☐ Large

16. French fries or fried potatoes? — 80–83

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(17)*

84
1 ☐ Small
2 ☐ Medium (3/4 cup)
3 ☐ Large

17. Potatoes, baked, boiled or mashed? — 85–88

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(18)*

89
1 ☐ Small
2 ☐ Medium (1 potato or 1/2 cup)
3 ☐ Large

18. Sweet potatoes or yams? — 90–93

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(19)*

94
1 ☐ Small
2 ☐ Medium (1/2 cup)
3 ☐ Large

19. Rice? — 95–98

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(20)*

99
1 ☐ Small
2 ☐ Medium (1/2 cup)
3 ☐ Large

Now look at List 3.
During the past year or so, how often did you usually eat —

20. Hamburgers, cheeseburgers or meatloaf? — 100–103

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(21)*

Small, medium or large? — 104
1 ☐ Small
2 ☐ Medium
3 ☐ Large

21. Beef, such as steaks or roasts? — 105–108

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(22)*

109
1 ☐ Small
2 ☐ Medium (4 oz.)
3 ☐ Large

22. Beef stew or potpie with vegetables? — 110–113

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(23)*

114
1 ☐ Small
2 ☐ Medium (1 cup)
3 ☐ Large

23. Liver, including chicken liver? — 115–118

Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(24)*

119
1 ☐ Small
2 ☐ Medium (4 oz.)
3 ☐ Large

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Section BB — FOOD FREQUENCY — Continued

3–4

24. Pork, such as pork chops or roasts?	5–8 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(25)*	9 **A medium serving is 2 pork chops or 4 oz. of roast.** 1 Small, 2 Medium (2 pork chops or 4oz. of roast), 3 Large
25. Fried chicken?	10–13 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(26)*	14 **A medium serving is 2 small or 1 large piece.** 1 Small, 2 Medium (2 sm. or 1 lg. piece), 3 Large
26. Chicken or turkey, baked, stewed or broiled?	15–18 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(27)*	19 **A medium serving is 2 small or 1 large piece.** 1 Small, 2 Medium (2 sm. or 1 lg. piece), 3 Large
27. Fried fish or fish sandwiches?	20–23 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(28)*	24 1 Small, 2 Medium (4 oz.), 3 Large
28. Spaghetti, lasagna or pasta with tomato sauce?	25–28 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(29)*	29 1 Small, 2 Medium (1 cup), 3 Large
Now look at List 4. **During the past year or so, how often did you usually eat —** **29. Cooked cereals like oatmeal?**	30–33 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(30)*	34 **Small, medium, or large?** 1 Small, 2 Medium (1 med. bowl), 3 Large
30. High fiber cereals like bran, granola, or shredded wheat?	35–38 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(31)*	39 1 Small, 2 Medium (1 med. bowl), 3 Large
31. Highly fortified cereals like Product 19, Total, or Most?	40–43 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(32)*	44 1 Small, 2 Medium (1 med. bowl), 3 Large
32. Other cold cereals like Rice Krispies or corn flakes?	45–48 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(33)*	49 1 Small, 2 Medium (1 med. bowl), 3 Large
33. Eggs?	50–53 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(34)*	54–55 **How many eggs?** Number
34. Bacon?	56–59 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(35)*	60–61 **How many slices?** Number
35. Sausage?	62–65 Times per: 1 Day, 2 Week, 3 Month, 4 Year; 0000 Less than 6 a year or never *(36)*	66–67 **How many patties or links?** Number

Section BB — FOOD FREQUENCY PAGE — Continued

Now look at List 5.

During the past year or so, how often did you usually eat —

36. Vegetable soup, vegetable beef, minestrone or tomato soup? Do not include other kinds of soup.

5–8
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(37)*

Small, medium or large? 9
1 ☐ Small
2 ☐ Medium (1 med. bowl)
3 ☐ Large

37. Hot dogs?

10–13
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(38)*

How many hot dogs? 14–15
Amount

38. Ham or lunch meats?

16–19
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(39)*

20
1 ☐ Small
2 ☐ Medium (2 slices)
3 ☐ Large

39. White bread, rolls or crackers, including sandwiches, bagels, and so forth? I'm going to ask about dark bread and corn bread next.

21–24
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(40)*

A medium serving is 2 slices or 4 crackers. 25
1 ☐ Small
2 ☐ Medium (2 slices or 4 crackers)
3 ☐ Large

40. Dark breads like whole wheat, rye or pumpernickel?

26–29
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(41)*

A medium serving is 2 slices. 30
1 ☐ Small
2 ☐ Medium (2 slices)
3 ☐ Large

41. Corn bread, corn muffins, corn tortillas, or grits?

31–34
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(42)*

35
1 ☐ Small
2 ☐ Medium (1 piece or 1/2 cup grits)
3 ☐ Large

42. Butter on bread, rolls or vegetables? I'll ask about margarine next.

36–39
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(43)*

A medium serving is 2 pats. 40
1 ☐ Small
2 ☐ Medium (2 pats)
3 ☐ Large

43. Margarine on bread, rolls or vegetables?

41–44
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(44)*

A medium serving is 2 pats. 45
1 ☐ Small
2 ☐ Medium (2 pats)
3 ☐ Large

44. Cheese or cheese spreads, not including cottage cheese?

46–49
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(45)*

50
1 ☐ Small
2 ☐ Medium (2 slices or 2 oz.)
3 ☐ Large

45. Peanuts or peanut butter?

51–54
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(46)*

55
1 ☐ Small
2 ☐ Medium (2 tbs.)
3 ☐ Large

46. Salty snacks like chips or popcorn?

55–59
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(47)*

60
1 ☐ Small
2 ☐ Medium (1 handful)
3 ☐ Large

Now look at List 6.

During the past year or so, how often did you usually [eat/drink] —

47. Ice cream?

61–64
Times per: 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year
0000 ☐ Less than 6 a year or never *(48)*

A medium serving is 1 medium scoop. 65
1 ☐ Small
2 ☐ Medium (1 med. scoop)
3 ☐ Large

Section BB — FOOD FREQUENCY — Continued

48. Pie?

66–69

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(49)*

70

Small, medium or large?

1 ☐ Small
2 ☐ Medium (1 med. slice)
3 ☐ Large

49. Doughnuts, cookies, cake or pastry?

71–74

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(50)*

75

A medium serving is 1 piece or 3 cookies

1 ☐ Small
2 ☐ Medium (1 piece or 3 cookies)
3 ☐ Large

50. Chocolate candy?

76–79

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(51)*

80

1 ☐ Small
2 ☐ Medium (1 oz.)
3 ☐ Large

51. Sugar in coffee or tea or on cereal?

81–84

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(52)*

85

1 ☐ Small
2 ☐ Medium (2 tsp.)
3 ☐ Large

52. Whole milk or drinks made with whole milk, not including on cereal? I'm going to ask about 1%, 2% and skim milk separately.

86–89

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(53)*

90

1 ☐ Small
2 ☐ Medium (8 oz. glass)
3 ☐ Large

53. 2% milk or drinks made with 2% milk, not including on cereal?

91–94

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(54)*

95

1 ☐ Small
2 ☐ Medium (8 oz. glass)
3 ☐ Large

54. Skim milk, 1% milk or buttermilk, not including on cereal?

96–99

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(55)*

100

1 ☐ Small
2 ☐ Medium (8 oz. glass)
3 ☐ Large

55. Milk or cream in coffee or tea?

101–104

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(56)*

105

1 ☐ Small
2 ☐ Medium (1 tbs.)
3 ☐ Large

56. Soda or soft drinks with sugar?

106–109

Times per
1 ☐ Day
2 ☐ Week
3 ☐ Month
4 ☐ Year
0000 ☐ Less than 6 a year or never *(57)*

110

1 ☐ Small
2 ☐ Medium (12 oz.)
3 ☐ Large

57a. During the past year or so, how often did you drink beer?

111–114

0011 ☐ Everyday/daily

Times per
2 ☐ Week
3 ☐ Month
4 ☐ Year

0000 ☐ Never *(58)*

b. On the days you drank beer, how many cans, bottles or glasses did you drink?

115–116

Number
99 ☐ DK

c. Were they small, medium, or large?

117

1 ☐ Small
2 ☐ Medium (12 oz.)
3 ☐ Large (16 oz.)

Notes

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Section BB — FOOD FREQUENCY — Continued

3–4

58a. During the past year or so, how often did you drink wine? — 5–8

0011 ☐ Everyday/daily
_____ Times per { 2 ☐ Week; 3 ☐ Month; 4 ☐ Year }
0000 ☐ Never *(59)*

b. On the days you drank wine, how many glasses did you drink? — 9–10

_____ Number
99 ☐ DK

c. Were they small, medium, or large? — 11

1 ☐ Small
2 ☐ Medium (1med. wine glass)
3 ☐ Large

59a. During the past year or so, how often did you drink liquor? — 12–15

0011 ☐ Everyday/daily
_____ Times per { 2 ☐ Week; 3 ☐ Month; 4 ☐ Year }
0000 ☐ Never *(60)*

b. On the days you drank liquor, how many drinks did you have? — 16–17

_____ Number
99 ☐ DK

c. Were they small, medium, or large? — 18

1 ☐ Small
2 ☐ Medium (1shot)
3 ☐ Large

60a. Was there ever a period in your life when you drank five or more drinks of any alcoholic beverage almost every day? — 19

1 ☐ Yes
2 ☐ No } *(61)*
9 ☐ DK }

b. For how long did that period last? — 20–23

_____ Number { 1 ☐ Days; 2 ☐ Weeks; 3 ☐ Months; 4 ☐ Years }
9999 ☐ DK

61. When you eat chicken or other poultry, how often do you eat it with the skin on? Would you say often, sometimes, rarely or never? — 24

1 ☐ Often or always
2 ☐ Sometimes
3 ☐ Rarely
4 ☐ Never
0 ☐ Don't eat chicken or poultry

62. When you eat red meat, how often do you eat the fat? Would you say often, sometimes, rarely or never? — 25

1 ☐ Often or always
2 ☐ Sometimes
3 ☐ Rarely
4 ☐ Never
0 ☐ Don't eat red meat

63a. On most weekdays, how many meals do you usually eat each day? — 26

0 ☐ Less than one a day
_____ Meals
9 ☐ DK

b. On most weekdays, how many snacks do you usually eat each day, including snacks after dinner? — 27

0 ☐ Less than one a day
_____ Snacks
9 ☐ DK

c. On most Saturdays or Sundays, how many meals do you usually eat each day? — 28

0 ☐ Less than one a day
_____ Meals
9 ☐ DK

d. On most Saturdays or Sundays, how many snacks do you usually eat each day? — 29

0 ☐ Less than one a day
_____ Snacks
9 ☐ DK

64. In a typical week, how many meals do you usually get in restaurants, cafeterias, or fast food places? — 30–31

00 ☐ Less than one a week
_____ Meals
99 ☐ DK

Notes

Section CC — VITAMIN AND MINERAL INTAKE

1. **During the past 12 months, that is, since *(12 month date)* a year ago, did you take any vitamin or mineral supplements of any kind?** — 32

1 ☐ Yes
2 ☐ No *(section DD)*

2a. **During the past 12 months, that is, since *(12 month date)* a year ago, did you take any MULTIPLE vitamins?** — 33

1 ☐ Yes
2 ☐ No *(3)*

b. **What is the brand name of the multiple vitamins?** — 34–78

If more than one brand, ask:

What is the name of the brand you took most often during the past 12 months?

_____ Brand Name

☐ DK/Refused *(Ask probe for type)*

If known, mark without asking, otherwise ask:

Is that a therapeutic type, a stress-tab type or a one-a-day type? — 79

1 ☐ Therapeutic
2 ☐ Stress-tabs
3 ☐ One-a-day
8 ☐ None of these
9 ☐ DK

Mark first type listed

c. **For how many of the past 12 months did you take [*(name in 2b)*/multiple vitamins]?** — 80–81

00 ☐ Less than one
12 ☐ All of them
_____ Number of months

d. **During [the/those] *(number in 2c)* month(s), about how many days per month did you take [*(name in 2b)*/multiple vitamins]?** — 82–83

98 ☐ Everyday
_____ Number of days per month
88 ☐ Other

e. **On the days you took [*(name in 2b)*/multiple vitamins], how many pills did you take per day?** — 84–85

_____ Pills per day
99 ☐ DK

If less than 12 in 2c, ask:

f. **Did you take any multiple vitamins in the past month?** — 86

1 ☐ Yes
2 ☐ No

(The following questions are about vitamins not including the multiple vitamins you already told me about.)

3a. **During the past 12 months, did you take any vitamin A?** — 87

1 ☐ Yes
2 ☐ No *(4)*

b. **For how many of the past 12 months did you take vitamin A?** — 88–89

00 ☐ Less than one
12 ☐ All of them
_____ Number of months

c. **During [the/those] *(number in 3b)* month(s), about how many days per month did you take vitamin A?** — 90–91

98 ☐ Everyday
_____ Number of days per month
88 ☐ Other

d. **On the days you took vitamin A, how many pills did you usually take per day?** — 92–93

_____ Pills per day
99 ☐ DK

e. **How many units of vitamin A are in each of the pills you took?** — 94–98

_____ Units
99999 ☐ DK

If less than 12 in 3b, ask:

f. **Did you take any vitamin A in the past month?** — 99

1 ☐ Yes
2 ☐ No

4a. **During the past 12 months, did you take any vitamin C?** — 100

1 ☐ Yes
2 ☐ No *(5)*

b. **For how many of the past 12 months did you take vitamin C?** — 101–102

00 ☐ Less than one
12 ☐ All of them
_____ Number of months

c. **During [the/those] *(number in 4b)* month(s), about how many days per month did you take vitamin C?** — 103–104

98 ☐ Everyday
_____ Number of days per month
88 ☐ Other

d. **On the days you took vitamin C, how many pills did you usually take per day?** — 105–106

_____ Pills per day
99 ☐ DK

e. **How many milligrams of vitamin C are in each of the pills you took?** — 107–111

_____ Mgs.
99999 ☐ DK

If less than 12 in 4b, ask:

f. **Did you take any vitamin C in the past month?** — 112

1 ☐ Yes
2 ☐ No

Notes

RT 83

Section CC — VITAMIN AND MINERAL INTAKE — Continued

3–4

5a. **During the past 12 months, did you take any vitamin E?**	1 ☐ Yes 2 ☐ No *(6)*	5
b. **For how many of the past 12 months did you take vitamin E?**	00 ☐ Less than one 12 ☐ All of them _____ Number of months	6–7
c. **During [the/those]** *(number in 5b)* **month(s), about how many days per month did you take vitamin E?**	98 ☐ Everyday _____ Number of days per month 88 ☐ Other	8–9
d. **On the days you took vitamin E, how many pills did you usually take per day?**	_____ Pills per day 99 ☐ DK	10–11
e. **How many units of vitamin E are in each of the pills you took?**	_____ Units 99999 ☐ DK	12–16
If less than 12 in 5b, ask: **f.** **Did you take any vitamin E in the past month?**	1 ☐ Yes 2 ☐ No	17
6a. **During the past 12 months, did you take any calcium?**	1 ☐ Yes 2 ☐ No *(section DD)*	18
b. **For how many of the past 12 months did you take calcium?**	00 ☐ Less than one 12 ☐ All of them _____ Number of months	19–20
c. **During [the/those]** *(number in 6b)* **month(s), about how many days per month did you take calcium?**	98 ☐ Everyday _____ Number of days per month 88 ☐ Other	21–22
d. **On the days you took calcium, how many pills did you usually take per day?**	_____ Pills per day 99 ☐ DK	23–24
e. **How many milligrams of calcium are in each of the pills you took?**	_____ Mgs. 99999 ☐ DK	25–29
If less than 12 in 6b, ask: **f.** **Did you take any calcium in the past month?**	1 ☐ Yes 2 ☐ No	30

Notes

Section DD — FOOD KNOWLEDGE

1a. Have you ever made any LASTING and MAJOR changes in what you eat and drink for health reasons? — 31

1 ☐ Yes
2 ☐ No *(2)*

b. In making these changes, what foods do you eat MORE of?

Enter response verbatim, one food per line. Do not probe.

MORE

_____ 32–34
_____ 35–37
_____ 38–40
_____ 41–43

000 ☐ None
999 ☐ DK

c. What foods do you eat LESS of?

Enter response verbatim, one food per line. Do not probe.

LESS

_____ 44–46
_____ 47–49
_____ 50–52
_____ 53–55

000 ☐ None
999 ☐ DK

d. Have you made these changes in what you eat and drink in the past five years? — 56

1 ☐ Yes
2 ☐ No
9 ☐ DK *(1f)*

e. Did you make these changes in the past year? — 57

1 ☐ Yes
2 ☐ No
9 ☐ DK

f. Have there been any changes in the ways your food is cooked? — 58

1 ☐ Yes
2 ☐ No
9 ☐ DK *(2)*

g. What are these changes?

MORE	LESS		
1 ☐	2 ☐	Baking	59
1 ☐	2 ☐	Boiling	60
1 ☐	2 ☐	Broiling	61
1 ☐	2 ☐	Steaming	62
1 ☐	2 ☐	Frying	63
1 ☐	2 ☐	Stir-frying/wok	64
1 ☐	2 ☐	Sautéeing	65
1 ☐	2 ☐	Grilling/barbecuing	66
1 ☐	2 ☐	Salting	67
1 ☐	2 ☐	Microwaving	68
1 ☐	2 ☐	Pressure-cooking	69
1 ☐	2 ☐	Using non-stick pans	70
1 ☐	2 ☐	Other	71

1 ☐ DK — 72

73

2. I am going to read two statements. Please tell me which one you agree with most.

(a) What people eat or drink has little effect on whether they will develop major diseases.

OR

(b) By eating certain kinds of foods, people can reduce their chances of developing major diseases.

1 ☐ a *(5)*
2 ☐ b *(3)*
9 ☐ DK *(4)*

3. Which major diseases do you think may be related to what people eat and drink?

1 ☐ Cancer	74
1 ☐ Heart disease	75
1 ☐ Obesity/Overweight	76
1 ☐ Diabetes	77
1 ☐ Hypertension/ High Blood Pressure	78
1 ☐ Other	79
1 ☐ None	80
1 ☐ DK	81

Section DD — FOOD KNOWLEDGE

DD1 *Refer to 3*

82
1 ☐ Cancer in 3 *(5)*
8 ☐ Other *(4)*

4. Do you think cancer may be related to what people eat and drink?

83
1 ☐ Yes
2 ☐ No
3 ☐ Probably/maybe/could be/etc.
9 ☐ DK

5a. Some foods contain fiber. Have you heard of fiber?

84
1 ☐ Yes
2 ☐ No
9 ☐ DK
(6)

b. Overall, would you say your diet is high, medium, or low in fiber?

85
1 ☐ High
2 ☐ Medium
3 ☐ Low
9 ☐ DK

6. Overall, would you say your diet is high, medium, or low in fat?

86
1 ☐ High
2 ☐ Medium
3 ☐ Low
9 ☐ DK

7. Have you gone on a diet for weight loss or any other medical reason during the past 12 months?

87
1 ☐ Yes
2 ☐ No

Notes

Section EE — SMOKING HABITS

These next questions are about cigarette smoking.

1.	**Have you smoked at least 100 cigarettes in your entire life?** *If asked: approximately 5 packs*	88 1 ☐ Yes 2 ☐ No } *(section FF)* 9 ☐ DK
2.	**How old were you when you first started smoking cigarettes fairly regularly?**	89–90 _____ Age 00 ☐ Never smoked regularly *(section FF)* 99 ☐ DK
3.	**Do you smoke cigarettes now?**	91 1 ☐ Yes *(5)* 2 ☐ No
4.	**How old were you when you stopped smoking cigarettes?**	92–93 _____ Age 99 ☐ DK
5.	**On the average, how many cigarettes [did/do] you usually smoke a day?**	94–95 00 ☐ Less than one cigarette per day _____ Cigarettes per day 99 ☐ DK
6.	**For how many years [have you been/were you] a regular smoker, do not include the times you may have stayed off cigarettes?**	96–97 00 ☐ Less than one year _____ Years 99 ☐ DK

Notes

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Section FF — OTHER TOBACCO USE

3–4

These next questions are about the use of other tobacco products.

5

1a. **Have you ever used chewing tobacco, such as Redman, Levi Garrett, or Beechnut?**

1 ☐ Yes
2 ☐ No *(6)*
9 ☐ DK Chewing tobacco *(6)*

b. **Have you used chewing tobacco at least 20 times?**

6

1 ☐ Yes
2 ☐ No
9 ☐ DK
(6)

2. **How old were you when you first used chewing tobacco?**

7–8

_____ Age
99 ☐ DK

3. **Do you use chewing tobacco now?**

9

1 ☐ Yes
2 ☐ No

4. **Altogether, about how long [did you use/have you used] chewing tobacco?**

10–12

000 ☐ Less than one month
_____ 1 ☐ Months / 2 ☐ Years
999 ☐ DK

5a. **On the average, how many days per month [did/do] you use chewing tobacco?**

13–14

00 ☐ Less than one day a month
97 ☐ Never used regularly *(6)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK

b. **On the days that you use(d) chewing tobacco, how many times [did/do] you use it?**

15–16

_____ Times per day
99 ☐ DK

6a. **Have you ever used snuff, such as Skoal, Skoal Bandits, or Copenhagen?**

17

1 ☐ Yes
2 ☐ No *(12)*
9 ☐ DK Snuff *(12)*

b. **Have you used snuff at least 20 times?**

18

1 ☐ Yes
2 ☐ No
9 ☐ DK
(12)

7. **How old were you when you first used snuff?**

19–20

_____ Age
99 ☐ DK

8. **Do you use snuff now?**

21

1 ☐ Yes
2 ☐ No

9. **Altogether, about how long [did you use/have you used] snuff?**

22–24

000 ☐ Less than one month
_____ 1 ☐ Months / 2 ☐ Years
999 ☐ DK

10a. **On the average, how many days per month [did/do] you use snuff?**

25–26

00 ☐ Less than one day a month
97 ☐ Never used regularly *(12)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK

b. **On the days you use(d) snuff, how many times [did/do] you use it?**

27–28

_____ Times per day
99 ☐ DK

11. **[Did/Do] you use snuff by sniffing it or by placing it in your mouth?**

29

1 ☐ Sniffing
2 ☐ Mouth
3 ☐ Both

12a. **Have you ever smoked a pipe?**

30

1 ☐ Yes
2 ☐ No *(17)*

b. **Have you smoked a pipe at least 50 times?**

31

1 ☐ Yes
2 ☐ No
9 ☐ DK
(17)

13. **How old were you when you first smoked a pipe?**

32–33

_____ Age
99 ☐ DK

Section FF — OTHER TOBACCO USE — Continued

14. **Do you smoke a pipe now?** — 34

1 ☐ Yes
2 ☐ No

15. **Altogether, about how long [did you smoke/have you smoked] a pipe?** — 35–37

000 ☐ Less than one month
_____ { 1 ☐ Months / 2 ☐ Years }
999 ☐ DK

16a. **On the average, how many days per month [did/do] you smoke a pipe?** — 38–39

00 ☐ Less than one day a month
97 ☐ Never smoked a pipe regularly *(17)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK

b. **On the days you smoke(d) a pipe, how many pipefuls of tobacco [did/do] you smoke?** — 40–41

00 ☐ Less than one
_____ Pipefuls per day
99 ☐ DK

17a. **Have you ever smoked cigars?** — 42

1 ☐ Yes
2 ☐ No *(section GG)*

b. **Have you smoked at least 50 cigars in your entire life?** — 43

1 ☐ Yes
2 ☐ No
9 ☐ DK
(section GG)

18. **How old were you when you first smoked cigars?** — 44–45

_____ Age
99 ☐ DK

19. **Do you smoke cigars now?** — 46

1 ☐ Yes
2 ☐ No

20. **Altogether, about how long [did you smoke/have you smoked] cigars?** — 47–49

000 ☐ Less than one month
_____ { 1 ☐ Months / 2 ☐ Years }
999 ☐ DK

21a. **On the average, how many days per month [did/do] you smoke cigars?** — 50–51

00 ☐ Less than one day a month
97 ☐ Never smoked cigars regularly *(section GG)*
98 ☐ Everyday
_____ Days per month
99 ☐ DK

b. **On the days you smoke(d) cigars, how many [did/do] you smoke?** — 52–53

00 ☐ Less than one
_____ Cigars per day
99 ☐ DK

Notes

Section GG — REPRODUCTION AND HORMONE USE

GG1 *Refer to sex* — 54

1 ☐ Male *(section HH)*
2 ☐ Female *(1)*

These next questions are about pregnancy and reproduction.

1a. Have you ever given birth to a liveborn infant? — 55

1 ☐ Yes
2 ☐ No *(2)*

b. How many live births have you had? — 56–57

_____ Number

c. How old were you when your (first) child was born? — 58–59

_____ Age *(2)*
99 ☐ DK *(1d)*

d. Were you 20 or younger, or older than 20? — 60

1 ☐ 20 or younger *(2)*
2 ☐ Older than 20 *(1e)*
9 ☐ DK *(2)*

e. Were you 21 to 24, 25 to 29, 30 to 34, or 35 or older? — 61

1 ☐ 21–24
2 ☐ 25–29
3 ☐ 30–34
4 ☐ 35+
9 ☐ DK

2a. (Besides [that pregnancy/those pregnancies]), Have you ever had any (other) pregnancies that lasted six months or more? — 62

1 ☐ Yes
2 ☐ No *(GG2)*

b. How many of those (other) pregnancies have you had? — 63–64

_____ Number

c. How old were you at the end of [that pregnancy/ the first of those pregnancies]? — 65–66

_____ Age *(GG2)*
99 ☐ DK *(2d)*

d. Were you 20 or younger, or older than 20? — 67

1 ☐ 20 or younger *(GG2)*
2 ☐ Older than 20
9 ☐ DK *(GG2)*

e. Were you 21 to 24, 25 to 29, 30 to 34, or 35 or older? — 68

1 ☐ 21–24
2 ☐ 25–29
3 ☐ 30–34
4 ☐ 35+
9 ☐ DK

GG2 *Refer to 1a* — 69

1 ☐ "Yes" in 1a *(3)*
8 ☐ Other *(4)*

3. Did you breastfeed any of your children? — 70

1 ☐ Yes
2 ☐ No

4a. How old were you when your menstrual cycles began? — 71–72

_____ Age *(5)*
00 ☐ Never menstruated *(7)*
99 ☐ DK *(4b)*

b. Were you younger than 10, 10 to 12, 13 to 15, or 16 or older? — 73

1 ☐ Younger than 10
2 ☐ 10–12
3 ☐ 13–15
4 ☐ 16+
9 ☐ DK

5. Have your menstrual cycles stopped permanently? — 74

1 ☐ Yes
2 ☐ No *(8)*

6a. How old were you when they completely stopped? — 75–76

_____ Age *(7)*
99 ☐ DK *(6b)*

b. Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older? — 77

1 ☐ Younger than 20
2 ☐ 20–29
3 ☐ 30–39
4 ☐ 40–44
5 ☐ 45–49
6 ☐ 50–54
7 ☐ 55+
9 ☐ DK

7. [Did they stop/Was this] due to surgery? — 78

1 ☐ Yes
2 ☐ No

Section GG — REPRODUCTION AND HORMONE USE — Continued

8a. **Have you ever had an operation to remove a lump from your breast that was found to be NONCANCEROUS?** — 79

1 ☐ Yes *(8b)*
2 ☐ No
3 ☐ Lumps removed that were cancerous } *(9)*
9 ☐ DK

b. **How many of these operations have you had?** — 80

_____ Number of operations
9 ☐ DK

c. **How old were you when you had the (first) operation?** — 81–82

_____ Age at first operation
99 ☐ DK

We are interested in learning about the relationship between birth control pills and health. — 83

9. **Have you ever used birth control pills?**

1 ☐ Yes
2 ☐ No *(GG 3)*

10a. **How old were you when you started using birth control pills?** — 84–85

_____ Age *(11)*
99 ☐ DK *(10b)*

b. **Were you younger than 25, or 25 or older?** — 86

1 ☐ Younger than 25 *(10c)*
2 ☐ 25+ *(10d)*
9 ☐ DK *(11)*

c. **Were you 18 or younger, 19 to 21, or 22 to 24?** — 87

1 ☐ 18 or younger
2 ☐ 19–21
3 ☐ 22–24 } *(11)*
9 ☐ DK

d. **Were you 25 to 29, 30 to 34, or 35 or older?** — 88

1 ☐ 25–29
2 ☐ 30–34
3 ☐ 35+
9 ☐ DK

11a. **Altogether, about how long did you take birth control pills? Include any breaks in usage that lasted less than one month.** — 89–91

Number { 1 ☐ Days, 2 ☐ Months, 3 ☐ Years } *(GG3)*

000 ☐ Less than one month *(GG3)*
888 ☐ Other *(Specify)* _____ *(GG3)*
999 ☐ DK *(11b)*

b. **Was it less than a year, or a year or more?** — 92

1 ☐ Less than one year *(GG3)*
2 ☐ One year or more *(11c)*
9 ☐ DK *(GG 3)*

c. **Was it 3 years or less, more than 3 but less than 5, or 5 or more years?** — 93

1 ☐ 3 years or less
2 ☐ More than 3, less than 5 years
3 ☐ 5 or more years
9 ☐ DK

GG3 *Refer to age* — 94

1 ☐ Under 40 *(section HH)*
2 ☐ 40 and over *(12)*

12. **Estrogen is a female hormone that may be taken after a hysterectomy or during menopause. Have you ever taken estrogen pills for any reason?** — 95

1 ☐ Yes
2 ☐ No } *(section HH)*
9 ☐ DK

13a. **How old were you when you started using estrogen pills?** — 96–97

_____ Age *(14)*
99 ☐ DK *(13b)*

b. **Were you younger than 20, 20 to 29, 30 to 39, 40 to 44, 45 to 49, 50 to 54, or 55 or older?** — 98

1 ☐ Younger than 20
2 ☐ 20–29
3 ☐ 30–39
4 ☐ 40–44
5 ☐ 45–49
6 ☐ 50–54
7 ☐ 55+
9 ☐ DK

Section GG — REPRODUCTION AND HORMONE USE — Continued

14a. **Altogether, about how long did you take estrogen pills? Include any breaks in usage that lasted less than one month.** 99–101

Number ___ 1 ☐ Days 2 ☐ Months 3 ☐ Years *(15)*

000 ☐ Less than one month *(15)*

888 ☐ Other *(Specify)* ___ *(15)*

999 ☐ DK *(14b)*

b. **Was it less than a year, or a year or more?** 102

1 ☐ Less than one year *(15)*
2 ☐ One year or more *(14c)*
9 ☐ DK *(15)*

c. **Was it 3 years or less, more than 3 but less than 5, or 5 or more years?** 103

1 ☐ 3 years or less
2 ☐ More than 3, less than 5 years
3 ☐ 5 or more years
9 ☐ DK

15. **What was the brand name of the estrogen pills?** 104–119

___
Brand name

☐ DK

Notes

Section HH — FAMILY HISTORY OF CANCER

These next questions are about your natural or birth mother and father. Do not include step or adoptive parents.

Ask 1—2 for mother, then for father.

		MOTHER	FATHER
1a. In what year was your natural [mother/father] born?	1a.	5–8 _____ Year 9999 ☐ DK	22–25 _____ Year 9999 ☐ DK
b. Is your [mother/father] still living?	b.	9 1 ☐ Yes *(2)* 2 ☐ No *(1c)* 9 ☐ DK *(2)* 7 ☐ Never knew natural mother *(1 for father)*	26 1 ☐ Yes *(2)* 2 ☐ No *(1c)* 9 ☐ DK *(2)* 7 ☐ Never knew natural father *(3)*
c. At what age did your [mother/father] die?	c.	10–11 _____ Age 99 ☐ DK	27–28 _____ Age 99 ☐ DK
2a. Was your [mother/father] ever diagnosed by a doctor as having cancer?	2a.	12 1 ☐ Yes 2 ☐ No 9 ☐ DK *(1 for father)*	29 1 ☐ Yes 2 ☐ No 9 ☐ DK *(3)*
b. What kind of cancer was it?	b.	13–15 _____ *(2d)* 799 ☐ DK *(2c)*	30–32 _____ *(2d)* 799 ☐ DK *(2c)*
c. What part of the body was affected?	c.	_____ ☐ DK	_____ ☐ DK
d. Did your [mother/father] have any other kind of cancer that was diagnosed by a doctor?	d.	16 1 ☐ Yes 2 ☐ No 9 ☐ DK *(2g)*	33 1 ☐ Yes 2 ☐ No 9 ☐ DK *(2g)*
e. The FIRST time [she/he] was diagnosed with cancer, what kind of cancer was it?	e.	000 ☐ Same as 2b/c *(2g)* 17–19 _____ *(2g)* 799 ☐ DK *(2f)*	000 ☐ Same as 2b/c *(2g)* 34–36 _____ *(2g)* 799 ☐ DK *(2f)*
f. What part of the body was affected?	f.	_____ ☐ DK	_____ ☐ DK
g. How old was your [mother/father] when cancer was first diagnosed by a doctor?	g.	20–21 _____ Age 99 ☐ DK *(1 for father)*	37–38 _____ Age 99 ☐ DK

Notes

Section HH — FAMILY HISTORY OF CANCER — Continued

Read to respondent: **Now I'm going to ask about your sisters and brothers who have the same natural or birth mother AND father as you. Do not include step, half, or adoptive sisters and brothers.**

3a. How many sisters do you have, including any that may have died?	3a.	00☐ None _____ Sisters 99☐ DK	39–40
b. How many brothers do you have, including any that may have died?	b.	00☐ None _____ Brothers 99☐ DK	41–42
If "None" in 3a and 3b, skip to 9: **4.** Have any of your [brothers /(or) sisters] ever been diagnosed by a doctor as having cancer?	4.	1☐Yes 2☐No } *(9)* 9☐DK }	43
5. What are the first names of your [brothers/(or) sisters] who had cancer? *Record each person in a separate column* **Anyone else?**	5.	_____ Name Sex: 1☐Male 2☐Female 9☐DK	44
		_____ Name Sex: 1☐Male 2☐Female 9☐DK	62
Ask 6—8 for the first person listed in 5 before asking 6—8 for the next person. **6a.** What kind of cancer did *(name in 5)* have?	6a.	_____ *(6c)* 799☐DK *(6b)*	45–47
		_____ *(6c)* 799☐DK *(6b)*	63–65
b. What part of the body was affected?	b.	_____ ☐DK	
		_____ ☐DK	
c. Did *(name in 5)* have any other kind of cancer that was diagnosed by a doctor?	c.	1☐Yes 2☐No } *(7)* 9☐DK }	48
		1☐Yes 2☐No } *(7)* 9☐DK }	66
d. The FIRST time [he/she] was diagnosed with cancer, what kind of cancer was it?	d.	000☐Same as 6a/b *(7)* _____ *(7)* 799☐DK *(6e)*	49–51
		000☐Same as 6a/b *(7)* _____ *(7)* 799☐DK *(6e)*	67–69
e. What part of the body was affected?	e.	_____ ☐DK	
		_____ ☐DK	
7. How old was *(name in 5)* when cancer was first diagnosed by a doctor?	7.	_____ Age 99☐DK	52–53
		_____ Age 99☐DK	70–71
8a. In what year was *(name in 5)* born?	8a.	_____ Year 9999☐DK	54–57
		_____ Year 9999☐DK	72–75
If known, mark without asking. **b.** Is *(name in 5)* still living?	b.	1☐Yes *(HH1)* 2☐No *(8c)* 9☐DK *(HH1)*	58
		1☐Yes *(HH1)* 2☐No *(8c)* 9☐DK *(HH1)*	76
c. At what age did *(name in 5)* die?	c.	_____ Age 99☐DK	59–60
		_____ Age 99☐DK	77–78
HH1 *Refer to entries in 5.*	HH1	1☐Additional siblings *(6)* 2☐No more siblings *(9)*	61
		1☐Additional siblings *(6)* 2☐No more siblings *(9)*	79

Notes

Section HH — FAMILY HISTORY OF CANCER — Continued

Read to respondent: **These questions are about your natural or birth children. Do not include any children for whom you are an adoptive, step, or foster parent.**

9a. How many daughters do you have, including any that may have died?	9a.	00 ☐ None _____ Daughters 99 ☐ DK	23–24
b. How many sons do you have, including any that may have died?	b.	00 ☐ None _____ Sons 99 ☐ DK	25–26
If "None" in 9a and 9b, skip to section II. **10.** Have any of your children ever been diagnosed by a doctor as having cancer?	10.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(15)*	27

11. What are the first names of your children who had cancer? *Record each person in a separate column* **Anyone else?**	11.	_____ Name Sex: 1 ☐ Male 2 ☐ Female	28–35 36
		_____ Name Sex: 1 ☐ Male 2 ☐ Female	54–61 62
Ask 12—14 for the first person listed in 11 before asking 12—14 for the next person. **12a.** What kind of cancer did *(name in 11)* have?	12a.	_____ *(12c)* 799 ☐ DK *(12b)*	37–39
		_____ *(12c)* 799 ☐ DK *(12b)*	63–65
b. What part of the body was affected?	b.	_____ ☐ DK	
		_____ ☐ DK	
c. Did *(name in 11)* have any other kind of cancer that was diagnosed by a doctor?	c.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(13)*	40
		1 ☐ Yes 2 ☐ No 9 ☐ DK *(13)*	66
d. The FIRST time [he/she] was diagnosed with cancer, what kind of cancer was it?	d.	000 ☐ Same as 12a/b *(13)* _____ *(13)* 799 ☐ DK *(12e)*	41–43
		000 ☐ Same as 12a/b *(13)* _____ *(13)* 799 ☐ DK *(12e)*	67–69
e. What part of the body was affected?	e.	_____ ☐ DK	
		_____ ☐ DK	
13. How old was *(name in 11)* when cancer was first diagnosed by a doctor?	13.	_____ Age 99 ☐ DK	44–45
		_____ Age 99 ☐ DK	70–71
14a. In what year was *(name in 11)* born?	14a.	_____ Year 9999 ☐ DK	46–49
		_____ Year 9999 ☐ DK	72–75
If this child in household, mark "Yes" box without asking. **b.** Is *(name in 11)* still living?	b.	1 ☐ Yes *(HH2)* 2 ☐ No *(14c)* 9 ☐ DK *(HH2)*	50
		1 ☐ Yes *(HH2)* 2 ☐ No *(14c)* 9 ☐ DK *(HH2)*	76
c. At what age did *(name in 11)* die?	c.	_____ Age 99 ☐ DK	51–52
		_____ Age 99 ☐ DK	77–78
HH2 *Refer to entries in 11.*	HH2	1 ☐ Additional children *(12)* 2 ☐ No more children *(15)*	53
		1 ☐ Additional children *(12)* 2 ☐ No more children *(15)*	79

Notes

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3–4

Section HH — FAMILY HISTORY OF CANCER — Continued

15. Has the natural [father/mother] of [any of your (other) children/your child] ever been diagnosed by a doctor as having cancer?

15. 5
1 ☐ Yes
2 ☐ No } *(section II)*
9 ☐ DK

16a. What is the [father's/mother's] name?

16a.
_____ Name

b. Is *(name in 16a)* the [father/mother] of all your (other) children?

b. 6
1 ☐ Yes
2 ☐ No

17a. What kind of cancer did *(name in 16a)* have?

17a. 7–9
_____ *(17c)*
799 ☐ DK *(17b)*

b. What part of the body was affected?

b.
_____
☐ DK

c. Did *(name in 16a)* have any other kind of cancer that was diagnosed by a doctor?

c. 10
1 ☐ Yes
2 ☐ No } *(18)*
9 ☐ DK

d. The FIRST time [he/she] was diagnosed with cancer, what kind of cancer was it?

d. 11–13
000 ☐ Same as 17a/b *(18)*
_____ *(18)*
799 ☐ DK *(17e)*

e. What part of the body was affected?

e.
_____
☐ DK

18. How old was *(name in 16a)* when cancer was first diagnosed by a doctor?

18. 14–15
_____ Age
99 ☐ DK

19a. In what year was *(name in 16a)* born?

19a. 16–19
_____ Year
9999 ☐ DK

If person in household, mark "Yes" without asking.

b. Is *(name in 16a)* still living?

b. 20
1 ☐ Yes *(20)*
2 ☐ No *(19c)*
9 ☐ DK *(20)*

c. At what age did *(name in 16a)* die?

c. 21–22
_____ Age
99 ☐ DK

20a. How many children did you and *(name in 16a)* have together, including any that may have died?

20a. 23–24
_____ No. of children

b. How many of these children are sons and how many are daughters?

b.
_____ No. of sons 25–26
_____ No. of daughters 27–28

c. What are the children's first names?

c.
_____ First name 29–36
_____ First name 37–44
_____ First name 45–52
_____ First name 53–60
_____ First name 61–68
_____ First name 69–76
_____ First name 77–84
_____ First name 85–92

HH3 *Refer to 16b.*

HH3 93
1 ☐ "No" in 16b *(15)*
8 ☐ "Yes" in 16b *(section II)*

RT 91

Section II — CANCER SURVIVORSHIP

3–4

5

1. Has a doctor or other health professional ever told you that you had cancer of any kind (including any cancer you have already mentioned)?

1 ☐ Yes
2 ☐ No *(section JJ)*

6–8

2a. What kind of cancer was it?

_____ *(3)*

799 ☐ DK *(2b)*

b. What part of the body was affected?

_____

☐ DK

9–10

3. How old were you when this cancer was first diagnosed by a doctor?

_____ Age

99 ☐ DK

11

4. Besides this cancer, has a doctor ever told you that you had any other kind of cancer?

1 ☐ Yes
2 ☐ No *(section JJ)*

12–14

5a. What kind of cancer was it?

_____ *(6)*

799 ☐ DK *(5b)*

b. What part of the body was affected?

_____

☐ DK

15–16

6. How old were you when THIS cancer was first diagnosed by a doctor?

_____ Age

99 ☐ DK

Notes

Section JJ — OCCUPATIONAL EXPOSURE

These next questions are about the kind of work you have done the longest, not counting work around the house.

17–19

1. **Thinking of all the jobs or businesses you have ever had, what kind of work have you done the longest? Include work in the Armed Forces.** *For example, electrical engineer, stock clerk, typist, farmer.*

990 ☐ Never worked *(section KK)*

_____
Occupation/kind of work

2. **When you were doing this kind of work, what were your most important activities or duties?** *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

_____
Duties

3a. **How long did you do this kind of work?** 20–21

00 ☐ Less than one year

_____ Years

99 ☐ DK

b. **How old were you when you started doing this kind of work?** 22–23

_____ Age

99 ☐ DK

4. **What kind of business or industry did you work in the longest as** *(entry in 1)*? *(For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.)* 24–26

_____
Industry

Complete from entries in 1, 2, and 4. If not clear, ask: 27

5. **Were you —**

An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . **P**
A member of the ARMED FORCES? . . . . . **AF**
A FEDERAL government employee? . . . . . **F**
A STATE government employee? . . . . . **S**
A LOCAL government employee? . . . . . **L**
Self-employed in OWN business, professional practice, or farm?
Ask: **Is the business incorporated?**
Yes . . . . . **I**
No . . . . . **SE**
Working WITHOUT PAY in family business or farm? . . . **WP**

Class of worker

1 ☐ P
2 ☐ AF
3 ☐ F
4 ☐ S
5 ☐ L
6 ☐ I
7 ☐ SE
0 ☐ WP

Notes

Section KK — HEIGHT, WEIGHT, RELATIONSHIPS, AND SOCIAL ACTIVITIES

1. About how tall are you without shoes? — 28–30

_____ Feet

_____ Inches

2. About how much do you weigh without shoes? — 31–33

_____ Pounds

3. When you weighed the most, how much did you weigh (not including pregnancy)? — 34–36

_____ Pounds

These next questions are about social activities and relationships. — 37–38

4a. (Not including your [husband/wife]) Of all your friends, how many are there that you can talk to about private matters or can call on for help?

_____ Friends

oo☐ None

b. (Not including your [husband/wife]) How many relatives do you have that you can talk to about private matters or can call on for help? — 39–40

_____ Relatives

oo☐ None

If None in 4a and 4b, skip to 5.

c. How many of these friends and relatives do you see or talk to at least once a month? — 41–42

_____ Friends and relatives

oo☐ None

5a. How often do you participate in or attend group meetings or activities, for example, social clubs, PTA, sporting events, church groups or other community service groups? — 43–45

_____ Times per { 2☐ Week, 3☐ Month, 4☐ Year }

ooo☐ Never

b. How often do you go to church, temple, or other religious services? — 46–48

_____ Times per { 2☐ Week, 3☐ Month, 4☐ Year }

ooo☐ Never

Notes

Introduction: These next questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.

1a. When was the last time you saw, heard or read something about AIDS?

_____ number

001 ☐ Today
2 ☐ Days ago
3 ☐ Weeks ago
4 ☐ Months ago
5 ☐ Years ago
(2)

000 ☐ Never
999 ☐ DK when or DK disease
(1b)

60-62

1b. Have you ever heard of AIDS?

1 ☐ Yes
2 ☐ No
9 ☐ DK
(SKIP TO ITEM 28, Page 9)

63

2. Compared to most people, how much would you say you know about AIDS...would you say a lot, some, a little, or nothing?

1 ☐ A lot
2 ☐ Some
3 ☐ A little
4 ☐ Nothing

64

HAND CARD A

3. After I read each statement, tell me whether you think the statement is definitely true, probably true, probably false, definitely false or you don't know if it is true or false.

	Def. True	Prob. True	Prob. False	Def. False	Don't Know	
a. AIDS is a disease caused by a virus.	1☐	2☐	3☐	4☐	9☐	65
b. AIDS can cripple the body's natural protection against disease.	1☐	2☐	3☐	4☐	9☐	66
c. AIDS is especially common in older people.	1☐	2☐	3☐	4☐	9☐	67
d. The AIDS virus can damage the brain.	1☐	2☐	3☐	4☐	9☐	68
e. AIDS usually leads to heart disease.	1☐	2☐	3☐	4☐	9☐	69
f. AIDS leads to death.	1☐	2☐	3☐	4☐	9☐	70

4a. Where do you get most of your information about AIDS? Any other sources? *(MARK ALL MENTIONED)*

If only one source or DK in 4a, mark box without asking and skip to 5a; otherwise ask:

4b. Of the sources you just told me, from which ONE do you get the MOST information?

All Sources	Main Source		
1 ☐	1 ☐	Television	71 | 91
1 ☐	1 ☐	Newspapers	72 | 92
1 ☐	1 ☐	Brochures/Fliers/Pamphlets	73 | 93
1 ☐	1 ☐	Clergy/Church	74 | 94
1 ☐	1 ☐	Doctor/HMO	75 | 95
1 ☐	1 ☐	Company or Industry Clinic	76 | 96
1 ☐	1 ☐	Hospital/Emergency Room/OP Clinic	77 | 97
1 ☐	1 ☐	Other Clinic	78 | 98
1 ☐	1 ☐	Magazines	79 | 99
1 ☐	1 ☐	Medical Journals	80 | 100
1 ☐	1 ☐	Library	81 | 101
1 ☐	1 ☐	AIDS Hot Line	82 | 102
1 ☐	1 ☐	Public Health Dept. (Local/State)	83 | 103
1 ☐	1 ☐	Red Cross/Blood Bank	84 | 104
1 ☐	1 ☐	Radio	85 | 105
1 ☐	1 ☐	Relatives	86 | 106
1 ☐	1 ☐	Friends	87 | 107
1 ☐	1 ☐	School (Class/Clinic)	88 | 108
1 ☐	1 ☐	Other Source - *(SPECIFY)* _____ _____	89 | 109
1 ☐	1 ☐	Don't Know	90 | 110

5a. If you wanted more specific information about AIDS, where would you get it? Any other sources? *(MARK ALL MENTIONED)*

If only one place or DK in 5a, mark box without asking and skip to 6; otherwise ask:

5b. Which ONE source would you MOST likely use?

All Sources	Main Source		RT 93
1 ☐	1 ☐	Television	5 | 25
1 ☐	1 ☐	Newspapers	6 | 26
1 ☐	1 ☐	Brochures/Fliers/Pamphlets	7 | 27
1 ☐	1 ☐	Clergy/Church	8 | 28
1 ☐	1 ☐	Doctor/HMO	9 | 29
1 ☐	1 ☐	Company or Industry Clinic	10 | 30
1 ☐	1 ☐	Hospital/Emergency Room/OP Clinic	11 | 31
1 ☐	1 ☐	Other Clinic	12 | 32
1 ☐	1 ☐	Magazines	13 | 33
1 ☐	1 ☐	Medical Journals	14 | 34
1 ☐	1 ☐	Library	15 | 35
1 ☐	1 ☐	AIDS Hot Line	16 | 36
1 ☐	1 ☐	Public Health Dept. (Local/State)	17 | 37
1 ☐	1 ☐	Red Cross/Blood Bank	18 | 38
1 ☐	1 ☐	Radio	19 | 39
1 ☐	1 ☐	Relatives	20 | 40
1 ☐	1 ☐	Friends	21 | 41
1 ☐	1 ☐	School (Class/Clinic)	22 | 42
1 ☐	1 ☐	Other Source - (*SPECIFY*) _____ _____	23 | 43
1 ☐	1 ☐	Don't Know	24 | 44

HAND CARD A

6. After I read each statement, tell me whether you think the statement is definitely true, probably true, probably false, definitely false or you don't know if it is true or false.

	Def. True	Prob. True	Prob. False	Def. False	Don't Know	
a. A person can be infected with the AIDS virus and not have the disease AIDS.	1☐	2☐	3☐	4☐	9☐	45
b. You can tell if people have the AIDS virus just by looking at them.	1☐	2☐	3☐	4☐	9☐	46
c. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.	1☐	2☐	3☐	4☐	9☐	47
d. A pregnant woman who has the AIDS virus can give AIDS to her baby.	1☐	2☐	3☐	4☐	9☐	48
e. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1☐	2☐	3☐	4☐	9☐	49
f. There is no cure for AIDS at present.	1☐	2☐	3☐	4☐	9☐	50

HAND CARD B

7. After I read each statement, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible or if you don't know how likely it is that a person will get AIDS or the AIDS virus infection that way.

How likely do you think it is that a person will get AIDS or the AIDS virus infection from. . .

	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Not Poss.	DK	
a. receiving a blood transfusion?	1☐	2☐	3☐	4☐	5☐	9☐	51
What about . . .							
b. donating or giving blood?	1☐	2☐	3☐	4☐	5☐	9☐	52
c. living near a hospital or home for AIDS patients?	1☐	2☐	3☐	4☐	5☐	9☐	53
d. working near someone with AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	54

How likely do you think it is that a person will get AIDS from...	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Not Poss.	DK	
e. eating in a restaurant where the cook has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	55
f. kissing - with exchange of saliva - a person who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	56
g. shaking hands with or touching someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	57
h. sharing plates, forks, or glasses with someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	58
i. using public toilets?	1☐	2☐	3☐	4☐	5☐	9☐	59
j. sharing needles for drug use with someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	60
k. kissing on the cheek a person who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	61
l. being coughed or sneezed on by someone who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	62
m. attending school with a child who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	63
n. mosquitoes or other insects?	1☐	2☐	3☐	4☐	5☐	9☐	64
o. pets or animals?	1☐	2☐	3☐	4☐	5☐	9☐	65
p. having sex with a person who has AIDS?	1☐	2☐	3☐	4☐	5☐	9☐	66

8. Have you ever heard of a blood test for infection with the AIDS virus?

1☐ Yes
2☐ No
9☐ Don't Know } (15)

67

9. Does this blood test tell whether a person has the disease AIDS?

1☐ Yes
2☐ No
9☐ Don't Know

68

10. If someone has a positive blood test for infection with the AIDS virus, does this mean that they can give someone else the AIDS virus through sexual intercourse?

1☐ Yes
2☐ No
9☐ Don't Know

69

11.	Have you had your blood tested for infection with the AIDS virus?	1 ☐ Yes 2 ☐ Yes,in blood donation/transfusion 3 ☐ No 9 ☐ Don't know (12) } (15) 70
12a.	Have you thought about having this blood test?	1 ☐ Yes 2 ☐ No (15) 71
12b.	Do you plan to be tested in the next 12 months?	1 ☐ Yes 2 ☐ No 9 ☐ DK 72
13.	(If you were to be tested) Where would you go to have a blood test for the AIDS virus infection? (*MARK FIRST PLACE MENTIONED*)	00 ☐ Nowhere/wouldn't take test 73-74 01 ☐ AIDS Clinic 02 ☐ Company or Industry Clinic 03 ☐ Doctor/HMO 04 ☐ Hospital/emergency room/OP Clinic 05 ☐ Other clinic 06 ☐ Public Health Dept. 07 ☐ Red Cross/blood bank 88 ☐ Other (*SPECIFY*) _____ } (15) 99 Don't know (14)
14.	Where would you go to <u>find out where</u> to have this blood test? Anywhere else? (*MARK ALL MENTIONED*)	1 ☐ Nowhere 75 1 ☐ AIDS Hot Line 76 1 ☐ AIDS Clinic 77 1 ☐ Clergy/Church 78 1 ☐ Doctor/HMO 79 1 ☐ Friends 80 1 ☐ Hospital/emergency room/OP Clinic 81 1 ☐ Public Health Dept. 82 1 ☐ Red Cross/blood bank 83 1 ☐ Relatives 84 1 ☐ Other (*SPECIFY*) _____ 85 1 ☐ Don't know 86

15. Have you donated blood since January, 1985?

1 ☐ Yes
2 ☐ No
9 ☐ Don't know

87

16. Have you ever personally known anyone who had the blood test for the AIDS virus infection?

1 ☐ Yes
2 ☐ No
9 ☐ Don't know

88

17. What are the chances of someone you know getting the AIDS virus, would you say high, medium, low or none?

1 ☐ High
2 ☐ Medium
3 ☐ Low
4 ☐ None
7 ☐ Refused
9 ☐ Don't know

89

18. What are your chances of getting the AIDS virus, would you say high, medium, low or none?

1 ☐ High
2 ☐ Medium
3 ☐ Low
4 ☐ None
7 ☐ Refused
9 ☐ Don't know

90

19. Here are methods some people use to prevent getting the AIDS virus through sexual activity.

After I read each one, tell me whether you think it is very effective, somewhat effective, not at all effective or if you don't know how effective it is in preventing getting the AIDS virus through sexual activity.
How effective is . . .

	Very effective	Somewhat effective	Not At All	Don't know how effective	Don't know method	
a. Using a diaphragm?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	91
b. Using a condom?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	92
c. Using a spermicidal jelly, foam, or cream?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	93
d. Being celibate, that is, not having sex at all?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	94
e. Two people who do not have the AIDS virus having a completely monogamous relationship, that is, having sex only with each other?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	95

20.	Have you ever discussed AIDS with a friend or relative?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know } (22) 96
21.	When was the last time you discussed AIDS with a friend or relative?	001 ☐ Today 2 ☐ days ago 3 ☐ weeks ago 4 ☐ months ago 5 ☐ years ago number 999 ☐ don't know 97-99
22.	Do you have any children aged 10 through 17?	1 ☐ Yes 2 ☐ No (26) 100
23.	How many do you have?	_____ 101-102
24.	Have you ever discussed AIDS with [your child/any of these children]?	1 ☐ Yes 2 ☐ No 103
25.	[Has your child/Have your children] had instruction at school about AIDS?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know 104
26.	Have you ever personally known anyone with the AIDS virus?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know if someone had/has AIDS virus 105
27.	Have you ever personally known anyone with AIDS?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know if someone had/has AIDS 106
28.	The U.S. Public Health Service has said that AIDS is one of the major health problems in the country but exactly how many people it affects is not known. The Surgeon General has proposed that a study be conducted and blood samples be taken to help find out how widespread the problem is. If you were selected in this national sample of people to have their blood tested with assurances of privacy of test results, would you have the test?	1 ☐ Yes 2 ☐ No (*END INTERVIEW*) 8 ☐ Other response (*SPECIFY*) _____ 9 ☐ Don't know (*END INTERVIEW*) 107
29.	Would you want to know the results of the blood test?	1 ☐ Yes 2 ☐ No 9 ☐ Don't know 108

CARD R

RACE

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White

CARD O

ORIGIN

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

Card R
Card O

(Cut along broken line.)

CARD I

INCOME

U .... $20,000 — $24,999

V .... $25,000 — $29,999

W ... $30,000 — $34,999

X .... $35,000 — $39,999

Y .... $40,000 — $44,999

Z .... $45,000 — $49,999

ZZ... $50,000 and over

CARD J

INCOME

A ..... Less than $1,000 (including loss)
B ..... $1,000 — $1,999
C ..... $2,000 — $2,999
D ..... $3,000 — $3,999
E ..... $4,000 — $4,999
F ..... $5,000 — $5,999
G ..... $6,000 — $6,999
H ..... $7,000 — $7,999
I ..... $8,000 — $8,999
J ..... $9,000 — $9,999
K ..... $10,000 — $10,999
L ..... $11,000 — $11,999
M ..... $12,000 — $12,999
N ..... $13,000 — $13,999
O ..... $14,000 — $14,999
P ..... $15,000 — $15,999
Q ..... $16,000 — $16,999
R ..... $17,000 — $17,999
S ..... $18,000 — $18,999
T ..... $19,000 — $19,999

Card I
Card J

(Cut along broken line.)

CARD M

Has anyone in the family ever adopted any children?

(1) Yes
(2) No

HIS 501 (1987)(10 20 86)

CARD Q1

Bran flakes

Corn flakes

Hamburgers

Lettuce

Baked beans

Carrots

White rice

Raw apples

Card M
Card Q1
(Cut along broken line)

HIS-501 (1987)(10 20 86)

CARD Q2

Fried chicken

White bread

Soda or soft drinks

Peanut butter

Broiled fish

Bananas

Cold cuts or lunch meats

Doughnuts

HIS-501 (1987)(10-20 86)

CARD R1

Stress
Inherited make-up or heredity
Exposure to X-Rays
Poor eating practices
Using chewing tobacco, snuff, pipes, or cigars
Air pollution
Water pollution
Some cloth dyes
Exposure to toxic waste dumps
Exposure to toxic substances on the job
Exposure to people with cancer
Excessive drinking of alcoholic beverages
Exposure to the sun
Cigarette smoking
Exposure to nuclear waste
Some strong soaps and detergents
Viruses
Some medicines
Medical procedures using radiation

Card Q2
Card R1
(Cut along broken line)

HIS 501 (1987) (2-22-87)

CARD R2

1. Strongly agree
2. Agree
3. Disagree
4. Strongly disagree
5. No opinion

HIS-501 (1987) (10-20-86)

CARD R3

Church

Local school

Hospital

Club meeting

Workplace

Home

Senior center

Community center

Other place

Card R2
Card R3
(Cut along broken line)

HIS-501 (1987) (10-20-86)

CARD S

Sketch of woman on whom mammography is being performed using the most common type of X-ray equipment. Other types of X-ray equipment are also used.

HIS-501 (1987) (10-20-86)

CARD W

1. Strong
2. Moderate
3. Slight

Card S
Card W
(Cut along broken line)

HIS-501 (1987) (10-20-86)

LIST 1
FRUITS AND JUICES

HOW OFTEN DID YOU EAT OR DRINK —	WHAT SIZE PORTION DID YOU USUALLY EAT OR DRINK?
Orange juice or grapefruit juice?	Small, medium, or large?
Other fruit juices or fortified fruit drinks?	
Oranges?	
Grapefruit?	
Cantaloupe in season?	Medium (¼ cant.)
Apples or applesauce?	

HIS-501A (1987) (10-22-86)

LIST 2
VEGETABLES

List 1
List 2

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Beans, such as baked beans, pinto, kidney beans, or in chili? Do not include green beans.	Small, medium, or large?
Carrots, or mixed vegetables containing carrots?	
Tomatoes, including in salad?	
Green salad?	
Salad dressing or mayonnaise, including on sandwiches?	
Broccoli?	
Spinach?	
Collards, mustard greens, turnip greens, etc?	
Cole slaw, cabbage, or sauerkraut?	
Frenchfries or fried potatoes?	
Potatoes, baked, boiled, or mashed?	
Sweet potatoes or yams?	
Rice?	

(Cut along broken line)

HIS-501A (1987) (10-22 P6)

LIST 3
MEATS AND MIXED DISHES

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Hamburgers, cheeseburgers, or meatloaf?	Small, medium, or large?
Beef, such as steaks, or roasts?	
Beef stew or potpie containing vegetables?	
Liver, including chicken liver?	
Pork, such as chops, or roasts?	Medium (2 chops or 4oz. of roast)
Fried chicken?	Medium (2 small or 1 large piece)
Chicken or turkey, baked, stewed or broiled?	Medium (2 small or 1 large piece)
Fried fish or fish sandwiches?	
Spaghetti, lasagna, or pasta with tomato sauce?	

HIS-501A (1987) (10-22-86)

LIST 4
BREAKFAST FOODS

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Cooked cereals like oatmeal?	Small, medium, or large?
High fiber cereals like bran, granola, or shredded wheat?	
Highly fortified cereals like Product 19, Total, or Most?	
Other cold cereals like Rice Krispies or corn flakes?	
Eggs?	How many eggs?
Bacon?	How many slices?
Sausage?	How many patties or links?

List 3
List 4

(Cut along broken line)

HIS-501A (1987) (10-22-86)

LIST 5
BREADS, LUNCHES, AND SNACKS

HOW OFTEN DID YOU EAT —	WHAT SIZE PORTION DID YOU USUALLY EAT?
Vegetable soup, vegetable beef, minestrone or tomato soup? Do not include other kinds of soup.	Small, medium, or large?
Hot dogs?	How many hot dogs?
Ham or lunch meats?	
White bread, rolls, or crackers, including sandwiches, bagels, and so forth?	Medium (2 slices or 4 crackers)
Dark breads like whole wheat, rye, or pumpernickel?	Medium (2 slices)
Corn bread, corn muffins, corn tortillas, or grits?	
Butter on bread, rolls or on vegetables?	Medium (2 pats)
Margarine on bread, rolls, or on vegetables?	Medium (2 pats)
Cheese or cheese spreads, not including cottage cheese?	
Peanuts or peanut butter?	
Salty snacks like chips or popcorn?	

HIS-501A (1987) (10-22-86)

LIST 6
SWEETS AND BEVERAGES

HOW OFTEN DID YOU EAT OR DRINK —	WHAT SIZE PORTION DID YOU USUALLY EAT OR DRINK?
Ice cream?	Small, medium, or large?
Pie?	
Doughnuts, cookies, cake, or pastry?	
Chocolate candy?	
Sugar in coffee or tea, or on cereal?	Medium (2 tsp.)
Whole milk or drinks made with whole milk, NOT including on cereal?	
2% milk or drinks made with 2% milk, NOT including on cereal?	
Skim milk or 1% milk or buttermilk, NOT including on cereal?	
Milk or cream in coffee or tea?	
Soda or soft drinks containing sugar?	
Beer? / Wine? / Liquor?	a. How often? b. On the days you drank it, how many cans, glasses, or drinks? c. Small, medium or large?

HIS-501A (1987) (10-22-86)

List 5
List 6
(Cut along broken line)

1988

The 1988 NHIS was conducted with a full sample. The sample consisted of 47,485 households, yielding 122,310 personal interviews. As in prior NHIS survey instruments, the questions asked concerned acute and chronic conditions, episodes of persons injured, restriction in activity, limitation of activity due to chronic conditions, respondent-assessed health status, and the use of medical services—including physician contacts and short-stay hospitalization.

Several health topics were included as part of the 1988 NHIS. The topics included medical device implants, occupational health, alcohol use, child health, and AIDS.

The questions on medical device implants were designed to obtain information as to why the respondent needed the implant(s), problems associated with each implant, and the need for replacement or repair of each implant.

The occupational health questions were concerned with gathering information on respondents' work history, common work-related health problems, work injuries, and factors associated with cigarette smoking.

Questions in the alcohol use section of the current health topic questionnaire asked about the amount and type of alcohol consumed, reasons for avoiding alcohol, family history of alcoholism, and alcohol-related diseases.

The child health section of the survey instrument included a series of questions designed to obtain data on child care, birth history, specific childhood illnesses, conditions and injuries, developmental milestones, use of health services, and behavior problems.

The questions relating to AIDS were separate from the other 1988 current health topic questions. The questions were administered using computer-assisted personal interview (CAPI). The 1988 questions on AIDS were similar to those asked in 1987. The questions inquired about the person's knowledge and attitude about AIDS. In 1988, a series of questions were asked to determine if the household received and read a special brochure containing information about AIDS. This brochure was mailed to each household by the Federal government. The questions asked about pamphlets, brochures, and announcements read or seen by the respondent, discussions held with children about AIDS, knowledge of AIDS, blood donation, a blood test for AIDS, the AIDS virus and sexual activity, the risk of getting the AIDS virus, whether person had known anyone with AIDS, and willingness to participate in sample of persons having their blood tested for AIDS.

(PHS)-T-513A

OMB No. 0937-0021: Approval Expires 03/31/89

FORM **HIS-1A (1988)** (10-23-87)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

SUPPLEMENT BOOKLET

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

RT 67

1. 3–7, 8 — Book _____ of _____ books

2. R.O. Number 9–10

3. Sample 11–13

4. Control number — PSU 14–16 | Segment | 17–23 Serial | 24–25

5. Beginning time 26–29 30 — 1 a.m. 2 p.m.

CHILD AND ADULT SAMPLE SELECTION

6. Are there any nondeleted children 0–17 years old in this family? 31

1 ☐ Yes *(List by age (oldest to youngest) in Table A, THEN 7)*
2 ☐ No *(7)*

7. Are there any nondeleted persons 18+ years old in this family? 32

1 ☐ Yes *(List by age (oldest to youngest) in Table B)*
2 ☐ No

8. TABLE A (0–17 year olds)

Line No.	Person No.	Name	Sex	Age
33	34–35		36	37–39
1			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
2			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
3			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
4			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
5			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
6			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
7			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
8			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.
9			1 ☐ M 2 ☐ F	1 ☐ Mos. 2 ☐ Yrs.

TABLE B (18+)

Line No.	Person No.	Name	Sex	Age
40	41–42		43	44–45
1			1 ☐ M 2 ☐ F	
2			1 ☐ M 2 ☐ F	
3			1 ☐ M 2 ☐ F	
4			1 ☐ M 2 ☐ F	
5			1 ☐ M 2 ☐ F	
6			1 ☐ M 2 ☐ F	
7			1 ☐ M 2 ☐ F	
8			1 ☐ M 2 ☐ F	
9			1 ☐ M 2 ☐ F	

Refer to the appropriate sections of the sample person selection label and circle as applicable. THEN circle Person No. in TABLE A and/or TABLE B and mark the "SP" box(es) on the HIS-1 for the selected sample person(s). THEN go to Section M.

9. FINAL STATUS OF SUPPLEMENT

a. Section M (page 2) (Medical Device Implant) 46

Interview
0 ☐ No Medical Device Implants
1 ☐ Complete interview (all persons with MDIs interviewed)
2 ☐ Partial interview (some but not all persons with MDIs interviewed) *(Explain in notes)*
3 ☐ Partial interview (Persons with MDIs not interviewed) *(Explain in notes)*

Noninterview
3 ☐ Refusal
8 ☐ Other
(Explain in notes)

b. Section N (page 36) (Occupational Health) 47

0 ☐ No person 18+ in this family

Interview
1 ☐ Complete interview (all appropriate sections completed)
2 ☐ Partial interview (some but not all appropriate sections completed) *(Explain in notes)*

Noninterview
3 ☐ Refusal *(Explain in notes)*
4 ☐ SP temporary absent
5 ☐ SP mentally or physically incapable
8 ☐ Other *(Explain in notes)*

c. Section O (page 60) (Alcohol) 48

0 ☐ No person 18+ in this family

Interview
1 ☐ Complete interview (all appropriate sections and HIS-2/HIS-3 completed)
2 ☐ Partial interview (some but not all appropriate sections or HIS-2/HIS-3 completed) *(Explain in notes)*

Noninterview
3 ☐ Refusal *(Explain in notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
8 ☐ Other *(Explain in notes)*

d. Section P (page 78) (Child Health) 49

0 ☐ No child 0–17 in this family

Interview
1 ☐ Complete interview (all appropriate sections completed)
2 ☐ Partial interview (some but not all appropriate sections completed) *(Explain in notes)*

Noninterview
3 ☐ Refusal *(Explain in notes)*
4 ☐ Eligible Resp. TA
5 ☐ No eligible resp. in HHld.
8 ☐ Other *(Explain in notes)*

10. Ending time 50–53 54 — 1 a.m. 2 p.m.

11. Interviewer identification — Name | Code 55–56

Notes

RT 68

Section M — MEDICAL DEVICE

Section M1 — MEDICAL DEVICE IMPLANT SCREENING

CHECK ITEM 1 — *Refer to HIS-1. Enter person number of household respondent* — _____ Household respondent — 3–4

These next questions are about medical devices that are **SURGICALLY** implanted in the body to help the body function or treat an illness or injury. — 5

1a. **Does anyone in the family NOW have a joint that has been replaced by an artificial one, such as an artificial hip, knee or finger joint?**
1 ☐ Yes
2 ☐ No } *(2)*
9 ☐ DK }

b. **Who is this?** — *Record name and person number in table MDI. Mark "Joint" box.*

c. **Anyone else?** — ☐ Yes *(Reask 1b and c)* ☐ No

2a. **Does anyone in the family NOW have a fixation device, such as screws, pins, nails, wires or plates implanted to fix or hold bones in place, including skull plates?** — 6
1 ☐ Yes
2 ☐ No } *(3)*
9 ☐ DK }

b. **Who is this?** — *Record name and person number in table MDI. Mark "Fix" box.*

c. **Anyone else?** — ☐ Yes *(Reask 2b and c)* ☐ No

3a. **Does anyone in the family NOW have an artificial heart valve?** — 7
1 ☐ Yes
2 ☐ No } *(4)*
9 ☐ DK }

b. **Who is this?** — *Record name and person number in table MDI. Mark "HV" box.*

c. **Anyone else?** — ☐ Yes *(Reask 3b and c)* ☐ No

4a. **Sometimes the lenses of the eyes can be replaced with artificial ones called intraocular lenses, which are sewn into place during surgery.**
Does anyone in the family NOW have an intraocular lens?
Do not count corneal transplants, if volunteered. — 8
1 ☐ Yes
2 ☐ No } *(5)*
9 ☐ DK }

b. **Who is this?** — *Record name and person number in table MDI. Mark "IL" box.*

c. **Anyone else?** — ☐ Yes *(Reask 4b and c)* ☐ No

5a. **Silicone implants are used to reconstruct parts of the body, such as breasts, ears, chin, or nose.**
Does anyone in the family NOW have a silicone implant?
Do not count injected silicone, if volunteered. — 9
1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK }

b. **Who is this?** — *Record name and person number in table MDI. Enter SILICONE IMPLANT in "Other" column.*

c. **Anyone else?** — ☐ Yes *(Reask 5b and c)* ☐ No

6a. **A pacemaker is implanted in the chest to regulate the heartbeat. Does anyone in the family NOW have a pacemaker?** — 10
1 ☐ Yes,
2 ☐ No } *(7)*
9 ☐ DK }

b. **Who is this?** — *Record name and person number in table MDI. Mark "Pace" box.*

c. **Anyone else?** — ☐ Yes *(Reask 6b and c)* ☐ No

Notes

FORM HIS-1A (1988) (10-23-87)

Section M1 — MEDICAL DEVICE IMPLANT SCREENING — Continued

7a. **Ear vent tubes are often implanted in the eardrums of children and adults who get frequent ear infections.**
Does anyone in the family NOW have ear vent tubes?

11
1 ☐ Yes
2 ☐ No } *(8)*
9 ☐ DK }

b. **Who is this?**

Record name and person number in table MDI.
Enter EAR VENT TUBES in "Other" column.

c. **Anyone else?**

☐ Yes *(Reask 7b and c)*
☐ No

8a. **Infusion pumps are implants that pump medication such as insulin or cancer chemotherapy into the body.**
Does anyone in the family NOW have an infusion pump?

12
1 ☐ Yes
2 ☐ No } *(9)*
9 ☐ DK }

b. **Who is this?**

Record name and person number in table MDI.
Enter INFUSION PUMP in "Other" column.

c. **Anyone else?**

☐ Yes *(Reask 8b and c)*
☐ No

9a. **Does anyone in the family NOW have a central nervous system shunt that drains fluid away from the brain or spinal column?**

13
1 ☐ Yes
2 ☐ No } *(10)*
9 ☐ DK }

b. **Who is this?**

Record name and person number in table MDI.
Enter CENTRAL NERVOUS SYSTEM SHUNT in "Other" column.

c. **Anyone else?**

☐ Yes *(Reask 9b and c)*
☐ No

10a. **Does anyone in the family NOW have any type of shunt or catheter implanted in the body (besides the [infusion pump/central nervous system shunt])?**

Read if necessary: **A shunt is a man-made tube through which blood or body fluid is diverted from its natural path.**

Read if necessary: **A catheter is a flexible tube implanted in the body to remove or put in fluid.**

14
1 ☐ Yes
2 ☐ No } *(11)*
9 ☐ DK }

b. **Who is this?**

Record name and person number in table MDI.

c. **What kind of shunt or catheter does — — have?**

Enter kind of shunt or catheter in "Other" column.

d. **Does anyone else have any type of shunt or catheter implanted in the body?**

☐ Yes *(Reask 10b, c, and d)*
☐ No

11a. **Does anyone in the family NOW have any other kind of medical device that has been implanted in the body during SURGERY? Some examples are artificial arteries and veins, ligaments and dental implants.**

15
1 ☐ Yes
2 ☐ No } *(Check Item 2)*
9 ☐ DK }

b. **Who is this?**

Record name and person number in table MDI.

c. **What kind of implant does — — have?**

Enter type of implant in "Other" column.

d. **Does anyone else in the family have any other kind of medical device implanted in the body?**

☐ Yes *(Reask 11b, c, and d)*
☐ No *(Check Item 2)*

CHECK ITEM 2 — *Mark appropriate box*

16
1 ☐ One or more MDI's *(Check Item 2)*
2 ☐ No MDI's *(Section N, page 36)*

Notes

FORM HIS-1A (1988) (10-23-87)

Section M1 — MEDICAL DEVICE IMPLANT SCREENING — Continued

TABLE MDI

Complete the appropriate Medical Device Sections for each person and each device entered below.

Name (a)	Person number (b)	Joint (pg. 6) (c)	Fix (pg. 12) (d)	HV (pg. 16) (e)	IL (pg. 22) (f)	Pace (pg. 28) (g)	Others (pg. 32) (h)
	3–4	5	6	7	8	9	10–11
		1☐	2☐	3☐	4☐	5☐	1. _____ 12–13
							2. _____ 14–15
							3. _____
	16–17	18	19	20	21	22	23–24
		1☐	2☐	3☐	4☐	5☐	1. _____ 25–26
							2. _____ 27–28
							3. _____
	29–30	31	32	33	34	35	36–37
		1☐	2☐	3☐	4☐	5☐	1. _____ 38–39
							2. _____ 40–41
							3. _____
	42–43	44	45	46	47	48	49–50
		1☐	2☐	3☐	4☐	5☐	1. _____ 51–52
							2. _____ 53–54
							3. _____
	55–56	57	58	59	60	61	62–63
		1☐	2☐	3☐	4☐	5☐	1. _____ 64–65
							2. _____ 66–67
							3. _____
	68–69	70	71	72	73	74	75–76
		1☐	2☐	3☐	4☐	5☐	1. _____ 77–78
							2. _____ 79–80
							3. _____
	81–82	83	84	85	86	87	88–89
		1☐	2☐	3☐	4☐	5☐	1. _____ 90–91
							2. _____ 92–93
							3. _____
	94–95	96	97	98	99	100	101–102
		1☐	2☐	3☐	4☐	5☐	1. _____ 103–104
							2. _____ 105–106
							3. _____

Notes

RT 70

Section M2 — ARTIFICIAL JOINT PAGE

1. *Enter name and person number from Table MDI.*

3–4
5–6

Name _____

Person No. _____

2a. *Indicate type of respondent.*

7

1 ☐ Self personal
2 ☐ Self telephone
} *(3)*
3 ☐ Proxy personal
4 ☐ Proxy telephone

b. Relationship of proxy to the person

8–9

_____
Relationship

These next questions are about your artificial joints.

3. **What kind of artificial joint(s) do you have?**

Ask for each entry in 3.

4. **How many** *(entry in 3)* **do you have?**

	3. Joint	4. Number
a.	_____	_____
b.	_____	_____
c.	_____	_____
d.	_____	_____
e.	_____	_____
f.	_____	_____

5. *Enter each joint in a separate column except for finger joints. Treat multiple finger joints as a single joint and enter "finger joints" in 5. Also enter name and person number in item1 of each appropriate column.*

10–11

_____

Complete 6—15 for the first artificial joint for this person before asking about the next.

(These next questions refer to the FIRST finger joint that was replaced)

12

6a. **Was the joint actually replaced with the** *(entry in 5)*, **or was something else implanted, such as a pin or a plate?**

1 ☐ Replaced *(7)*
8 ☐ Something else

b. **What was implanted?**

Mark "Fixation" box of Table MDI, then go to next column or next device.

7. **Is the artificial** *(entry in 5)* **you have now a replacement for a previous artificial** *(entry in 5)*?

13

1 ☐ Yes
2 ☐ No *(11)*

8. **How many times has this artificial joint been replaced?**

14–15

_____ Times

9. **When did you get the artificial** *(entry in 5)* **you had before the current one?**

16–19

_____ / 19 _____
Month Year

Go to 10

Notes

FORM HIS-1A (1988) (10-23-87)

Section M2 — ARTIFICIAL JOINT PAGE — Continued

10a. **Why did you have that artificial *(entry in 5)* replaced?**

Mark first three mentioned. Do not probe.

20–21 / 22–23 / 24–25

01 ☐ Mechanical failure of the artificial joint
02 ☐ Loosening of the artificial joint
03 ☐ Infection
04 ☐ Increased pain over time
88 ☐ Some other reason — *Specify* ↘ _____

Ask for each entry in 10a:

b. **How long after that joint was implanted was this *(entry in 10a)* first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

26–29

0000 ☐ Less than 1 day
1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years — **OR** — 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

30–33

0000 ☐ Less than 1 day
1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years — **OR** — 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

34–37

0000 ☐ Less than 1 day
1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years — **OR** — 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

11. **When did you get the artificial *(entry in 5)* (you have NOW)?**

38–41

_____ / 19 _____
Month Year

Ask if finger joint; otherwise, skip to 13.

12. **Is your artificial finger joint made out of silicone or some other material?**

42

1 ☐ Silicone
8 ☐ Other
9 ☐ DK

13. **Why did you need to get your (original) artificial *(entry in 5)*?**

Mark first three mentioned. Do not probe.

43–44

01 ☐ Osteoarthritis
02 ☐ Rheumatoid arthritis
03 ☐ Arthritis, unspecified
04 ☐ Trauma/Injury
05 ☐ Pain
88 ☐ Some other reason — *Specify* ↘ _____

CHECK ITEM 4

Refer to 7:

45

1 ☐ Yes in 7 *(14b)*
2 ☐ No in 7 *(14a)*

14a. **Since you received the artificial *(entry in 5)*, would you say your mobility in that joint is improved, about the same, or worse than it was before the implant?**

46

1 ☐ Improved
2 ☐ Same
3 ☐ Worse
} *(15)*

b. **Since you have had your current artificial *(entry in 5)*, would you say your mobility in that joint is improved, about the same, or worse than it was with the previous artificial *(entry in 5)*?**

47

1 ☐ Improved
2 ☐ Same
3 ☐ Worse

Please tell me if you have had any of the following problems or complications with your (current) artificial *(entry in 5)* —

48

15a. **Have you had any blood clots?**

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(15c)*

b. **How long had you had the artificial *(entry in 5)* when the blood clots were first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

49–52

0000 ☐ Less than 1 day
1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years — **OR** — 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

c. **Have you had an infection?**

53

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(15e)*

d. **How long had you had the artificial *(entry in 5)* when the infection was first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

54–57

0000 ☐ Less than 1 day
1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years — **OR** — 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

Go to 15e

Section M2 — ARTIFICIAL JOINT PAGE — Continued

15e. Has the artificial *(entry in 5)* loosened? — 58

1 ☐ Yes
2 ☐ No } *(15g)*
9 ☐ DK

f. How long had you had the artificial *(entry in 5)* when it was first noticed that the joint was getting loose? — 59–62

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

g. Have you had increased pain over time? — 63

1 ☐ Yes
2 ☐ No } *(15i)*
9 ☐ DK

h. How long had you had the artificial *(entry in 5)* when the increased pain was first noticed? — 64–67

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

i. Have you had mechanicial problems with the artificial *(entry in 5)* itself? — 68

1 ☐ Yes
2 ☐ No } *(15k)*
9 ☐ DK

j. How long had you had the artificial *(entry in 5)* when the mechanical problem was first noticed? — 69–72

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

k. Have you had any other problems or complications with the artificial *(entry in 5)*? — 73

1 ☐ Yes
2 ☐ No *(Next column or next device)*

l. What were they? — 74–75

Record first three mentioned. Do not probe. Be specific.

(1) _____ 74–75
(2) _____ 76–77
(3) _____ 78–79

Ask for each entry in 15ℓ .

m. How long had you had the artificial *(entry in 5)* when the *(entry in 15ℓ)* was first noticed? — 80–83

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

(1) 0000 ☐ Less than 1 day

____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

(2) 0000 ☐ Less than 1 day — 84–87

____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

(3) 0000 ☐ Less than 1 day — 88–91

____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

Go to next column or next device

Notes

FORM HIS-1A (1988) (10-23-87)

RT 71

Section M3 — FIXATION DEVICE PAGE

1. *Enter name and person number from Table MDI.*

Name _____ 3–4 5–6

Person No. _____

2a. *Indicate type of respondent.* 7

1 ☐ Self– personal } (3) 3 ☐ Proxy – personal
2 ☐ Self –telephone } 4 ☐ Proxy – telephone

b. Relationship of proxy to the person 8–9

_____ Relationship

These next questions are about your skull or bone holding implant.

3a. **What kind of implant do you have? Is it a bone screw, pin, nail, wire or plate?**

Ask for each entry in 3a:

b. **How many** *(implants in 3a)* **do you have?**

	3a. IMPLANT	3b. NUMBER
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

Ask for each entry in 3a:

c. **In what part(s) of the body [is/are] the** *(implant in 3a)* **located?**

1. _____
2. _____
3. _____
4. _____
5. _____

d. **Do you have any other bone holding implants?**

☐ Yes *(Reask 3a—d)*
☐ No

Refer to 3a—c.

4. *Enter implant and each SEPARATE body part and fill a column for each. Do NOT duplicate body parts. (Enter name and person in each column.)* 10–11

_____ Implant
_____ Body part

Complete 5—10 for the FIRST bone holding implant for this person before going to the next.

5. **Why did you need to get a** *(implant in 4)***?**

Mark first reason mentioned.

12–13

01 ☐ Injury
02 ☐ Deformities
03 ☐ Infection
04 ☐ Cancer
88 ☐ Other — *Specify* _____

6a. **Is the** *(implant in 4)* **you have now a replacement for a previous** *(implant in 4)***?** 14

1 ☐ Yes
2 ☐ No *(9)*

b. **How many times has the** *(implant in 4)* **been replaced?** 15–16

_____ Times

7. **When did you get the** *(implant in 4)* **you had before the current one?** 17–20

_____ / 19 _____
Month Year

8a. **Why did you have that** *(implant in 4)* **replaced?**

Mark first three mentioned. Do not probe.

21–22 23–24 25–26

01 ☐ Mechanical failure of the implant
02 ☐ The implant did not work
03 ☐ Infection
04 ☐ Healing problem
05 ☐ Pain or irritation
88 ☐ Some other reason — *Specify* _____

Ask for each entry in 8a:

b. **How long after that** *(implant in 4)* **was implanted was this** *(entry in 8a)* **first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

27–30

(1) _____ 0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ More than 90 days
7777 ☐ 30–90 days
9999 ☐ DK

31–34

(2) _____ 0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ More than 90 days
7777 ☐ 30–90 days
9999 ☐ DK

35–38

(3) _____ 0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ More than 90 days
7777 ☐ 30–90 days
9999 ☐ DK

Go to 9

FORM HIS-1A (1988) (10-23-87)

Section M3 — FIXATION DEVICE PAGE — Continued

9. **When did you get your (current) *(implant in 4)*?** 39–42

_____ / 19 _____
Month Year

Please tell me if you have you had any of the following problems or complications with your (current) *(implant in 4)* —

10a. **Have you had an infection?** 43

1 ☐ Yes
2 ☐ No
9 ☐ DK
(10c)

b. **How long had you had your *(implant in 4)* when the infection was first noticed?** 44–47

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**

5555 ☐ Less than 30 days
6666 ☐ 30-90 days
7777 ☐ More than 90 days
9999 ☐ DK

c. **Have you had any healing problems?** 48

1 ☐ Yes
2 ☐ No
9 ☐ DK
(10e)

d. **How long had you had your *(implant in 4)* when the healing problem was first noticed?** 49–52

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**

5555 ☐ Less than 30 days
6666 ☐ 30-90 days
7777 ☐ More than 90 days
9999 ☐ DK

e. **Have you had any problems with pain or irritation?** 53

1 ☐ Yes
2 ☐ No
9 ☐ DK
(10g)

f. **How long had you had your *(implant in 4)* when the pain or irritation was first noticed?** 54–57

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**

5555 ☐ Less than 30 days
6666 ☐ 30-90 days
7777 ☐ More than 90 days
9999 ☐ DK

g. **Have you had any mechanical problems with your *(implant in 4)* that is, it has not worked correctly?** 58

1 ☐ Yes
2 ☐ No
9 ☐ DK
(10i)

h. **How long had you had your *(implant in 4)* when the mechanical problems were first noticed?** 59–62

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**

5555 ☐ Less than 30 days
6666 ☐ 30-90 days
7777 ☐ More than 90 days
9999 ☐ DK

i. **Have you had any other problems or complications with the *(implant in 4)*?** 63

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Next column or next device)

j. **What were they?** 64–65

Record first three mentioned. Do not probe. Be specific.

(1) _____ 66–67

(2) _____ 68–69

(3) _____

Ask for each entry in 10j:

k. **How long had you had your (current) *(implant in 4)* when the *(entry in 10j)* was first noticed?** 70–73

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

(1) 0000 ☐ Less than 1 day

____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**

5555 ☐ Less than 30 days
6666 ☐ 30-90 days
7777 ☐ More than 90 days
9999 ☐ DK

74–77

(2) 0000 ☐ Less than 1 day

____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**

5555 ☐ Less than 30 days
6666 ☐ 30-90 days
7777 ☐ More than 90 days
9999 ☐ DK

78–81

(3) 0000 ☐ Less than 1 day

____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**

5555 ☐ Less than 30 days
6666 ☐ 30-90 days
7777 ☐ More than 90 days
9999 ☐ DK

Go to next column or next device

RT 72

Section M4 — HEART VALVE PAGE (HV)

1. *Enter name and person number from Table MDI.*

3–4
5–6
Name _____
Person No. _____

2a. *Indicate type of respondent.*

7
1 ☐ Self — personal
2 ☐ Self — telephone
} *(3)*
3 ☐ Proxy — personal
4 ☐ Proxy — telephone

b. Relationship of proxy to the person

8–9
_____ Relationship

These next questions are about your artificial heart valve.

3. **At this time, do you have more than one artificial heart valve?**

10
1 ☐ Yes
2 ☐ No *(5)*

4. **How many artificial heart valves do you NOW have?**

11
_____ Number

5. **There are four different heart valves — the mitral valve, the aortic valve, the tricuspid valve, and the pulmonic valve.**

Which of these did you have replaced with (an) artificial valve(s)?

If "Yes" in 3, mark each one in a separate column. Also enter name and person number in item 1 of each appropriate column.

12
1 ☐ Mitral
2 ☐ Aortic
3 ☐ Tricuspid
4 ☐ Pulmonic
9 ☐ DK

Complete 6—14 for the first heart valve for this person before asking about the next.

6. **Is the artificial [*(type in 5)*/heart] valve you have now a replacement for a previous artificial [*(type in5)*/heart] valve?**

13
1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(10)*

7. **How many times has this valve been replaced?**

14–15
_____ Times

8. **When did you get the artificial [*(type in 5)*/heart] valve you had before the current one?**

16–19
_____ / 19 _____
Month Year

9a. **Why did you have that artificial [*(type in 5)*/heart] valve replaced?**

Mark first three mentioned, do not probe.

20–21
22–23
24–25
01 ☐ Blood clots (Thrombus or thrombo embolism)
02 ☐ Infection
03 ☐ Bleeding
04 ☐ Mechanical failure
88 ☐ Some other reason — *Specify*
_____

Ask for each entry in 9a:

b. **How long after that heart valve was implanted was this *(entry in 9a)* first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

26–29
(1) _____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30—90 days
7777 ☐ More than 90 days
9999 ☐ DK

30–33
(2) _____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30—90 days
7777 ☐ More than 90 days
9999 ☐ DK

34–37
(3) _____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30—90 days
7777 ☐ More than 90 days
9999 ☐ DK

10. **When did you get the artificial [*(type in 5)*/heart] valve (you have now)?**

38–41
_____ / 19 _____
Month Year

11. **Some artificial heart valves are mechanical and made from substances such as metal or plastic and others are made from animal or human tissue. What is your artificial [*(type in 5)*/heart] valve made from?**

42
1 ☐ Mechanical/man made substance
2 ☐ Biological/animal tissue
3 ☐ Biological/human tissue
9 ☐ DK
} *(12)*

FORM HIS-1A (1988) (10-23-87)

Section M4 — HEART VALVE PAGE (HV) — Continued

12a. **Did you get a registration card for this heart valve from your doctor or from the hospital?** — 43

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. **What is the brand name of this artificial heart valve?** — 44

Probe if DK: **Who is the manufacturer?**

_____
Name

13a. **Anticoagulants are medications that help prevent blood clots. Do you take anticoagulants regularly?** — 45

1 ☐ Yes
2 ☐ No } *(14)*
9 ☐ DK

b. **How often do you take them?** — 46–48

_____ Times { 1 ☐ A day, 2 ☐ A week, 3 ☐ A month } *(14)*
999 ☐ DK

Notes

Section M4 — HEART VALVE PAGE (HV) — Continued

Please tell me if you have had any of the following problems or complications with your (current) artificial *[(type in 5/heart]* valve —

49

14a. Have you had blood clots?

1 ☐ Yes
2 ☐ No
9 ☐ DK
(14c)

b. How long had you had the artificial valve when the blood clots were first noticed?

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

50–53

0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

c. Have you had an infection or endocarditis?

54

1 ☐ Yes
2 ☐ No
9 ☐ DK
(14e)

d. How long had you had the artificial valve when the infection or endocarditis was first noted?

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

55–58

0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

e. Have you had problems with bleeding?

59

1 ☐ Yes
2 ☐ No
9 ☐ DK
(14g)

f. How long had you had the artificial valve when the problem with bleeding was first noticed?

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

60–63

0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

g. Have you had any mechanical problems with the artificial valve itself?

64

1 ☐ Yes
2 ☐ No
9 ☐ DK
(14i)

h. How long had you had the artificial valve when the mechanical problems were first noticed?

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

65–68

0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

i. Have you had any other problems or complications?

69

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Next column or next device)

j. What were they?

Record first three mentioned. Do not probe. Be specific.

70–71
(1) _____
72–73
(2) _____
74–75
(3) _____

Ask for each entry in 14j:

k. How long had you had the artificial heart valve when the *(entry in 14j)* was first noticed?

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

76–79

(1) 0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

80–83

(2) 0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

84–87

(3) 0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

Go to next column or next device

RT 73

Section M5 — INTRAOCULAR LENS PAGE (IL)

1. *Enter name and person number from Table MDI.*

3-4 5-6

Name _____

Person No. _____

2a. *Indicate type of respondent.*

7

1 ☐ Self — personal
2 ☐ Self — telephone
} *(3)*
3 ☐ Proxy — personal
4 ☐ Proxy — telephone

b. Relationship of proxy to the person

8-9

_____
Relationship

These next questions are about your intraocular lens.

3. Do you now have an intraocular lens in your right eye, left eye, or both eyes?

10

1 ☐ Right eye
2 ☐ Left eye
3 ☐ Both eyes — *Fill this column for the "Right eye", mark "Left eye" in next column and enter name and person number in item 1.*

4. Is the intraocular lens you NOW have in your [right/left] eye a replacement for a previous intraocular lens in THAT eye?

11

1 ☐ Yes
2 ☐ No *(7)*

5a. How many times has the intraocular lens in your [right/left] eye been replaced?

12-13

_____ Times

b. When did you get the intraocular lens you had before the current one?

14-17

_____ / 19 _____
Month Year

6a. Why did you have the intraocular lens in your [right/left] eye replaced with the current one?

Mark first three mentioned, do not probe.

18-19 20-21 22-23

01 ☐ Injury/trauma
02 ☐ Mechanical failure
03 ☐ Glaucoma (after lens implant)
04 ☐ Irritation or inflammation
05 ☐ Trouble reading
06 ☐ Infection
07 ☐ Movement or displacement of the lens
08 ☐ Wrong lens power
09 ☐ Corneal transplant
88 ☐ Some other reason — *Specify*

_____

Ask for each entry in 6a.

b. How long after that lens was implanted was this *(entry in 6a)* **first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

24-27

(1) _____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

28-31

(2) _____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

32-35

(3) _____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years
OR
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

7. When did you get the intraocular lens (that you NOW have) in your [right/left] eye?

36-39

_____ / 19 _____
Month Year

8. Why did you need to get an intraocular lens in your [right/left] eye (in the first place)?

40-41

01 ☐ Cataract
02 ☐ Injury/Trauma
88 ☐ Other — *Specify*

_____

99 ☐ DK

9. Did your doctor tell you that the (current) lens in your [right/left] eye is an experimental or investigational lens?

42

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(10)*

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Section M5 — INTRAOCULAR LENS PAGE (IL) — Continued

10. **Does this intraocular lens have a substance in it that absorbs some types of light?** — 43

1 ☐ Yes
2 ☐ No
9 ☐ DK

11. **Because of the intraocular lens in your [right/left] eye, did your doctor advise you to wear sunglasses when you are in bright light or sunlight?** — 44

1 ☐ Yes
2 ☐ No
9 ☐ DK

Please tell me if you have had any of the following problems or complications with the (current) intraocular lens in your [right/left] eye — — 45

12a. **Have you had any infection?**

1 ☐ Yes
2 ☐ No } *(12c)*
9 ☐ DK

b. **How long after your (current) lens was implanted was the infection first noticed?** — 46–49

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

__ { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } **OR** { 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK }

c. **Have you had healing problems?** — 50

1 ☐ Yes
2 ☐ No } *(12e)*
9 ☐ DK

d. **How long had you had the lens when the healing problem was first noticed?** — 51–54

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

__ { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } **OR** { 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK }

e. **Have you had pain, irritation, or inflammation of the inside of the eye?** — 55

1 ☐ Yes
2 ☐ No } *(12g)*
9 ☐ DK

f. **How long had you had the lens when the pain, irritation, or inflammation was first noticed?** — 56–59

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

__ { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } **OR** { 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK }

g. **Have you had glaucoma that started after the lens was implanted?** — 60

1 ☐ Yes
2 ☐ No } *(12i)*
9 ☐ DK

h. **How long had you had the lens when the glaucoma was first noticed?** — 61–64

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

__ { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } **OR** { 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK }

i. **Have you had problems with clouding or blurred visions?** — 65

1 ☐ Yes
2 ☐ No } *(12k)*
9 ☐ DK

j. **How long had you had the lens when the clouding or blurred vision was first noticed?** — 66–69

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

__ { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } **OR** { 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK }

k. **Have you had trouble reading newspaper print?** — 70

1 ☐ Yes
2 ☐ No } *(12m)*
9 ☐ DK

l. **How long had you had the lens when this trouble was first noticed?** — 71–74

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

__ { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years } **OR** { 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK }

Go to 12m

Notes

Section M5 — INTRAOCULAR LENS PAGE (IL) — Continued

12m. **Have you had problems with glare or light streaks?**

1 ☐ Yes
2 ☐ No
9 ☐ DK
(12o)

75

n. **How long had you had the lens when the glare or light streaks were first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

76–79

0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

o. **Have you had problems due to wrong lens power?**

1 ☐ Yes
2 ☐ No
9 ☐ DK
(12q)

80

p. **How long had you had the lens when the wrong lens power was first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

81–84

0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

q. **Have you had problems with your eyes feeling tired when you wake up?**

1 ☐ Yes
2 ☐ No
9 ☐ DK
(12s)

85

r. **How long had you had the lens when this problem was first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

86–89

0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

s. **Have you had any other problems or complications with the intraocular lens in your [right/left] eye?**

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Next column or next device)

90

t. **What were they?**

Record first three mentioned. Do not probe. Be specific.

(1) _____ 91–92
(2) _____ 93–94
(3) _____ 95–96

Ask for each entry in 12t.

u. **How long had you had the lens when the** *(entry in 12t)* **was first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

97–100

(1) ____ 0000 ☐ Less than 1 day; 1 ☐ Days; 2 ☐ Weeks **OR**; 3 ☐ Months; 4 ☐ Years; 5555 ☐ Less than 30 days; 6666 ☐ 30–90 days; 7777 ☐ More than 90 days; 9999 ☐ DK

101–104

(2) ____ 0000 ☐ Less than 1 day; 1 ☐ Days; 2 ☐ Weeks **OR**; 3 ☐ Months; 4 ☐ Years; 5555 ☐ Less than 30 days; 6666 ☐ 30–90 days; 7777 ☐ More than 90 days; 9999 ☐ DK

105–108

(3) ____ 0000 ☐ Less than 1 day; 1 ☐ Days; 2 ☐ Weeks **OR**; 3 ☐ Months; 4 ☐ Years; 5555 ☐ Less than 30 days; 6666 ☐ 30–90 days; 7777 ☐ More than 90 days; 9999 ☐ DK

Go to next column or next device

Notes

RT 74

Section M6 — PACEMAKER PAGE

1. *Enter name and person number from Table MDI.*

3–4 Name _____

5–6 Person No. _____

2a. *Indicate type of respondent..*

7
1 ☐ Self – personal
2 ☐ Self – telephone } *(3)*
3 ☐ Proxy – personal
4 ☐ Proxy – telephone

b. Relationship of proxy to the person

8–9 _____ Relationship

These next questions are about your pacemaker.

3a. Is the pacemaker you have now a replacement for a previous pacemaker?

10
1 ☐ Yes
2 ☐ No *(7)*

b. Altogether, how many times has your pacemaker been replaced?

11–12 _____ Times

4. When did you get the pacemaker you had before the current one?

13–16 _____ / 19 _____
Month Year

5a. Why did you have that pacemaker replaced?

Mark first three mentioned. Do not probe.

17–18
19–20
21–22
01 ☐ Battery failure
02 ☐ Lead failure (Lēēd)
03 ☐ Mechanical failure, unspecified
04 ☐ Infection
05 ☐ Healing problem
06 ☐ Pain or irritation
88 ☐ Some other reason — *Specify*

Ask for each entry in 5a.

b. How long after that pacemaker was implanted was this *(entry in 5a)* first noticed?

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

23–26 (1)____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

27–30 (2)____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

31–34 (3)____
0000 ☐ Less than 1 day
1 ☐ Days
2 ☐ Weeks **OR**
3 ☐ Months
4 ☐ Years
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 90 days
9999 ☐ DK

6. How was the pacemaker you had before the current one monitored — by telephone, at the doctor's office, at the hospital, or in some other way?

Mark first applicable box

35–36
01 ☐ Not monitored
02 ☐ Telephone
03 ☐ Doctor's office
04 ☐ Hospital
88 ☐ Other — *Specify*

7. When did you get your (current) pacemaker?

37–40 _____ / 19 _____
Month Year

8. How is this pacemaker monitored — by telephone, at the doctor's office, at the hospital, or in some other way?

Mark first applicable box

41–42
01 ☐ Not monitored
02 ☐ Telephone
03 ☐ Doctor's office
04 ☐ Hospital
88 ☐ Other — *Specify*

9. Can your (current) pacemaker be programmed or adjusted without surgery?

43
1 ☐ Yes
2 ☐ No } *(10)*
9 ☐ DK

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Section M6 — PACEMAKER PAGE — Continued

10a. **Have you had any mechanical problems with your (current) pacemaker, such as battery failure or lead *(lēēd)* failure?** — 44

1 ☐ Yes
2 ☐ No } *(11)*
9 ☐ DK

b. **What kind of mechanical problem did it have?** — 45–46

Mark all that apply.

01 ☐ Battery failure
02 ☐ Lead failure
88 ☐ Other — *Specify* ↙ _____

11. **Please tell me if you have had any of the following problems or complications with your (current) pacemaker —**

a. **Have you had an infection ?** — 47

1 ☐ Yes
2 ☐ No } *(11c)*
9 ☐ DK

b. **How long had you had your (current) pacemaker when the infection was first noticed?** — 48–51

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day
____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 30 days
9999 ☐ DK

c. **Have you had any healing problems?** — 52

1 ☐ Yes
2 ☐ No } *(11e)*
9 ☐ DK

d. **How long had you had your (current) pacemaker when the healing problem was first noticed?** — 53–56

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day
____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 30 days
9999 ☐ DK

e. **Have you had any problems with pain or irritation?** — 57

1 ☐ Yes
2 ☐ No } *(11g)*
9 ☐ DK

f. **How long had you had your (current) pacemaker when pain or irritation was first noticed?** — 58–61

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day
____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 30 days
9999 ☐ DK

g. **Have you had irregular heart beat with your (current) pacemaker?** — 62

1 ☐ Yes
2 ☐ No } *(11i)*
9 ☐ DK

h. **How long had you had your pacemaker when the irregular heart beat was first noticed?** — 63–66

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day
____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**
5555 ☐ Less than 30 days
6666 ☐ 30–90 days
7777 ☐ More than 30 days
9999 ☐ DK

i. **Have you had any other problems or complications?** — 67

1 ☐ Yes
2 ☐ No } *(Next column or next device)*
9 ☐ DK

j. **What were they?** — 68–69

Record first three mentioned. Be specific. Do not probe.

(1) _____ 70–71
(2) _____ 72–73
(3) _____

k. **How long had you had your (current) pacemaker when the *(entry in 11j)* was first noticed?** — 74–77

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

(1) 0000 ☐ Less than 1 day; ____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**; 5555 ☐ Less than 30 days; 6666 ☐ 30–90 days; 7777 ☐ More than 30 days; 9999 ☐ DK

78–81

(2) 0000 ☐ Less than 1 day; ____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**; 5555 ☐ Less than 30 days; 6666 ☐ 30–90 days; 7777 ☐ More than 30 days; 9999 ☐ DK

82–85

(3) 0000 ☐ Less than 1 day; ____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR**; 5555 ☐ Less than 30 days; 6666 ☐ 30–90 days; 7777 ☐ More than 30 days; 9999 ☐ DK

Go to next column or next device

RT 75

Section M7 — OTHER DEVICE PAGE

1. *Enter name and person number from Table MDI.*

3–4 Name _____

5–6 Person No. _____

2a. *Indicate type of respondent.*

7
1 ☐ Self– personal } (3) 3 ☐ Proxy– personal
2 ☐ Self– telephone } 4 ☐ Proxy – telephone

b. Relationship of proxy to the person

8–9 _____ Relationship

3. *Enter implanted device from "Other" column of table MDI.*

10–11 _____

These next questions are about your (other) surgically implanted medical device(s).

12
1 ☐ Yes
2 ☐ No *(4c)*

4a. Do you have more than one *(implant in 3)*?

b. How many *(implant in 3)* **do you now have?**

13–14 _____ Number

c. In what part(s) of the body [is/are] the *(implant in 3)* **located?**

13–14

If multiple parts, enter each different body part in a separate column. Also enter name and person number in item 1.

_____

CHECK ITEM 5

Mark first appropriate box based on the entry in 3 and/or 4c.

1 ☐ Injected silicone } *(Next column or next device)*
2 ☐ Removable by person }
8 ☐ Other *(5)*

17

5a. Is the *(implant in 3/4c)* **you have now a replacement for a previous** *(implant in 3/4c)*?

18
1 ☐ Yes
2 ☐ No *(8)*

b. How many times has the *(implant in 3/4c)* **been replaced?**

19–20 _____ Times

6. When did you get the *(implant in 3/4c)* **you had before the current one?**

21–24 _____ / 19 _____
Month Year

7a. Why did you have the previous *(implant in 3/4c)* **replaced?**

Mark first three mentioned. Do not probe.

25–26
27–28
29–30
01 ☐ Infection
02 ☐ Mechanical failure of the implant
03 ☐ Implant did not work
04 ☐ Healing problem
05 ☐ Pain or irritation
06 ☐ Blood clots
07 ☐ Bleeding
08 ☐ Trauma/Injury
88 ☐ Some other reason — *Specify* _____

Ask for each entry in 7a.

b. How long had you had your previous *(implant in 3/4c)* **when the** *(entry in 7a)* **was first noticed?**

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

31–34
0000 ☐ Less than 1 day
(1) _____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

35–38
0000 ☐ Less than 1 day
(2) _____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

39–42
0000 ☐ Less than 1 day
(3) _____ 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years **OR** 5555 ☐ Less than 30 days, 6666 ☐ 30–90 days, 7777 ☐ More than 90 days, 9999 ☐ DK

8. Why did you need to get the *(implant in 3/4c)* **in the first place?**

Mark first one mentioned.

43–44
01 ☐ Infection } *(9)*
02 ☐ Trauma/Injury }
88 ☐ Some other reason — *Specify* _____
_____ *(9)*

FORM HIS-1A (1988) (10-23-87)

Section M7 — OTHER DEVICE PAGE — Continued

9. **When did you get your (current)** *(implant in 3/4c)***?** — 45–48

_____ / 19 _____
Month Year

10. **Please tell me if you have had any of the following problems or complications with your (current)** *(implant in 3/4c)* **—**

a. **Have you had an infection?** — 49

1 ☐ Yes
2 ☐ No } *(10c)*
9 ☐ DK

b. **How long had you had your** *(implant in 3/4c)* **when the infection was first noticed?** — 50–53

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR** 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

c. **Have you had any healing problems?** — 54

1 ☐ Yes
2 ☐ No } *(10e)*
9 ☐ DK

d. **How long had you had your** *(implant in 3/4c)* **when the healing problem was first noticed?** — 55–58

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR** 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

e. **Have you had any problems with pain or irritation?** — 59

1 ☐ Yes
2 ☐ No } *(10g)*
9 ☐ DK

f. **How long had you had your** *(implant in 3/4c)* **when the pain or irritation was first noticed?** — 60–63

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR** 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

g. **Have you had any mechanical problems with your (current)** *(implant in 3/4c)* **itself, that is, it has not worked correctly?** — 64

1 ☐ Yes
2 ☐ No } *(10i)*
9 ☐ DK

h. **How long had you had your** *(implant in 3/4c)* **when the mechanical problem was first noticed?** — 65–68

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

0000 ☐ Less than 1 day

_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR** 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

i. **Have you had any other problems or complications?** — 66

1 ☐ Yes
2 ☐ No *(Next column or next device)*

j. **What were they?**

Record first three mentioned. Do not probe. Be specific.

(1) _____ 70–71
(2) _____ 72–73
(3) _____ 74–75

Ask for each entry in 10j.

k. **How long had the** *(implant in 3/4c)* **when the** *(problem in 10j)* **was first noticed?** — 76–79

Probe if DK: **Was it less than 30 days, 30 to 90 days, or more than 90 days?**

(1) 0000 ☐ Less than 1 day
_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR** 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

(2) 0000 ☐ Less than 1 day — 80–83
_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR** 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

(3) 0000 ☐ Less than 1 day — 84–87
_____ 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years **OR** 5555 ☐ Less than 30 days / 6666 ☐ 30–90 days / 7777 ☐ More than 90 days / 9999 ☐ DK

Go to next column or next device

RT 76

Section N — OCCUPATIONAL HEALTH

Section N1 — WORK HISTORY

3–4

In this part of the survey I will ask about your work experience, certain medical conditions and other health-related matters.

1a. **First, I'll ask about the KIND OF WORK you have done the LONGEST, not counting work around the house. Thinking of all the jobs or businesses you have ever had, what kind of work did you do the longest? Include work done while in the Armed Forces.**

Occupation — 990☐ Never worked *(Section N8, page 59)* — 5–7

b. **When you were doing this kind of work, what were your most important activities or duties?**

Duties

2a. **How long did you do this kind of work?** — 8–9

00 ☐ Less than 1 year

_____ Years

b. **How old were you when you started doing this kind of work?** — 10–11

_____ Age

3a. **In what kind of business or industry did you do this kind of work the LONGEST?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

Industry — 12–14

932☐ Armed Forces — Civilian
942☐ Armed Forces — Active duty

b. **In the industry where you worked the longest as a** *(entry in 1a)* **were you —**

Class of worker — 15

An employee of a PRIVATE company, business or individual for wages, salary, or commission?	**P**	1☐ P
A member of the Armed Forces?	**AF**	2☐ AF
A FEDERAL government employee?	**F**	3☐ F
A STATE government employee?	**S**	4☐ S
A LOCAL government employee?	**L**	5☐ L
Self-employed in OWN business, professional practice or farm? *Ask:* **Is the business incorporated?**		
Yes	**I**	6☐ I
No	**SE**	7☐ SE
Working WITHOUT PAY in family business or farm?	**WP**	8☐ WP

CHECK ITEM 1 — *Refer to HIS-1, C1:* — 16

1☐ Wa/Wb box marked in C1 *(Check Item 5A, page 38)*
2☐ Neither Wa nor Wb box marked in C1 *(4)*

4a. **DURING THE PAST 12 MONTHS, that is, since** *(12 month date)* **a year ago, did you work at any time at a job or business not counting work around the house? (Include unpaid work in the family business or farm.)** — 17

1☐ Yes
2☐ No

b. **How long has it been since you last worked at a job or business?** — 18–20

_____ Number — 1☐ Weeks, 2☐ Months, 3☐ Years — If less than 1 year *(4c)*; If 1 year or more *(8)*

c. **For whom did you work at your last job or business?** *Enter name of company, business, organization, or other employer.*

Employer — 21–23

932☐ Armed Forces — Civilian
942☐ Armed Forces — Active duty
(4e)

d. **What kind of business or industry is this?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department farm.*

Industry

e. **What kind of work were you doing?** *For example, electrical engineer, stock clerk, typist, farmer.*

Occupation — 24–26

f. **What were your most important activities or duties at that job?** *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

Duties

Complete from entries in 4c—f. If not clear, ask:

g. **Were you —**

Class of worker — 27

An employee of a PRIVATE company, business or individual for wages, salary, or commission?	**P**	1☐ P
A member of the Armed Forces?	**AF**	2☐ AF
A FEDERAL government employee?	**F**	3☐ F
A STATE government employee?	**S**	4☐ S
A LOCAL government employee?	**L**	5☐ L
Self-employed in OWN business, professional practice or farm? *Ask:* **Is the business incorporated?**		
Yes	**I**	6☐ I
No	**SE**	7☐ SE
Working WITHOUT PAY in family business or farm?	**WP**	8☐ WP

FORM HIS-1A (1988) (10-23-87)

Section N1 — WORK HISTORY — Continued

5. **How long did you work as a *(occupation in 4e)* for *(employer in 4c)*?** — 28–30

Number: 1 ☐ Weeks; 2 ☐ Months; 3 ☐ Years

CHECK ITEM 2 — *Refer to 4e and 1a:* — 31

1 ☐ Occupation in 4e is same as in 1a *(8)*
8 ☐ All others *(6a)*

6a. **Considering ALL of your employers, for how many years altogether did you do this KIND of work?** — 32–33

00 ☐ Less than 1 year
_____ Years

b. **How old were you when you started doing this kind of work?** — 34–35

_____ Age

7a. **In what kind of business or industry did you do this kind of work the LONGEST?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.* — 36–38

Industry

932 ☐ Armed Forces — Civilian
942 ☐ Armed Forces — Active duty

b. **Were you —** — 39

Class of worker

An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... **P** — 1 ☐ P
A member of the Armed Forces? ..... **AF** — 2 ☐ AF
A FEDERAL government employee? ..... **F** — 3 ☐ F
A STATE government employee? ..... **S** — 4 ☐ S
A LOCAL government employee? ..... **L** — 5 ☐ L

Self-employed in OWN business, professional practice or farm?
Ask: **Is the business incorporated?**
Yes ..... **I** — 6 ☐ I
No ..... **SE** — 7 ☐ SE
Working WITHOUT PAY in family business or farm? ..... **WP** — 8 ☐ WP

Hand Card N1, read list if telephone interview.

8a. **Which of these statements describe the reason or reasons you stopped working *(entry in 4b)* ago?**

Mark all that apply.

1 ☐ Stopped working because of own illness, injury, disability or other health problem that was JOB-RELATED. — 40
2 ☐ Stopped working because of own illness, injury, disability or other health problem that was NOT JOB-RELATED — 41
3 ☐ Retired — 42
4 ☐ Child/family care — 43
5 ☐ On layoff from a job — 44
8 ☐ Some other reason — *Specify* _____ — 45
9 ☐ DK — 46

CHECK ITEM 3 — *Refer to 8a:* — 47

1 ☐ Box 1 marked in 8a *(8b)*
8 ☐ All others *(Check Item 4)*

8b. **Was a worker's compensation claim filed for your illness, injury, disability, or other health problem?** — 48

1 ☐ Yes
2 ☐ No *(8d)*

c. **Have you received any money or other benefits from worker's compensation since you stopped working *(entry in 4b)* ago?** — 49

1 ☐ Yes
2 ☐ No

d. **Was a claim filed for any other income or benefits because your health problem was job-related?** — 50

1 ☐ Yes
2 ☐ No

CHECK ITEM 4 — *Refer to question 4. Mark first appropriate box:* — 51

1 ☐ "Armed Forces-Active Duty" in 4c *(Section N7, page 56)*
2 ☐ "Yes" in 4a *(Check Item 7)*
8 ☐ All others *(Section N7, page 56)*

Notes

FORM HIS-1A (1988) (10-23-87)

Section N1 — WORK HISTORY — Continued

CHECK ITEM 5A — *Refer to HIS-1, pages 44 and 45:*

52
1 ☐ Self respondent for questions 6b—g *(Check Item 5B)*
2 ☐ Proxy respondent for questions 6b—g *(9)*
8 ☐ All others *(9)*

9a. For whom were you employed during the 2 weeks outlined in red on that calendar? *Enter name of company, business, organization, or other employer.*

Employer — 53–55
932 ☐ Armed Forces — Civilian
942 ☐ Armed Forces — Active duty
} *(9c)*

b. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

Industry

If "Active duty" in 9a, mark "AF" box without asking.

Occupation — 56–58
942 ☐ AF *(Section N8, page 59)*

c. What kind of work were you doing? *For example, electrical engineer, stock clerk, typist, farmer.*

d. What were your most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

Duties

Complete from entries in 9a—d. If not clear, ask:

e. Were you —

Class of worker — 59

An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P — 1 ☐ P
A member of the Armed Forces? . . . . . AF — 2 ☐ AF *(Section N8, page 59)*
A FEDERAL government employee? . . . . . F — 3 ☐ F
A STATE government employee? . . . . . S — 4 ☐ S
A LOCAL government employee? . . . . . L — 5 ☐ L
Self-employed in OWN business, professional practice or farm?
Ask: **Is the business incorporated?**
Yes . . . . . **I** — 6 ☐ I
No . . . . . **SE** — 7 ☐ SE
Working WITHOUT PAY in family business or farm? . . . . . WP — 8 ☐ WP

CHECK ITEM 5B — *Refer to questions 9a and c or to HIS-1, pages 44—45:*

Transcribe from questions 9a and c or from 6b/c and e on HIS-1.

_____ Employer
_____ Occupation
} *(9f)*

9f. (You told me that during the two weeks outlined in red on that calendar you were employed as a *(occupation in Check Item 5B)* **for** *(employer in Check Item 5B.)***) How long have you worked as a** *(occupation in Check Item 5B)* **for** *(employer in Check Item 5B)***?**

60–62
_____ Number
1 ☐ Weeks
2 ☐ Months
3 ☐ Years

CHECK ITEM 6 — *Refer to Check Item 5B and question 1a:*

63
1 ☐ Occupation in Check Item 5B is same as in 1a *(Check Item 7)*
8 ☐ All others *(9g)*

9g. Considering ALL of your employers, for how many years altogether did you do this KIND of work?

64–65
00 ☐ Less than 1 year
_____ Years

h. How old were you when you started doing this kind of work?

66–67
_____ Age

i. In what kind of business or industry did you do this kind of work the LONGEST? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

Industry — 68–70
932 ☐ Armed Forces — Civilian
942 ☐ Armed Forces — Active duty

j. Were you —

Class of worker — 71

An employee of a PRIVATE company, business or individual for wages, salary, or commission? . . . . . P — 1 ☐ P
A member of the Armed Forces? . . . . . AF — 2 ☐ AF
A FEDERAL government employee? . . . . . F — 3 ☐ F
A STATE government employee? . . . . . S — 4 ☐ S
A LOCAL government employee? . . . . . L — 5 ☐ L
Self-employed in OWN business, professional practice or farm?
Ask: **Is the business incorporated?**
Yes . . . . . **I** — 6 ☐ I
No . . . . . **SE** — 7 ☐ SE
Working WITHOUT PAY in family business or farm? . . . . . WP — 8 ☐ WP

FORM HIS-1A (1988) (10-23-87)

Section N1 — WORK HISTORY — Continued

CHECK ITEM 7 — *Refer to Check Item 5B.*

72

1 ☐ Entry in Check Item 5B *(Transcribe entries)*
8 ☐ All others *(Transcribe entries from 4c and e)*

_____ Employer

_____ Occupation

(10)

73

These next questions are about your job as a *(occupation in Check Item 7)* **for** *(employer in Check Item 7)*.

10a. Did your job require you to do REPEATED STRENUOUS PHYSICAL ACTIVITIES such as lifting, pushing or pulling heavy objects?

1 ☐ Yes
2 ☐ No *(11)*

74–76

b. During a typical work day, how many minutes or hours altogether did you spend doing STRENUOUS PHYSICAL ACTIVITIES?

_____ Number

1 ☐ Minutes
2 ☐ Hours

77

11a. Did this job require you to do REPEATED bending, twisting or reaching?

1 ☐ Yes
2 ☐ No *(12)*

78–80

b. During a typical work day, how many minutes or hours altogether did you spend bending, twisting or reaching?

_____ Number

1 ☐ Minutes
2 ☐ Hours

81

12a. Did this job require you to BEND or TWIST your hands or wrists MANY TIMES AN HOUR?

1 ☐ Yes
2 ☐ No *(13)*

82–84

b. During a typical workday, how many minutes or hours altogether did you spend bending or twisting your hands or wrists?

_____ Number

1 ☐ Minutes
2 ☐ Hours

85

13a. On this job, did you work with hand-held or hand-operated vibrating tools or machinery?

1 ☐ Yes
2 ☐ No *(14)*

86–88

b. During a typical work day, how many minutes or hours altogether did you spend working with hand-held or hand-operated vibrating machinery?

_____ Number

1 ☐ Minutes
2 ☐ Hours

89

14. I am going to read a list of substances that some people get on their skin AT WORK. Tell me if you got any of these things on your HANDS or ARMS at your job as a *(occupation in Check Item 7)* **for** *(employer in Check Item 7)* **DURING THE PAST 12 MONTHS —**

a. Did you get solvents or degreasers on your hands or arms?

1 ☐ Yes
2 ☐ No

90

b. Petroleum products other than solvents? For example, grease, oil, or fuel?

1 ☐ Yes
2 ☐ No

91

c. Soaps, detergents, or cleaning and disinfecting solutions used in performing your job?

1 ☐ Yes
2 ☐ No

92

d. Cutting oils, machine coolants, or metal working fluids?

1 ☐ Yes
2 ☐ No

93

e. Paints, varnishes, lacquers, or other coatings?

1 ☐ Yes
2 ☐ No

94

f. Glues, pastes, or other adhesives?

1 ☐ Yes
2 ☐ No

95

g. Acids or alkalies?

1 ☐ Yes
2 ☐ No

96

h. Pesticides, insecticides, herbicides, fungicides, or fumigants?

1 ☐ Yes
2 ☐ No

97

i. Foods or food products handled as part of your job duties?

1 ☐ Yes
2 ☐ No

98

j. Plants, trees or shrubs handled as part of your job duties?

1 ☐ Yes
2 ☐ No

99

k. Did you get any other chemicals or substances on your hands or arms that could irritate the skin?

1 ☐ Yes — *Specify* ↙

_____

100–101

2 ☐ No
9 ☐ DK

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NT 77

Section N2 — BACK PAIN

3–4

These next questions are about back pain.

1a. **At any time during the past 12 months, that is, since** *(12 month date)* **a year ago, did you have back pain every day for a week or more?** — 5

1 ☐ Yes
2 ☐ No *(Section N3, page 43)*

CHECK ITEM 8 — *Refer to sex and age:* — 6

1 ☐ SP is female under 50 *(1b)*
8 ☐ All others *(2)*

b. **Did you have this back pain ONLY at the time of your monthly periods?** — 7

1 ☐ Yes *(Section N3, page 43)*
2 ☐ No
3 ☐ Don't menstruate

2a. **(The remaining questions are about back pain other than menstrual pain.) During the past 12 months, on about how many days altogether did you have back pain?** — 8–10

998 ☐ Menstrual pain only *(Section N3, page 43)*
365 ☐ Every day

_____ Days

b. **During the past 12 months, how many full days did you miss from work because of back pain?** — 11–13

000 ☐ None

_____ Days

3a. **When you had this back pain, what PART of your BACK bothered you the most — the upper back, the middle back or the lower back?** — 14

1 ☐ Upper
2 ☐ Middle
3 ☐ Lower

b. **During the past 12 months, did the back pain ever spread to your:**

	Yes	No	DK	
buttocks?	1 ☐	2 ☐	9 ☐	15
thighs?	1 ☐	2 ☐	9 ☐	16
lower leg or foot?	1 ☐	2 ☐	9 ☐	17

4a. **Did any of the back pain you had in the past 12 months result from a SINGLE accident or injury? Some examples are slipping, falling, twisting, lifting something, or being in a car accident.** — 18

1 ☐ Yes
2 ☐ No *(5)*

b. **When did the accident or injury happen?** — 19–24

_____/_____/ **19**_____
Month Date Year

c. **Were you at work at your job or business when the accident or injury happened?** — 25

1 ☐ Yes
2 ☐ No *(5)*

d. **Was this at your job as a** *(occupation in Check Item 7)* **for** *(employer in Check Item 7)***?** — 26

1 ☐ Yes *(5)*
2 ☐ No

e. **For whom did you work when the accident or injury happened?** *Enter name of company, business, organization, or other employer.* — 27–29

Employer

932 ☐ Armed Forces — Civilian
942 ☐ Armed Forces — Active duty
} *(4g)*

f. **What kind of business or industry is this?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

Industry

g. **What kind of work did you do at that job?** *For example, electrical engineer, stock clerk, typist, farmer.* — 30–32

Occupation

h. **What were your most important activities or duties at that job?** *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

Duties

Complete from entries in 4e—h. If not clear, ask: — 33

Class of worker

i. **Were you —**

An employee of a PRIVATE company, business or individual for wages, salary, or commission?	**P**	1 ☐ P
A member of the Armed Forces?	**AF**	2 ☐ AF
A FEDERAL government employee?	**F**	3 ☐ F
A STATE government employee?	**S**	4 ☐ S
A LOCAL government employee?	**L**	5 ☐ L
Self-employed in OWN business, professional practice, or farm? *Ask:* **Is the business incorporated?** Yes	**I**	6 ☐ I
No	**SE**	7 ☐ SE
Working WITHOUT PAY in family business or farm?	**WP**	8 ☐ WP

} *(5)*

FORM HIS-1A (1988) (10-23-87)

Section N2 — BACK PAIN — Continued

5a. Was any of the back pain you had in the past 12 months brought on by REPEATED activities such as lifting, pushing, pulling, bending, twisting, or reaching?	1 ☐ Yes 2 ☐ No *(7)*	34
b. Where did you perform the activities that brought on your back pain? *Mark only one box.*	1 ☐ At work *(6)* 2 ☐ At home } *(8)* 3 ☐ Recreational site } *(8)* 8 ☐ Other — *Specify* } *(8)* __________	35
6a. Was this at your job as a *(occupation in Check Item 7)* **for** *(employer in Check Item 7)***?**	1 ☐ Yes *(8)* 2 ☐ No	36
b. For whom did you work when the accident or injury happened? *Enter name of company, business, organization, or other employer.*	Employer 932 ☐ Armed Forces — Civilian } *(6d)* 942 ☐ Armed Forces — Active duty } *(6d)*	37–39
c. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*	Industry	
d. What kind of work did you do at that job? *For example, electrical engineer, stock clerk, typist, farmer.*	Occupation	40–42
e. What were your most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*	Duties	
Complete from entries in 6b—e. If not clear, ask: **f. Were you —** **An employee of a PRIVATE company, business or individual for wages, salary, or commission?** .... **P** **A member of the Armed Forces?** .... **AF** **A FEDERAL government employee?** .... **F** **A STATE government employee?** .... **S** **A LOCAL government employee?** .... **L** **Self-employed in OWN business, professional practice, or farm?** *Ask:* **Is the business incorporated?** Yes .... **I** No .... **SE** **Working WITHOUT PAY in family business or farm?** ..... **WP**	Class of worker 1 ☐ P 2 ☐ AF 3 ☐ F 4 ☐ S 5 ☐ L 6 ☐ I 7 ☐ SE 8 ☐ WP } *(8)*	43
If "Yes" in 4a, go to 8. **7. What caused your back pain?**	__________ __________	44
8a. Has your back bothered you today?	1 ☐ Yes *(8c)* 2 ☐ No	45
b. How many days, weeks or months ago did you last have back pain?	____ Number { 1 ☐ Days ago 2 ☐ Weeks ago 3 ☐ Months ago	46–48
c. For how many consecutive days, weeks or months [did your back bother you that time/has your back been bothering you]?	____ Number { 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	49–51

Notes

FORM HIS-1A (1988) (10-23-87)

Section N2 — BACK PAIN — Continued

9a. In what year did you first have an episode of back pain that lasted for a week or more? 52–53

87 ☐ 1987
88 ☐ 1988
89 ☐ 1989
} *(9c)*

☐ Earlier year — *Specify* ↙

_____

b. Counting *(year in 9a)*, in how many different years have you had episodes of back pain lasting for a week or more? 54–55

_____ Years

Hand Card N2, read list if telephone interview 56

c. What was the longest period of time that you had back pain every day?

0 ☐ Less than one month
1 ☐ 1 month, less than 3 months
2 ☐ 3 months, less than 6 months
3 ☐ 6 months, less than 12 months,
4 ☐ 1 year, less than 5 years
5 ☐ 5 or more years

10a. Have you ever stopped working at a job or changed jobs because of back pain? 57

1 ☐ Yes *(Section N3)*
2 ☐ No

b. Have you ever made a major change in your work activities because of back pain? 58

1 ☐ Yes
2 ☐ No

Notes

Section N3 — HAND DISCOMFORT

Now I will ask some questions about your hands and wrists.

1. Are you left handed, right handed or able to use both hands equally well? — 59
- 1 ☐ Left handed
- 2 ☐ Right handed
- 3 ☐ Able to use both hands equally well

2. Which hand do you use most at work? — 60
- 1 ☐ Left
- 2 ☐ Right
- 3 ☐ Use both hands equally

3. During the past 12 months {that is, since *(12 month date)* a year ago}, have you had discomfort in your hands, wrists or fingers? Discomfort can mean pain, burning, stiffness, numbness or tingling. — 61
- 1 ☐ Yes
- 2 ☐ No *(Section N4, page 46)*

4. Was this discomfort due entirely to an injury, such as a cut, sprain or broken bone? — 62
- 1 ☐ Yes *(Section N4, page 46)*
- 2 ☐ No
- 9 ☐ DK

5a. During the past 12 months, on about how many days altogether did you have discomfort in your hands, wrists or fingers? — 63–65
- 000 ☐ Less than 5 days *(Section N4, page 46)*
- _____ Days
- 365 ☐ Every day *(6)*

b. During the past 12 months, did you have the discomfort every day for a week or more? — 66
- 1 ☐ Yes
- 2 ☐ No

CHECK ITEM 9 — *Refer to 5a and 5b: Mark first appropriate box* — 67
- 1 ☐ 20 or more in 5a } *(6)*
- 2 ☐ "Yes" in 5b }
- 8 ☐ All others *(Section N4, page 46)*

6. In which hand did you have this discomfort? — 68
- 1 ☐ Left
- 2 ☐ Right
- 3 ☐ Both

7. Was your discomfort worse when you were trying to sleep or did it awaken you from sleep? — 69
- 1 ☐ Yes
- 2 ☐ No

8. In the past 12 months, did your hands or fingers often feel clumsy, that is, did you often have difficulty picking up or holding things? — 70
- 1 ☐ Yes
- 2 ☐ No

9a. Has your hand(s) bothered you today? — 71
- 1 ☐ Yes *(9c)*
- 2 ☐ No

b. How many days, weeks or months ago did you last have this discomfort? — 72–74
- _____ Number
- 1 ☐ Days ago
- 2 ☐ Weeks ago
- 3 ☐ Months ago

c. For how many consecutive days, weeks, or months [did your hand(s) bother you that time/has your hand(s) been bothering you]? — 75–77
- _____ Number
- 1 ☐ Days
- 2 ☐ Weeks
- 3 ☐ Months
- 4 ☐ Years

10a. In what year did you first notice this hand discomfort? — 78–79
- 87 ☐ 1987
- 88 ☐ 1988
- 89 ☐ 1989 } *(11)*
- ☐ Earlier year — *Specify* ↓
- _____

b. Counting *(year in 10a)*, in how many different years has your hand(s) bothered you? — 80–81
- _____ Years

11a. During the past 12 months, were you away from work for more than one week for any reason? — 82
- 1 ☐ Yes
- 2 ☐ No *(12)*

b. When you were away from work for more than one week, did your hand discomfort increase, decrease, or stay the same? — 83
- 1 ☐ Increase
- 2 ☐ Decrease
- 3 ☐ Stay the same

12. During the past 12 months, did you miss at least a full day from work because of your hand discomfort? — 84
- 1 ☐ Yes
- 2 ☐ No

FORM HIS-1A (1988) (10-23-87)

Section N3 — HAND DISCOMFORT — Continued

13a. **Have you EVER stopped working at a job or changed jobs because of your hand discomfort?** — 85

1 ☐ Yes *(14)*
2 ☐ No

b. **Have you ever made a major change in your work activities because of your hand discomfort?** — 86

1 ☐ Yes
2 ☐ No

14a. **How long has it been since you last saw or talked to a medical doctor, chiropractor, physical therapist or other medical person about your hand discomfort?** — 87–89

000 ☐ Never saw medical person *(15)*

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

b. **What did the medical person call your hand discomfort?** — 90

_____

15. **Even if you have mentioned it before, please tell me if you have EVER had any of the following conditions —**

	Yes	No	DK	
a. Arthritis of the hand, wrist or fingers?	1 ☐	2 ☐	9 ☐	91
b. A broken bone in your hand, wrist, or fingers?	1 ☐	2 ☐	9 ☐	92
c. A condition affecting the wrist and hand called carpal tunnel syndrome?	1 ☐	2 ☐	9 ☐	93

Notes

RT 78
3–4
5–6

Section N4 — WORK INJURIES

Now I will ask about on-the-job injuries in the past 12 months.

Hand Card N3

By "on-the-job injury" we mean an injury at work that resulted in at least one of the following:

an injury that required you to get medical attention or treatment, other than first aid for MINOR INJURIES; OR to be unable to do some of your work activities; OR to lose consciousness; OR to transfer to another job.

1. DURING THE PAST 12 MONTHS, that is, since *(12 month date)* **a year ago, have you had any on- the- job injuries?**

1 ☐ Yes
2 ☐ No *(Section N5, page 52)*

7

2. How many times have you been injured on the job during the past 12 months?

8–9

_____ Number of times

3. On what date did your [(most recent) injury/injury before that] happen?

Enter each date in a separate column.

10–15

_____/ _____/ 19_____
Month Date Year

Complete questions 4—21 as appropriate for the first injury before completing them for the next, etc.

4. At the time of your injury on *(date in 3)* **were you working as a** *(occupation in Check Item 7)* **for** *(employer in Check Item 7)* **?**

16

1 ☐ Yes *(6)*
2 ☐ No

5a. For whom did you work when the injury happened?

Enter name of company, business, organization, or other employer.

17–19

Employer

932 ☐ Armed Forces — civilian
942 ☐ Armed Forces — active duty
} *(5c)*

b. What kind of business or industry is this? *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

Industry

c. What kind of work did you do at that job? *For example, electrical engineer, stock clerk, typist, farm.*

Occupation

20–22

d. What were your most important activities or duties at that job? *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

Duties

Complete from entries in 5a—d. If not clear, ask:

e. Were you —

Class of worker

23

An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... **P**
A member of the ARMED FORCES? ..... **AF**
A FEDERAL government employee? .....
A STATE government employee? ..... **S**
A LOCAL government employee? ..... **L**
Self-employed in OWN business, professional practice, or farm?
ASK: **Is the business incorporated?**
Yes ..... **I**
No ..... **SE**
Working WITHOUT PAY in family business or farm? ..... **WP**

1 ☐ P
2 ☐ AF
3 ☐ F
4 ☐ S
5 ☐ L
6 ☐ I
7 ☐ SE
8 ☐ WP

6. At the time of this injury, what part of your body was hurt? What kind of injury was it? Anything else?

Part(s) of body 24–25

Kind of Injury 26–27

7. Did you lose consciousness as a result of the injury?

28

1 ☐ Yes
2 ☐ No

8. What were you doing at the time of the injury?

29–30

9. How did the injury happen?

31–32

Go to 10 for this injury

FORM HIS-1A (1988) (10-23-87)

Section N4 — WORK INJURIES — Continued

10. **Was the activity you were doing at the time of the injury a NEW or unfamiliar job task?** — 33
1 ☐ Yes *(12)*
2 ☐ No

11. **Was the activity you were doing at the time of the injury part of your usual job tasks?** — 34
1 ☐ Yes
2 ☐ No

12. **Did you see or talk to a medical doctor, nurse, chiropractor, physician's assistant, nurse practitioner or other medical person as a result of this injury?** — 35
1 ☐ Yes
2 ☐ No *(Check Item 10)*

13. **Where did you FIRST see or talk to a medical person about this injury?** — 36
1 ☐ Work-site health unit
2 ☐ Doctor's office (group practice or doctor's clinic)
3 ☐ Emergency room
4 ☐ Walk-in clinic
5 ☐ Hospital outpatient clinic
8 ☐ Other — *Specify* _____

CHECK ITEM 10 — *Refer to question 6:* — 37
1 ☐ "Eye" in 6 *(14)*
8 ☐ All others *(15)*

14a. **Were you wearing eye protection equipment over your eyes at the time of the injury?** — 38
1 ☐ Yes
2 ☐ No *(15)*

b. **What type of eye protection equipment were you wearing?** — 39
1 ☐ Welding goggles
2 ☐ Other goggles
3 ☐ Glasses with side shields
4 ☐ Glasses without side shields
5 ☐ Welding helmet
6 ☐ Face shield
8 ☐ Other

15a. **Did you miss more than half of the day from work on the day of the injury?** — 40
1 ☐ Yes
2 ☐ No

b. **OTHER THAN THE DAY OF THE INJURY, how many FULL days of scheduled work did you miss as a result of the injury?** — 41-43
_____ Full days
000 ☐ None

c. **(Not counting the *(number in 15b)* full days), Did you miss any (other) scheduled time from work other than the day of the injury?** — 44
1 ☐ Yes
2 ☐ No *(16)*

d. **(Again, not counting the *(number in 15b)* full days), How many days did you miss MORE THAN HALF THE DAY from work as a result of the injury?** — 45-47
_____ Days
000 ☐ None

16a. **Were you temporarily transferred to another job because of the injury?** — 48
1 ☐ Yes *(17)*
2 ☐ No

b. **Were you temporarily assigned lighter work or excused from certain duties at work other than the day of the injury?** — 49
1 ☐ Yes
2 ☐ No

17a. **Did you report this injury to your employer?** — 50
1 ☐ Yes
2 ☐ No

b. **Was a worker's compensation claim filed as a result of this injury?** — 51
1 ☐ Yes
2 ☐ No

18a. **Did you change employers as a result of the injury?** — 52
1 ☐ Yes
2 ☐ No *(19)*

b. **Was your salary lower, higher or the same after your change of employers?** — 53
1 ☐ Lower
2 ☐ Higher
3 ☐ Same

c. **Were you as satisified, less satisified or more satisfied with your new employer as with your employer prior to the injury?** — 54
1 ☐ As satisified
2 ☐ Less satisfied
3 ☐ More satisfied
} *(19 for this injury)*

FORM HIS-1A (1988) (10-23-87)

Section N4 — WORK INJURIES — Continued

19a. **Did you change the kind of work you do as a result of the injury?** — 55

1 ☐ Yes
2 ☐ No *(Check Item 11)*

Mark box or ask:

b. **Was your salary lower, higher or the same after your job change?** — 56

0 ☐ Yes in 18a *(19c)*
1 ☐ Lower
2 ☐ Higher
3 ☐ Same

c. **Were you as satisifed, less satisfied or more satisfied with your new job as with your job prior to the injury?** — 57

1 ☐ As satisified
2 ☐ Less satisfied
3 ☐ More satisfied

CHECK ITEM 11 — *Refer to 18a and 19a:* — 58

1 ☐ "Yes" in 18a OR 19a *(21)*
8 ☐ All others *(20)*

20. **Did you make a permanent change in your work activities because of this injury?** — 59

1 ☐ Yes
2 ☐ No

21. **Did you change your off-the-job activities because of this injury?** — 60

1 ☐ Yes
2 ☐ No

CHECK ITEM 12 — *Refer to question 2, section N4:* — 61

1 ☐ Additional injury *(4 for next injury)*
8 ☐ All others *(Section N5)*

Notes

FORM HIS-1A (1988) (10-23-97)

RT 79
3-4

Section N5 — SKIN CONDITIONS

Now I will ask about skin conditions.

5

1a. **During the past 12 months, that is, since** *(12 month date)* **a year ago have you had dermatitis, eczema, or any other red, inflamed skin rash?**

1 ☐ Yes
2 ☐ No *(Section N6, page 54)*

b. **During the past 12 months, on about how many days altogether did you have a skin condition? Include days when you used treatment for the condition.** 6-8

365 ☐ Every day

_____ Days

2. **What parts of your body were affected by this skin condition?**

Mark all that apply

1 ☐ Hands 9
2 ☐ Arms 10
3 ☐ Head, face or neck 11
8 ☐ Other body area — *Specify* 12

_____

9 ☐ DK 13

3. **During the past 12 months, did you miss at least a full day from work because of your skin condition?** 14

1 ☐ Yes
2 ☐ No

4a. **Did any skin condition you had in the past 12 months result from chemicals or other substances which got on your skin?** 15

1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK

b. **What chemicals or other substances were these?** 16-17

_____

_____

c. **Did you get these substances on your skin during the past 12 months?** 18

1 ☐ Yes
2 ☐ No

d. **Were you at work at your job or business when you got these substances on your skin?** 19

1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK

5a. **Was this at your job as a** *(occupation in Check Item 7)* **for** *(employer in Check Item 7)*? 20

1 ☐ Yes *(6)*
2 ☐ No

b. **For whom did you work when you got these substances on your skin?** *Enter name of company, business, organization, or other employer.* 21-23

Employer

932 ☐ Armed Forces — Civilian
942 ☐ Armed Forces — Active duty } *(5d)*

c. **What kind of business or industry is this?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.*

Industry

d. **What kind of work did you do at that job?** *For example, electrical engineer, stock clerk, typist, farmer.* 24-26

Occupation

e. **What were your most important activities or duties at that job?** *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.*

Duties

f. **Were you —** 27

Class of worker

An employee of a PRIVATE company, business or individual for wages, salary, or commission? ..... **P** — 1 ☐ P
A member of the ARMED FORCES? ..... **AF** — 2 ☐ AF
A FEDERAL government employee? ..... **F** — 3 ☐ F
A STATE government employee? ..... **S** — 4 ☐ S
A LOCAL government employee? ..... **L** — 5 ☐ L

Self-employed in OWN business, professional practice, or farm?
Ask: **Is the business incorporated?**
Yes ..... **I** — 6 ☐ I
No ..... **SE** — 7 ☐ SE
Working WITHOUT PAY in family business or farm? ..... **WP** — 8 ☐ WP

6a. **During the past 12 months, did you use any prescription medications or other treatments prescribed by a doctor for your skin condition?** 28

1 ☐ Yes
2 ☐ No

b. **Did you use any over-the-counter or non-prescription medications or treatments for your skin condition?** 29

1 ☐ Yes
2 ☐ No

FORM HIS-1A (1988) (10-23-87)

Section N5 — SKIN CONDITIONS — Continued

7a.	**How long has it been since you last saw or talked to a dermatologist or skin specialist about your skin condition?**	000 ☐ Never ______ Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }	30-32
b.	**How long has it been since you last saw or talked to any other type of medical person about your skin condition?**	000 ☐ Never ______ Number { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }	33-35
8a.	**During the past 12 months, have you stopped working at a job or changed jobs because of your skin condition?**	1 ☐ Yes *(Check Item 13)* 2 ☐ No	36
b.	**During the past 12 months, did you make a major change in your work activities because of your skin condition?**	1 ☐ Yes 2 ☐ No	37
CHECK ITEM 13	*Refer to question 4d:*	1 ☐ "Yes" in 4d *(9)* 8 ☐ All others *(Section N6)*	38
9.	**During the past 12 months, did you report your skin condition to your employer as a work-related illness or injury?**	1 ☐ Yes 2 ☐ No	39
10.	**During the past 12 months, was a worker's compensation claim filed for your skin condition?**	1 ☐ Yes 2 ☐ No	40

Notes

FORM HIS-1A (1988) (10-23-87)

Section N6 — EYE, NOSE, THROAT IRRITATION — Continued

9a.	**Did you have these symptoms while you were at work?**	1 ☐ Yes 2 ☐ No *(10)* — 67
b.	**When you were away from work, did these symptoms increase, decrease or stay the same?**	1 ☐ Increase 2 ☐ Decrease 3 ☐ Stay the same — 68
10.	**During the past 2 weeks when you had these symptoms, did you also have a fever?**	1 ☐ Yes 2 ☐ No — 69

Notes

Section N7 — CONDITIONS

I am going to read a list of medical conditions. Tell me if you have had any of these conditions even if you have mentioned them before.

1. DURING THE PAST 12 MONTHS, that is, since *(12 month date)* **a year ago, have you had —**

	Yes	No	
a. REPEATED trouble with neck, back or spine?	1 ☐ — *Specify* ↓ _____	2 ☐	70
b. A condition affecting the wrist and hand, called carpal tunnel syndrome?	1 ☐	2 ☐	71
c. A condition affecting the fingers and/or toes, called Raynaud's (Rā´nōdes) phenomenon?	1 ☐	2 ☐	72
d. A condition affecting the tendons called tendonitis?	1 ☐	2 ☐	73
DURING THE PAST 12 MONTHS have you had —			
e. Hepatitis?	1 ☐	2 ☐	74
f. Skin cancer?	1 ☐	2 ☐	75
g. Lung cancer?	1 ☐	2 ☐	76
h. Asthma?	1 ☐	2 ☐	77
i. Chronic bronchitis?	1 ☐	2 ☐	78
j. Emphysema?	1 ☐	2 ☐	79
k. Any dust disease of the lungs, such as silicosis, asbestosis, brown lung, or black lung disease?	1 ☐ — *Specify* ↓ _____	2 ☐	80

2. Do you NOW have —

	Yes	No	
a. Deafness in one or both ears?	1 ☐	2 ☐	81
b. Any other trouble hearing in one or both ears?	1 ☐	2 ☐	82

CHECK ITEM 15 — *Refer to questions 1 and 2:*

83
1 ☐ "No" or "DK" in ALL of 1 and 2 *(Section N8, page 59)*
8 ☐ "Yes" in any part of 1 or 2 *(Fill a column for each condition)*

Notes

FORM HIS-1A (1988) (10-23-87)

RT 80
3–4
5–6
7–8

Section N7 — CONDITIONS — Continued

CONDITION 1
Name of Condition _____

3. **Were you ever told by a doctor or other medical person that your *(condition)* was related to any job you ever had?** — 9
1 ☐ Yes
2 ☐ No

4. **Was a worker's compensation claim ever filed for your *(condition)*?** — 10
1 ☐ Yes *(6)*
2 ☐ No

5. **Did you ever report to your employer or to other company personnel that your *(condition)* was related to your job?** — 11
1 ☐ Yes
2 ☐ No

6. **Did you ever tell a doctor or other medical person that your *(condition)* was related to any job you ever had?** — 12
1 ☐ Yes
2 ☐ No

CHECK ITEM 16 — *Refer to Check Item 7, page 39.* — 13
1 ☐ Entries in Check Item 7 *(7)*
8 ☐ All others *(8)*

7a. **DURING THE PAST 12 MONTHS, were you told by your doctor or employer to stay home from work temporarily because of your *(condition)*?** — 14
1 ☐ Yes
2 ☐ No

b. **DURING THE PAST 12 MONTHS, did your employer transfer you to another job, either temporarily or permanently, because of your *(condition)*?** — 15
1 ☐ Yes *(Check Item 17)*
2 ☐ No

c. **DURING THE PAST 12 MONTHS, did your employer give you lighter work or excuse you from certain duties at work because of your *(condition)*?** — 16
1 ☐ Yes
2 ☐ No

8. **Did you EVER stop working at a job or change jobs because of your *(condition)*?** — 17
1 ☐ Yes
2 ☐ No

CHECK ITEM 17 — *Refer to 3, 4, 5, 6:* — 18
1 ☐ "Yes" in 3, 4, 5 OR 6 *(9)*
8 ☐ All others *(NC)*

9a. **What kind of work did you do that was related to your *(condition)*?** *For example, electrical engineer, stock clerk, typist, farmer.* — Occupation — 19–21

b. **What were your most important activities or duties at that job?** *For example, types, keeps account books, files, sells cars, operates printing press, finishes concrete.* — Duties

c. **In what kind of business or industry did you work the longest as a *(entry in 9a)*?** *For example, TV and radio manufacturing, retail shoe store, State Labor Department, farm.* — Industry — 22–24

d. **In the industry where you worked the longest as a *(entry in 9a)* were you —** — Class of worker — 25

An employee of a PRIVATE company, business or individual for wages, salary, or commission?	**P**	1 ☐ P
A member of the ARMED FORCES?	**AF**	2 ☐ AF
A FEDERAL government employee?	**F**	3 ☐ F
A STATE government employee?	**S**	4 ☐ S
A LOCAL government employee?	**L**	5 ☐ L
Self-employed in OWN business, professional practice, or farm? *Ask:* **Is the business incorporated?**		
Yes	**I**	6 ☐ I
No	**SE**	7 ☐ SE
Working WITHOUT PAY in family business or farm?	**WP**	8 ☐ WP

(NC)

Notes

FORM HIS-1A (1988) (10-23-87)

Section N6 — EYE, NOSE, THROAT IRRITATION

CHECK ITEM 14 — *Refer to HIS-1, C1:*

41 — 1 ☐ Wa box marked *(1)*
8 ☐ All others *(Section N7, page 56)*

These questions are about eye, nose and throat irritation. — 42

Hand calendar

1a. **During the past 2 weeks (outlined in red on that calendar), beginning Monday *(date)*, and ending this past Sunday *(date)*, have you had any episodes of itchy, irritated or watery eyes?**
1 ☐ Yes
2 ☐ No *(4)*

b. **On how many days during the past 2 weeks did you have itchy, irritated or watery eyes?** — 43–44
_____ Days

c. **Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?** — 45
1 ☐ Cold or flu *(4)*
2 ☐ Hay fever
3 ☐ Other allergies
8 ☐ Something else — *Specify* ↘
_____

2a. **Did you have these symptoms while you were at work?** — 46
1 ☐ Yes
2 ☐ No *(3)*

b. **When you were away from work, did these symptoms increase, decrease, or stay the same?** — 47
1 ☐ Increase
2 ☐ Decrease
3 ☐ Stay the same

3. **During the past 2 weeks when you had these symptoms, did you also have a fever?** — 48
1 ☐ Yes
2 ☐ No

4a. **Do you wear contact lenses?** — 49
1 ☐ Yes
2 ☐ No *(5)*

b. **What type of contact lenses do you wear?**

Mark all that apply.

1 ☐ Hard lens(es) *(include polycon)* — 50
2 ☐ Soft lens(es), daily wear — 51
3 ☐ Soft lens(es), extended wear — 52
4 ☐ Intraocular lens(es) — 53
8 ☐ Other — *Specify* ↘ — 54
_____
9 ☐ DK — 55

5a. **During the past 2 weeks, have you had any episodes of stuffy, blocked, itchy, or runny nose?** — 56
1 ☐ Yes
2 ☐ No *(8)*

b. **On how many days during the past 2 weeks did you have stuffy, blocked, itchy or runny nose?** — 57–58
_____ Days

c. **Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?** — 59
1 ☐ Cold or flu *(8)*
2 ☐ Hay fever
3 ☐ Other allergies
8 ☐ Something else — *Specify* ↘
_____

6a. **Did you have these symptoms while you were at work?** — 60
1 ☐ Yes
2 ☐ No *(7)*

b. **When you were away from work, did these symptoms increase, decrease, or stay the same?** — 61
1 ☐ Increase
2 ☐ Decrease
3 ☐ Stay the same

7. **During the past 2 weeks when you had these symptoms, did you also have a fever?** — 62
1 ☐ Yes
2 ☐ No

8a. **During the past 2 weeks, have you had any episodes of sore or dry throat?** — 63
1 ☐ Yes
2 ☐ No *(Section N7, page 56)*

b. **On how many days during the past 2 weeks did you have sore or dry throat?** — 64–65
_____ Days

c. **Were these symptoms due to a cold or flu, hay fever, other allergies, or something else?** — 66
1 ☐ Cold or flu *(Section N7, page 56)*
2 ☐ Hay fever
3 ☐ Other allergies
8 ☐ Something else — *Specify* ↘
_____

RT 81

Section N8 — CIGARETTE SMOKING

3–4

These questions are about smoking cigarettes.

5

1. Have you smoked at least 100 cigarettes in your entire life?

1 ☐ Yes
2 ☐ No *(Section O)*

6–7

2. About how old were you when you first started smoking cigarettes fairly regularly?

00 ☐ Never smoked regularly

_____ Years

8

3. Do you smoke cigarettes now?

1 ☐ Yes *(5)*
2 ☐ No

9–11

Mark box or ask:

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

000 ☐ Never smoked regularly *(Section O)*

_____ Number

1 ☐ Days
2 ☐ Weeks
3 ☐ Months
4 ☐ Years

12–13

5. On the average, about how many cigarettes a day [do/did] you smoke?

00 ☐ Less than one cigarette per day

_____ Cigarettes per day

Notes

FORM HIS-1A (1988) (10-23-87)

RT 82

Section O — ALCOHOL

Section 01 — ALCOHOL SCREENING AND ABSTAINER

3–4

These next questions are about drinking alcoholic beverages. Included are liquor, such as whiskey, rum, gin, or vodka, beer, wine, or any other type of alcoholic beverage.

1a. In YOUR ENTIRE LIFE, have you had at least 12 drinks of any kind of alcoholic beverage?

1 ☐ Yes
2 ☐ No *(2)*

5

b. In the PAST 12 MONTHS did you have at least 12 drinks of ANY kind of alcoholic beverage?

6

1 ☐ Yes *(Section O3, page 67)*
2 ☐ No

c. In ANY ONE YEAR of your entire life did you have at least 12 drinks of ANY kind of alcoholic beverage?

7

1 ☐ Yes *(Section O4, page 73)*
2 ☐ No *(Section O2, page 63)*

Hand Card 01, read list if telephone interview.

2a. (Please look at this list and tell me) What are your reasons for not drinking?

Anything else?

Mark all mentioned.

8–9
01 ☐ Don't socialize very much
10–11
02 ☐ Don't care for it or dislike it
12–13
03 ☐ Am an alcoholic
14–15
04 ☐ Thought I might become an alcoholic
16–17
05 ☐ Had problems with my drinking
18–19
06 ☐ Have a responsibility to my family
20–21
07 ☐ Family member an alcoholic or problem drinker
22–23
08 ☐ Medical or health reasons
24–25
09 ☐ Religious or moral reasons
26–27
10 ☐ Brought up not to drink
28–29
11 ☐ Makes me sick
30–31
12 ☐ Can't control my drinking
32–33
13 ☐ Costs too much or can't afford it
34–35
14 ☐ Dieting or too fattening
36–37
88 ☐ Other
38–39
99 ☐ DK

If only one reason in 2a, mark box without asking; otherwise, ask:

b. Of the reasons you have just told me, which of these is your MOST IMPORTANT reason for not drinking?

40–41
01 ☐ Don't socialize very much
02 ☐ Don't care for it or dislike it
03 ☐ Am an alcoholic
04 ☐ Thought I might become an alcoholic
05 ☐ Had problems with my drinking
06 ☐ Have a responsibility to my family
07 ☐ Family member an alcoholic or problem drinker
08 ☐ Medical or health reasons
09 ☐ Religious or moral reasons
10 ☐ Brought up not to drink
11 ☐ Makes me sick
12 ☐ Can't control my drinking
13 ☐ Costs too much or can't afford it
14 ☐ Dieting or too fattening
88 ☐ Other
99 ☐ DK

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.

3a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?

42–45
0000 ☐ Everyday
_____ Days per { 1 ☐ Week, 2 ☐ Month, 3 ☐ Year }
9999 ☐ DK *(4)*

b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?

46–47
_____ Drinks
99 ☐ DK

4a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?

48–51
0000 ☐ Everyday
_____ Days per { 1 ☐ Week, 2 ☐ Month, 3 ☐ Year }
9999 ☐ DK *(5)*

b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?

52–53
_____ Drinks
99 ☐ DK

5a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?

54–57
0000 ☐ Everyday
_____ Days per { 1 ☐ Week, 2 ☐ Month, 3 ☐ Year }
9999 ☐ DK *(6)*

b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?

58–59
_____ Drinks
99 ☐ DK

FORM HIS-1A (1988) (10-23-87)

Section 01 — ALCOHOL SCREENING AND ABSTAINER — Continued

6a. **When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?**

60

1 ☐ Yes
2 ☐ No
9 ☐ DK } *(7)*

b. **Who was this?**

Anyone else?

If parent, ask: **Was this your biological (natural), adoptive, step, or foster [mother/father]?**

If brother/sister, ask: **Was this your full, half, adoptive, step, or foster [brother/sister]?**

Record up to first 5 mentioned.

Ask 6c for each person in 6b.

c. **For how long did you live with *(person in 6b)* while *(person in 6b)* was a problem drinker or alcoholic?**

1) _____	61–62	_____ (1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years)	63–65
2) _____	66–67	_____ (1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years)	68–70
3) _____	71–72	_____ (1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years)	73–75
4) _____	76–77	_____ (1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years)	78–80
5) _____	81–82	_____ (1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years)	83–85

7a. **Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?**

86

1 ☐ Yes
2 ☐ No
9 ☐ DK } *(8)*

b. **Who was this?**

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 6b.

1 ☐ Biological mother	87
2 ☐ Biological father	88
1 ☐ Biological brother(s)	89
2 ☐ Biological sister(s)	90
1 ☐ Half brother(s)	91
2 ☐ Half sister(s)	92
1 ☐ Biological son(s)	93
2 ☐ Biological daughter(s)	94
1 ☐ Grandmother(s)	95
2 ☐ Grandfather(s)	96
1 ☐ Aunt(s)	97
2 ☐ Uncle(s)	98
1 ☐ Niece(s)	99
2 ☐ Nephew(s)	100
1 ☐ Cousin(s)	101
2 ☐ Other blood relative(s)	102
1 ☐ DK	103

8. **Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?**

104

1 ☐ Yes
2 ☐ No

Notes

Section 01 — ALCOHOL SCREENING AND ABSTAINER — Continued

3-4
5-6

Refer to Table B on the Cover Page and ask for each person listed except the sample person.
If personal interview — hand Card 02 and read first alternative wording.
If telephone interview — read second alternative wording and the list of answer categories.

9a. **Please look at this card and tell me which number best describes — — drinking during the past year.**
I am going to read a list of different drinking categories, please tell me which one best describes — — drinking in the past year.

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

7
8-9

b. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

10
11-12

c. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

13
14-15

d. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

16
17-18

e. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

19
20-21

f. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

22

10. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —

	Yes	No	
a. Hypertension or high blood pressure (excluding during pregnancy)?	1 ☐	2 ☐	23
b. Hardening of the arteries?	1 ☐	2 ☐	24
c. Any heart disease?	1 ☐	2 ☐	25
d. Arthritis or rheumatism?	1 ☐	2 ☐	26
e. An ulcer, not including skin ulcers?	1 ☐	2 ☐	27
f. Diabetes?	1 ☐	2 ☐	28
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?	1 ☐	2 ☐	29
h. Cancer, other than skin cancer?	1 ☐	2 ☐	30
i. Alcoholism?	1 ☐	2 ☐	31

CHECK ITEM 1

Mark one box, then go to HIS-1B(AIDS).

32

1 ☐ SP alone during interview
2 ☐ Child(ren) present during interview
3 ☐ Other adult(s) present during interview
4 ☐ Child(ren) and other adult(s) present during interview
5 ☐ Telephone interview

Section 02 — LIFETIME INFREQUENT DRINKER

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages? — 33-34

_____ Years
99 ☐ DK

2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have? — 35-36

00 ☐ None
_____ Drinks
99 ☐ DK

3. When did you have your last drink of any kind of alcoholic beverage? — 37-40

_____ 19____
Month Year
9999 ☐ DK

4. What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor? — 41

Mark only one box.

1 ☐ Beer
2 ☐ Wine
3 ☐ Liquor
4 ☐ No preference
9 ☐ DK

5. When you [drink/drank] who [do/did] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself? — 42

Mark only one box.

1 ☐ Friends
2 ☐ Relatives
3 ☐ People from work
4 ☐ Other people
5 ☐ Self
9 ☐ DK

Hand Card 01, read list if telephone interview.

6a. (Please look at this list and tell me) What are your reasons for not drinking very much?

Anything else?

Mark all mentioned.

01 ☐ Don't socialize very much — 43-44
02 ☐ Don't care for it or dislike it — 45-46
03 ☐ Am an alcoholic — 47-48
04 ☐ Thought I might become an alcoholic — 49-50
05 ☐ Had problems with my drinking — 51-52
06 ☐ Have a responsibility to my family — 53-54
07 ☐ Family member an alcoholic or problem drinker — 55-56
08 ☐ Medical or health reasons — 57-58
09 ☐ Religious or moral reasons — 59-60
10 ☐ Brought up not to drink — 61-62
11 ☐ Makes me sick — 63-64
12 ☐ Can't control my drinking — 65-66
13 ☐ Costs too much or can't afford it — 67-68
14 ☐ Dieting or too fattening — 69-70
88 ☐ Other — 71-72
99 ☐ DK — 73-74

If only one reason in 6a, mark box without asking; otherwise, ask:

b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking very much? — 75-76

01 ☐ Don't socialize very much
02 ☐ Don't care for it or dislike it
03 ☐ Am an alcoholic
04 ☐ Thought I might become an alcoholic
05 ☐ Had problems with my drinking
06 ☐ Have a responsibility to my family
07 ☐ Family member an alcoholic or problem drinker
08 ☐ Medical or health reasons
09 ☐ Religious or moral reasons
10 ☐ Brought up not to drink
11 ☐ Makes me sick
12 ☐ Can't control my drinking
13 ☐ Costs too much or can't afford it
14 ☐ Dieting or too fattening
88 ☐ Other
99 ☐ DK

Notes

FORM HIS-1A (1988) (10-23-87)

Section 02 — LIFETIME INFREQUENT DRINKER — Continued

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.

77-80

7a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(8)*

81-82

b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?

_____ Drinks
99 ☐ DK

83-86

8a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(9)*

87-88

b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?

_____ Drinks
99 ☐ DK

89-92

9a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(10)*

93-94

b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?

_____ Drinks
99 ☐ DK

95

10a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?

1 ☐ Yes
2 ☐ No
9 ☐ DK
} *(11)*

b. Who was this?

Anyone else?

If parent, ask: **Was this your biological (natural), adoptive, step, or foster [mother/father]?**

If brother/sister, ask: **Was this your full, half, adoptive, step, or foster [brother/sister]?**

Record up to first 5 mentioned.

Ask 10c for each person in 10b.

c. For how long did you live with *(person in 10b)* while *(person in 10b)* was a problem drinker or alcoholic?

1) _____	96-97	_____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }	98-100
2) _____	101-102	_____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }	103-105
3) _____	106-107	_____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }	108-110
4) _____	111-112	_____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }	113-115
5) _____	116-117	_____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }	118-120

RT 84

Section 02 — LIFETIME INFREQUENT DRINKER — Continued

3-4

11a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?

5

1 ☐ Yes
2 ☐ No
9 ☐ DK } *(12)*

b. Who was this?

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 10b.

1 ☐ Biological mother	6
2 ☐ Biological father	7
1 ☐ Biological brother(s)	8
2 ☐ Biological sister(s)	9
1 ☐ Half brother(s)	10
2 ☐ Half sister(s)	11
1 ☐ Biological son(s)	12
2 ☐ Biological daughter(s)	13
1 ☐ Grandmother(s)	14
2 ☐ Grandfather(s)	15
1 ☐ Aunt(s)	16
2 ☐ Uncle(s)	17
1 ☐ Niece(s)	18
2 ☐ Nephew(s)	19
1 ☐ Cousin(s)	20
2 ☐ Other blood relative(s)	21
1 ☐ DK	22

12. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?

23

1 ☐ Yes
2 ☐ No

Refer to Table B on the Cover Page and ask for each person listed except the sample person.

If personal interview — hand Card 02 and read first alternative wording.

If telephone interview — read second alternative wording and the list of answer categories.

24-25

Person No. _____

13a. [Please look at this card and tell me which number best describes — — drinking during the past year.

I am going to read a list of different drinking categories, please tell me which one best describes — — drinking in the past year.]

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

26

b. What about — — drinking?

27-28

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

29

c. What about — — drinking?

30-31

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

32

d. What about — — drinking?

33-34

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

35

e. What about — — drinking?

36-37

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

38

f. What about — — drinking?

39-40

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

41

FORM HIS-1A (1988) (10-23-87)

Section 02 — LIFETIME INFREQUENT DRINKER — Continued

14. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —	Yes	No	
a. Hypertension or high blood pressure (excluding during pregnancy)?	1 ☐	2 ☐	42
b. Hardening of the arteries?	1 ☐	2 ☐	43
c. Any heart disease?	1 ☐	2 ☐	44
d. Arthritis or rheumatism?	1 ☐	2 ☐	45
e. An ulcer, not including skin ulcers?	1 ☐	2 ☐	46
f. Diabetes?	1 ☐	2 ☐	47
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?	1 ☐	2 ☐	48
h. Cancer, other than skin cancer?	1 ☐	2 ☐	49
i. Alcoholism?	1 ☐	2 ☐	50

CHECK ITEM 2

Mark one box, then go to HIS-1B(AIDS).

51

1 ☐ SP alone during interview
2 ☐ Child(ren) present during interview
3 ☐ Other adult(s) present during interview
4 ☐ Child(ren) and other adult(s) present during interview
5 ☐ Telephone interview

Notes

Section 03 — CURRENT DRINKER

1. **Not counting small tastes, how old were you when you started drinking alcoholic beverages?** — 52-53

_____ Years
99 ☐ DK

2a. **On the average, how often do you drink any alcoholic beverages?** — 54-57

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK

b. **On the average, on the days that you drink alcohol, how many drinks do you have a day?** — 58-59

_____ Drinks per day
99 ☐ DK

Hand calendar.

3a. **Did you have a drink during the 2-week period [outlined on that calendar/beginning Monday, *(date)* and ending Sunday *(date)*]?** — 60

1 ☐ Yes
2 ☐ No *(3c)*

b. **During that period, when did you last have a drink?** — 61-66

_____ _____ **19** _____ *(4)*
Month Date Year

c. **When was your last drink prior to that 2-week period?** — 67-72

_____ _____ **19** _____ *(10)*
Month Date Year

4a. **During that 2-week period, on how many days did you drink any beer?** — 73-74

00 ☐ None or never *(5)*
☐☐ Days

b. **On the day (s) when you drank beer, about how many beers did you drink a day?** — 75-76

☐☐ Beers
99 ☐ DK

c. **About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?** — 77-81

_____ Ounces
99.99 ☐ DK

5a. **During that 2-week period, on how many days did you drink any wine?** — 82-

00 ☐ None or never *(6)*
☐☐ Days

b. **On the day(s) when you drank wine, about how many glasses of wine did you drink a day?** — 84-8

☐☐ Glasses
99 ☐ DK

c. **About how many ounces of wine were in a typical glass that you drank during that period?** — 86-90

_____ Ounces
99.99 ☐ DK

6a. **During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?** — 91-92

00 ☐ None or never *(Check Item 3)*
☐☐ Days

b. **On the day(s) when you drank liquor, about how many drinks did you have a day?** — 93-94

☐☐ Drinks
99 ☐ DK

c. **About how many ounces of liquor were in a typical drink that you had during that period?** — 95-99

_____ Ounces
99.99 ☐ DK

CHECK ITEM 3

Refer to 4a, 5a, and 6a
Mark first appropriate box.

100

1 ☐ One day and one beverage type *(9)*
2 ☐ Only one beverage type *(8) (Do not read Intro above q. 8)*
3 ☐ 14 days in 4a, 5a, or 6a *(Intro above q. 8)*
8 ☐ Other *(7)*

I have asked you about beer, wine, and liquor separately. Now I want you to think about them combined.

7. **During the 2-week period [outlined on that calendar/beginning Monday, *(date)* and ending Sunday *(date)*], on how many days altogether did you drink alcoholic beverages, that is, beer, or wine, or liquor?** — 101-1

_____ Days *(8)*
01 ☐ One day only *(9)*

FORM HIS-1A (1988) (10-23-87)

Section 03 — CURRENT DRINKER — Continued

RT 85

INTRO **I have asked you about beer, wine, and liquor separately. Now I want to think about them combined.** 3-4

Refer to questions 4b, 5b, and 6b

8a. **During that 2-week period, did you have more than *(largest number in 4b, 5b, or 6b)* drink(s) on a single day?** 5
1 ☐ Yes
2 ☐ No *(9)*

b. **On how many days did you have more than *(largest number in 4b, 5b, or 6b)* drink(s) of beer, or wine, or liquor?** 6-7
_____ Days
01 ☐ One day only *(8e)*

c. **What was the largest number of drinks you had on any one of those days?** 8-9
_____ Drinks

d. **On how many days during that 2-week period did you have *(number in 8c)* drinks?** 10-11
_____ Days *(9)*

e. **How many drinks did you have on that day?** 12-13
_____ Drinks

9a. **Was the amount of your drinking during that 2-week period typical of your drinking during the past 12 months?** 14
1 ☐ Yes *(9c)*
2 ☐ No

b. **Was the amount of your drinking during that 2-week period MORE OR LESS than your drinking during the past 12 months?** 15
1 ☐ More } *(16)*
2 ☐ Less }

c. **For how many years has this been typical of your drinking?** 16-17
_____ Years } *(16)*
00 ☐ Less than one }

Let's talk about the 2-week period ending the day you had your last drink. Please include that last day.

10a. **During that 2-week period, on how many days did you drink any beer?** 18-19
☐☐ Days
00 ☐ None or never *(11)*

b. **On the day(s) when you drank beer, about how many beers did you drink a day?** 20-21
☐☐ Beers
99 ☐ DK

c. **About how many ounces were in a typical can or bottle or glass of beer that you drank during that period?** 22-26
_____ Ounces
99.99 ☐ DK

11a. **During that 2-week period, on how many days did you drink any wine?** 27-28
☐☐ Days
00 ☐ None or never *(12)*

b. **On the day(s) when you drank wine, about how many glasses of wine did you drink a day?** 29-30
☐☐ Glasses
99 ☐ DK

c. **About how many ounces of wine were in a typical glass that you drank during that period?** 31-35
_____ Ounces
99.99 ☐ DK

12a. **During that 2-week period, on how many days did you drink any liquor, such as whiskey, rum, gin, or vodka?** 36-37
☐☐ Days
00 ☐ None or never *(Check Item 4)*

b. **On the day(s) when you drank liquor, about how many drinks did you have a day?** 38-39
☐☐ Drinks
99 ☐ DK

c. **About how many ounces of liquor were in a typical drink that you had during that period?** 40-44
_____ Ounces
99.99 ☐ DK

CHECK ITEM 4

Refer to 10a, 11a, and 12a. Mark first appropriate box. 45
1 ☐ Only one beverage type *(14)*
2 ☐ 14 days in 10a, 11a, or 12a *(14)*
8 ☐ Other *(13)*

FORM HIS-1A (1988) (10-23-87)

Section 03 — CURRENT DRINKER — Continued

I have asked you about beer, wine and liquor separately. Now I want you to think about them combined.

13. Still thinking about the same 2-week period, on how many days altogether did you drink alcoholic beverages, that is, beer, wine, or liquor? — 46-47

01 ☐ One day only

_____ Days

14a. Was the amount of your drinking during that 2-week period typical of your drinking during the previous 12 months? — 48

1 ☐ Yes *(14c)*
2 ☐ No

b. During that 2-week period, did you drink MORE OR LESS than usual? — 49

1 ☐ More
2 ☐ Less
(15)

c. For how many years has this been typical of your drinking? — 50-51

00 ☐ Less than one year

_____ Years

Hand Card O1, read list if telephone interview.

15a. (Please look at this list and tell me) What are your reasons for not drinking since *(date in 3c)*?

Anything else?

Mark all mentioned

01 ☐ Don't socialize very much	52-53
02 ☐ Don't care for it/dislike it	54-55
03 ☐ Am an alcoholic	56-57
04 ☐ Thought I might become an alcoholic	58-59
05 ☐ Had problems with my drinking	60-61
06 ☐ Have a responsibility to my family	62-63
07 ☐ Family member an alcoholic or problem drinker	64-65
08 ☐ Medical or health reasons	66-67
09 ☐ Religious or moral reasons	68-69
10 ☐ Brought up not to drink	70-71
11 ☐ Makes me sick	72-73
12 ☐ Can't control my drinking	74-75
13 ☐ Costs too much or can't afford it	76-77
14 ☐ Dieting or too fattening	78-79
88 ☐ Other	80-
99 ☐ DK	8

If only one reason in 15a, mark box without asking; otherwise ask:

b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for not drinking since *(date in 3c)*?

01 ☐ Don't socialize very much	84-
02 ☐ Don't care for it/dislike it	
03 ☐ Am an alcoholic	
04 ☐ Thought I might become an alcoholic	
05 ☐ Had problems with my drinking	
06 ☐ Have a responsibility to my family	
07 ☐ Family member an alcoholic or problem drinker	
08 ☐ Medical or health reasons	
09 ☐ Religious or moral reasons	
10 ☐ Brought up not to drink	
11 ☐ Makes me sick	
12 ☐ Can't control my drinking	
13 ☐ Costs too much or can't afford it	
14 ☐ Dieting or too fattening	
88 ☐ Other	
99 ☐ DK	

c. Do you think you will probably drink again or have you stopped drinking permanently? — 86

1 ☐ Will probably drink again
2 ☐ Stopped permanently
8 ☐ Other
9 ☐ DK

16a. (Thinking about the 12 months before your last drink) Did you have at least one drink in every month [last year/of that year]? — 87

1 ☐ Yes *(17)*
2 ☐ No

b. In how many months did you have at least one drink? — 88-89

_____ Months
00 ☐ None *(18)*

17a. During [that month/those months], on how many DAYS did you have 9 or more drinks of ANY alcoholic beverage? — 90-92

_____ Days
000 ☐ None

b. During [that month/those months], on how many DAYS did you have 5 or more drinks of ANY alcoholic beverage? (Include the *(number in 17a)* **days you had 9 or more drinks.)** — 93-95

_____ Days
000 ☐ None

FORM HIS-1A (1988) (10-23-87)

RT86

Section 03 — CURRENT DRINKER — Continued

3-4

18. **Do you NOW consider yourself to be a heavy, moderate, light, very light or occasional drinker?** — 5

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking

19a. **In your ENTIRE LIFE, when you drank the MOST, about how often did you drink?** — 6-9

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK

b. **On these days, about how many drinks did you have a day?** — 10-11

_____ Drinks
99 ☐ DK

c. **For how long of a period did you drink this amount?** — 12-15

_____ Number { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }
9999 ☐ DK

20. **(Before you stopped drinking) What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor?** — 16

Mark only one box.

1 ☐ Beer
2 ☐ Wine
3 ☐ Liquor
4 ☐ No preference
9 ☐ DK

21. **(Before you stopped drinking) When you drink who [did/do] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself?** — 17

Mark only one box.

1 ☐ Friends
2 ☐ Relatives
3 ☐ People from work
4 ☐ Other people
5 ☐ Self
9 ☐ DK

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker. — 18-21

22a. **In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker?**

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(23)*

b. **On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker?** — 22-23

_____ Drinks
99 ☐ DK

23a. **In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker?** — 24-27

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(24)*

b. **On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker?** — 28-29

_____ Drinks
99 ☐ DK

24a. **In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker?** — 30-33

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(25)*

b. **On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker?** — 34-35

_____ Drinks
99 ☐ DK

FORM HIS-1A (1988) (10-23-87)

Section 03 — CURRENT DRINKER — Continued

25a. **When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic?**

36

1 ☐ Yes
2 ☐ No } *(26)*
9 ☐ DK }

b. **Who was this?**

Anyone else?

If parents, ask: **Was this your biological (natural), adoptive, step, or foster [mother/father]?**

If brother/sister, ask: **Was this your full, half, adoptive, step, or foster [brother/sister]?**

Record up to first 5 mentioned.

Ask 25c for each person in 25b.

c. **For how long did you live with *(person in 25b)* while *(person in 25b)* was a problem drinker or alcoholic?**

1) _____	37–38	_____ 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	39–41
2) _____	42–43	_____ 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	44–46
3) _____	47–48	_____ 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	49–51
4) _____	52–53	_____ 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	54–56
5) _____	57–58	_____ 1 ☐ Days 2 ☐ Weeks 3 ☐ Months 4 ☐ Years	59–61

26a. **Have any of your (other) blood relatives EVER been a problem drinker or alcoholic?**

62

1 ☐ Yes
2 ☐ No } *(27)*
9 ☐ DK }

b. **Who was this?**

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 25b.

1 ☐ Biological mother	--
2 ☐ Biological father	64
1 ☐ Biological brother(s)	65
2 ☐ Biological sister(s)	66
1 ☐ Half brother(s)	67
2 ☐ Half sister(s)	68
1 ☐ Biological son(s)	69
2 ☐ Biological daughter(s)	70
1 ☐ Grandmother(s)	71
2 ☐ Grandfather(s)	72
1 ☐ Aunt(s)	73
2 ☐ Uncle(s)	74
1 ☐ Niece(s)	75
2 ☐ Nephew(s)	76
1 ☐ Cousin(s)	77
2 ☐ Other blood relative(s)	78
1 ☐ DK	79

27. **Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?**

80

1 ☐ Yes
2 ☐ No

Notes

Section 03 — CURRENT DRINKER — Continued

Refer to Table B on the Cover Page and ask for each person listed except the sample person.
If personal interview — hand Card 02 and read first alternative wording.
If telephone interview — read second alternative wording and the list of answer categories.

28a. **Please look at this card and tell me which number best describes — — drinking during the past year.**

I am going to read a list of different drinking categories, please tell me which best describes — — drinking in the past year.

81–82

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

83

b. What about — — drinking? 84–85

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

86

c. What about — — drinking? 87–88

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

89

d. What about — — drinking? 90–91

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

92

e. What about — — drinking? 93–94

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

95

f. What about — — drinking? 96–97

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

98

29. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —

	Yes	No	
a. Hypertension or high blood pressure (excluding during pregnancy)?	1 ☐	2 ☐	99
b. Hardening of the arteries?	1 ☐	2 ☐	100
c. Any heart disease?	1 ☐	2 ☐	101
d. Arthritis or rheumatism?	1 ☐	2 ☐	102
e. An ulcer, not including skin ulcers?	1 ☐	2 ☐	103
f. Diabetes?	1 ☐	2 ☐	104
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?	1 ☐	2 ☐	105
h. Cancer, other than skin cancer?	1 ☐	2 ☐	106
i. Alcoholism?	1 ☐	2 ☐	107

CHECK ITEM 5

Mark one box, then read "Intro" for HIS-2, Alcohol Questionnaire.

108

1 ☐ SP alone during interview
2 ☐ Child(ren) present during interview
3 ☐ Other adult(s) present during interview
4 ☐ Child(ren) and other adult(s) present during interview
5 ☐ Telephone interview

INTRO: *(Hand questionnaire and read to respondent)* **These next questions are about things that happen to people when they are drinking or after they have been drinking. We would like to know if any of these things have ever happened to you. (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)**

METHOD OF INTERVIEW 109

1 ☐ Read to SP *(HIS-2)*
2 ☐ Self-administered *(Instructions)*
3 ☐ Telephone interview (HIS-2)
4 ☐ Refused HIS-2 *(HIS-1B)*

INSTRUCTIONS — In COLUMN 1, please circle the answer that best describes the number of times each of these things has happened to you IN THE PAST 12 MONTHS. Complete column 1 for each question first. Then go back and in COLUMN 2, circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

RT 87

Section 04 — FORMER DRINKER

3-4

1. Not counting small tastes, how old were you when you started drinking alcoholic beverages? 5-6

_____ Years
99 ☐ DK

2. In the PAST 12 MONTHS about how many drinks of ANY kind of alcoholic beverage did you have? 7-8

00 ☐ None
_____ Drinks
99 ☐ DK

3. When did you have your last drink of any kind of alcoholic beverage? 9-12

_____ 19 _____
Month Year
9999 ☐ DK

4a. In your ENTIRE LIFE, when you drank the MOST, about how often did you drink? 13-16

0000 ☐ Everyday
_____ Days per { 1 ☐ Week, 2 ☐ Month, 3 ☐ Year }
9999 ☐ DK

b. On those days, about how many drinks did you have a day? 17-18

00 ☐ None
_____ Drinks
99 ☐ DK

c. For how long of a period did you drink this amount? 19-22

_____ { 1 ☐ Days, 2 ☐ Weeks, 3 ☐ Months, 4 ☐ Years }
9999 ☐ DK

5. What type of alcoholic beverage [do/did] you PREFER to drink — beer, wine, or liquor? 23

Mark only one box

1 ☐ Beer
2 ☐ Wine
3 ☐ Liquor
4 ☐ No preference
9 ☐ DK

6. When you [drink/drank] who [do/did] you USUALLY drink with — friends, relatives, people from work, other people, or by yourself? 24

Mark only one box.

1 ☐ Friends
2 ☐ Relatives
3 ☐ People from work
4 ☐ Other people
5 ☐ Self
9 ☐ DK

Hand Card 01, read list if telephone interview.

7a. (Please look at this list and tell me) What are your reasons for drinking less than 12 drinks in the past year?

Anything else?

Mark all mentioned.

01 ☐ Don't socialize very much — 25-26
02 ☐ Don't care for it or dislike it — 27-28
03 ☐ Am an alcoholic — 29-30
04 ☐ Thought I might become an alcoholic — 31-32
05 ☐ Had problems with my drinking — 33-34
06 ☐ Have a responsibility to my family — 35-36
07 ☐ Family member an alcoholic or problem drinker — 37-38
08 ☐ Medical or health reasons — 39-40
09 ☐ Religious or moral reasons — 41-42
10 ☐ Brought up not to drink — 43-44
11 ☐ Makes me sick — 45-46
12 ☐ Can't control my drinking — 47-48
13 ☐ Costs too much or can't afford it — 49-50
14 ☐ Dieting or too fattening — 51-52
88 ☐ Other — 53-54
99 ☐ DK — 55-56

If only one reason in 7a, mark box without asking; otherwise, ask:

b. Of the reasons you have told me, which of these is your MOST IMPORTANT reason for drinking less than 12 drinks in the past year? 57-58

01 ☐ Don't socialize very much
02 ☐ Don't care for it or dislike it
03 ☐ Am an alcoholic
04 ☐ Thought I might become an alcoholic
05 ☐ Had problems with my drinking
06 ☐ Have a responsibility to my family
07 ☐ Family member an alcoholic or problem drinker
08 ☐ Medical or health reasons
09 ☐ Religious or moral reasons
10 ☐ Brought up not to drink
11 ☐ Makes me sick
12 ☐ Can't control my drinking
13 ☐ Costs too much or can't afford it
14 ☐ Dieting or too fattening
88 ☐ Other
99 ☐ DK

Section 04 — FORMER DRINKER

People have different opinions about heavy, moderate and light drinking. We would like to know how OFTEN and how MUCH you think a person must drink in order to be considered a heavy, moderate or light drinker.

8a. In your opinion, how OFTEN must a person drink in order to be considered a HEAVY drinker? — 59-62

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(9)*

b. On those days, how MANY DRINKS must a person have in order to be considered a HEAVY drinker? — 63-64

_____ Drinks
99 ☐ DK

9a. In your opinion, how OFTEN must a person drink in order to be considered a MODERATE drinker? — 65-68

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(10)*

b. On those days, how MANY DRINKS must a person have in order to be considered a MODERATE drinker? — 69-70

_____ Drinks
99 ☐ DK

10a. In your opinion, how OFTEN must a person drink in order to be considered a LIGHT drinker? — 71-74

0000 ☐ Everyday
_____ Days per { 1 ☐ Week / 2 ☐ Month / 3 ☐ Year }
9999 ☐ DK *(11)*

b. On those days, how MANY DRINKS must a person have in order to be considered a LIGHT drinker? — 75-76

_____ Drinks
99 ☐ DK

11 a. When you were growing up, that is, during your first 18 years, did you live with anyone who was a problem drinker or alcoholic? — 77

1 ☐ Yes
2 ☐ No } *(12)*
3 ☐ DK

b. Who was this?

Anyone else?

If parent, ask: **Was this your biological (natural), adoptive, step, or foster (mother/father)?**

If brother/sister, ask: **Was this your full, half, adoptive, step, or foster (brother/sister)?**

Record up to first 5 mentioned.

Ask 11c for each person in 11b.

c. For how long did you live with *(person in 11b)* while *(person in 11 b)* was a problem drinker or alcoholic?

	78-79	80-82
1) _____		_____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }
2) _____	83-84	85-87 _____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }
3) _____	88-89	90-92 _____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }
4) _____	93-94	95-97 _____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }
5) _____	98-99	100-102 _____ { 1 ☐ Days / 2 ☐ Weeks / 3 ☐ Months / 4 ☐ Years }

RT 88

Section 04 — FORMER DRINKER — Continued

3-4
5

12a. Have any of your (other) blood relatives EVER been problem drinkers or alcoholics?

1 ☐ Yes
2 ☐ No
9 ☐ DK } *(13)*

b. Who was this?

Anyone else?

Mark all mentioned.

If necessary, probe as indicated in 11b.

1 ☐ Biological mother — 6
2 ☐ Biological father — 7
1 ☐ Biological brother(s) — 8
2 ☐ Biological sister(s) — 9
1 ☐ Half brother(s) — 10
2 ☐ Half sister(s) — 11
1 ☐ Biological son(s) — 12
2 ☐ Biological daughter(s) — 13
1 ☐ Grandmother(s) — 14
2 ☐ Grandfather(s) — 15
1 ☐ Aunt(s) — 16
2 ☐ Uncle(s) — 17
1 ☐ Niece(s) — 18
2 ☐ Nephew(s) — 19
1 ☐ Cousin(s) — 20
2 ☐ Other blood relative(s) — 21
1 ☐ DK — 22

13. Have you ever been married to, or lived with someone as if you were married, who was a problem drinker or alcoholic?

1 ☐ Yes
2 ☐ No

23

Refer to Table B on the Cover Page and ask for each person listed except the sample person.

If personal interview — hand Card O2 and read first alternative wording.

If telephone interview — read second alternative wording and the list of answer categories.

24-25

14a. Please look at this card and tell me which number best describes — — drinking during the past year.

I am going to read a list of different drinking categories, please tell me which one best describes — — drinking in the past year.

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

26
27-2

b. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

29
30-31

c. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

32
33-34

d. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

35
36-37

e. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

38
39-40

f. What about — — drinking?

Person No. _____

1 ☐ Heavy
2 ☐ Moderate
3 ☐ Light
4 ☐ Very light or occasional
5 ☐ Quit drinking
6 ☐ Never drank
9 ☐ DK

41

FORM HIS-1A (1988) (10-23-87)

Section 04 — FORMER DRINKER — Continued

15. Tell me whether or not you have EVER had any of the following conditions even if you have mentioned them before —	Yes	No	
a. Hypertension or high blood pressure (excluding during pregnancy)?	1☐	2☐	42
b. Hardening of the arteries?	1☐	2☐	43
c. Any heart disease?	1☐	2☐	44
d. Arthritis or rheumatism?	1☐	2☐	45
e. An ulcer, not including skin ulcers?	1☐	2☐	46
f. Diabetes?	1☐	2☐	47
g. Any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis?	1☐	2☐	48
h. Cancer, other than skin cancer?	1☐	2☐	49
i. Alcoholism?	1☐	2☐	50

CHECK ITEM 6

Mark one box, then read "Intro" for HIS-3, Alcohol Questionnaire.

51

1☐ SP alone during interview
2☐ Child(ren) present during interview
3☐ Other adult(s) present during interview
4☐ Child(ren) and other adult(s) present during interview
5☐ Telephone interview

INTRO: *(Hand questionnaire and read to respondent)* **These next questions are about things that happen to people when they are drinking or after they have been drinking. We would like to know if any of these things have ever happened to you . (I can read the questions to you or you can fill out the form yourself. Which would you prefer?)**

METHOD OF INTERVIEW — 52
1☐ Read to SP *(HIS-3)*
2☐ Self-administered *(Instructions)*
3☐ Telephone interview *(HIS-3)*
4☐ Refused HIS-3 *(HIS-1B)*

INSTRUCTIONS — Please circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

Notes

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Section P — CHILD HEALTH

Section P1 — INTRODUCTION

3–4

The next questions will be used to study the health of the Nation's children.
(It would be best if I could ask these questions in private.)
Arrange to conduct supplement in private if possible.
If more than one child in family read: **The only child I will ask the rest of my questions about is-- .**

Ask or verify for each HH member.

1. How is *(Name on HIS-1)* **related to ——?**

If parent, ask: **Is** *(Name of parent)* **—— biological (natural), adoptive, step, or foster [mother/father]?**

If brother/sister, ask: **Is** *(Name of sibling)* **—— full, half, adoptive, step or foster [brother/sister]?**

Enter "sample child" on appropriate line.

Enter "unrelated" for persons not related to the sample child.

Person number on HIS-1	Relationship to sample child
1	5–6
2	7–8
3	9–10
4	11–12
5	13–14
6	15–16
7	17–18
8	19–20
9	21–22
10	23–24

CHECK ITEM 1 — *Mark first appropriate box.* — 25

1 ☐ Biological or adoptive mother in hhld *(Check Item 2)*
2 ☐ Biological father or step or foster mother in hhld. *(Check Item 2)*
3 ☐ One adult relative in hhld. *(Check Item 2)*
4 ☐ 2+ adult relatives in hhld. *(2)*
5 ☐ No eligible respondent in household *(Cover Page)*

2a. Which family member knows the most about the health related matters of ——? — 26–27, 28–29

b. Is *(person named in 2a)* **available?** — 30

1 ☐ Yes *(Section P2)*
2 ☐ No *(Arrange callback, THEN Cover Page)*

CHECK ITEM 2 — *Mark first appropriate box.* — 31

1 ☐ Person in Check Item 1 available *(Section P2)*
2 ☐ Person in Check Item 1 not available *(Arrange callback, THEN Cover Page)*

Notes

FORM HIS-1A (1988) (10-23-87)

Section P2 — CHILD CARE

CHECK ITEM 3 — *Mark box and enter person number of respondent.*

32 / 33–34

1 ☐ Same as respondent in HIS-1
_____ Person number *(Check Item 4)*

2 ☐ New respondent
_____ Person number

These questions will be used to study the health of the Nation's children. (It would be best if I could ask these questions in private.) I will be asking questions about ——.
Arrange to conduct supplement in private if possible.

CHECK ITEM 4 — *Refer to age of sample child*

35

1 ☐ Under 2 years old *(Check Item 5)*
2 ☐ 2 or 3 years old *(2)*
3 ☐ 4 or 5 years old *(1)*
4 ☐ 6+ years old *(Section P3, page 83)*

1a. Is —— currently attending either kindergarten or first grade? — 36

1 ☐ Yes, kindergarten
2 ☐ Yes, first grade
3 ☐ No *(2)*

b. At what time of day does the [kindergarten/first grade] start? — 37–41

_____ : _____ 1 ☐ A.M. 2 ☐ P.M. 3 ☐ Noon 9 ☐ DK

c. At what time does the [kindergarten/first grade] end? — 42–46

_____ : _____ 1 ☐ A.M. 2 ☐ P.M. 3 ☐ Noon 9 ☐ DK

If in first grade, go to 3

d. Does the kindergarten have a day care or extended day program that —— also takes part in? — 47

1 ☐ Yes
2 ☐ No
9 ☐ DK
(Check Item 5)

e. How many hours per week does —— spend in this program? — 48–49

_____ Hours
99 ☐ DK
(Check Item 5)

2a. During the past four weeks has —— attended nursery or preschool? — 50

1 ☐ Yes, Nursery
2 ☐ Yes, Preschool
3 ☐ No *(Check Item 5)*

b. Did the [nursery school/preschool] have a day care or extended day program that —— also took part in? — 51

1 ☐ Yes
2 ☐ No

c. How many hours per week did —— spend in the [nursery school/preschool (with day care)]? — 52–53

_____ Hours per week
99 ☐ DK

CHECK ITEM 5 — *Refer to Check Item 1. Mark first appropriate box.*

54

1 ☐ Biological mother respondent *(3a)*
2 ☐ Biological/adoptive/step or foster mother in hhld., NOT respondent *(3d)*
8 ☐ Other *(3a)*

3a. Have you worked at a job or business for pay in the last four weeks? — 55

1 ☐ Yes
2 ☐ No *(4)*

b. How many hours a week do you usually work? — 56–58

_____ Hours per week
999 ☐ DK

Mark box or ask:

c. Do you only work while —— is in *(school level in 1a or 2a)* or do you work during other hours? — 59

0 ☐ Child under 2 or "No" in 1a AND 2a *(5b)*
1 ☐ Only while child is in school *(4)*
8 ☐ Other hours *(5b)*

d. Has —— *(mother)* worked at a job or business for pay in the last 4 weeks? — 60

1 ☐ Yes
2 ☐ No *(4)*

e. How many hours a week did she work? — 61–63

_____ Hours per week
999 ☐ DK

Mark box or ask:

f. Does she work only while —— is in *(school level in 1a or 2a)* or does she work other hours? — 64

0 ☐ "No" or blank in 1a AND "No" in 2a *(5b)*
1 ☐ Only while child is in school *(4)*
8 ☐ Other hours *(5b)*

FORM HIS-1A (1988) (10-23-87)

Section P2 — CHILD CARE — Continued

4. **(Other than the [nursery school/preschool]), In the past four weeks, has —— been cared for in ANY kind of regular child care arrangement such as a day care center, playgroup, by a babysitter, relative, or some other regular arrangement?** — 65

1 ☐ Yes
2 ☐ No *(Check Item 6)*

5a. *Hand Card P1, read list if telephone interview.*
How was —— USUALLY cared for during the hours that child care was used?
Mark only one box. — 66–67

01 ☐ Day care center
02 ☐ Babysitter in child's home
03 ☐ In babysitter's home
04 ☐ Father cares for child
05 ☐ Mother cares for child while working at home
06 ☐ Mother cares for child while working outside of home
07 ☐ Child cares for self
(5e)
08 ☐ Other relative cares for child *(5c)*
09 ☐ Day camp *(5e)*
88 ☐ Other — *Specify* ↙
_____ *(5e)*

b. *Hand Card P1, read list if telephone interview.*
(Other than [kindergarten/first grade/nursery school/preschool]) How was —— usually cared for while you worked?
Mark only one box. — 68–69

01 ☐ Day care center
02 ☐ Babysitter in child's home
03 ☐ In babysitter's home
04 ☐ Father cares for child
05 ☐ Mother cares for child while working at home
06 ☐ Mother cares for child while working outside of home
07 ☐ Child cares for self
(5e)
08 ☐ Other relative cares for child *(5c)*
09 ☐ Day camp *(5e)*
88 ☐ Other — *Specify* ↙
_____ *(5e)*

c. **How is this person related to ——?** — 70

1 ☐ Sibling
2 ☐ Grandparent
8 ☐ Other relative
9 ☐ DK

d. **Where does this person usually care for ——, in *(sample child)* home or somewhere else?** — 71

1 ☐ At home
2 ☐ Somewhere else

e. **About how many hours per week was —— usually cared for [by/at] *(arrangement)*?** — 72–73

_____ Hours per week
99 ☐ DK

6a. **Besides [nursery or preschool (and)] *(child care arrangements in 5a/b)*, during the past four weeks, has —— been cared for in any other regular child care arrangement?** — 74

1 ☐ Yes
2 ☐ No *(Check Item 6)*

b. *Hand Card P1, read list if telephone interview.*
Other than [nursery or preschool (and) *(child care arrangement in 5a/b)*], how was —— usually cared for during most of the other hours that child care was used?
Mark only one box. — 75–76

01 ☐ Day care center
02 ☐ Babysitter in child's home
03 ☐ In babysitter's home
04 ☐ Father cares for child
05 ☐ Mother cares for child while working at home
06 ☐ Mother cares for child while working outside of home
07 ☐ Child cares for self
(6e)
08 ☐ Other relative cares for child *(6c)*
09 ☐ Day camp *(6e)*
88 ☐ Other — *Specify* ↙
_____ *(6e)*

c. **How is this person related to ——?** — 77

1 ☐ Sibling
2 ☐ Grandparent
8 ☐ Other relative
9 ☐ DK

d. **Where does this person usually care for ——, in *(sample child)* home or somewhere else?** — 78

1 ☐ At home
2 ☐ Somewhere else

e. **About how many hours per week was —— usually cared for [by/at] *(arrangement)*?** — 79–80

_____ Hours per week
99 ☐ DK

7a. **Were any other child care arrangements used on a regular basis?** — 81

1 ☐ Yes
2 ☐ No *(Check Item 6)*

b. **How many additional hours a week was child care used?** — 82–83

_____ Hours per week
99 ☐ DK

FORM HIS-1A (1988) (10-23-87)

Section P2 — CHILD CARE — Continued

CHECK ITEM 6 — *Refer to Id, 2a, 5a/5b, 6b.*

84
- 1 ☐ No or blank in 1d AND No in 2a AND blank in 5a/5b *(11)* (No nursery school or child care)
- 2 ☐ Box 4, 5, 6, or 7 in 5a/5b AND blank or box 4, 5, 6, or 7 in 6b *(13)* (Mother, Father, self care ONLY)
- 8 ☐ Other *(8)*

8. **Now I would like to ask you about** *("Main" child care arrangement)*. **Including ——, how many children are usually cared for together, in the same group, at the same time? Do not include children in the entire school or program.** — 85–86

_____ Children
99 ☐ DK

9. **How many adults usually supervise the children in the same group as ——?** — 87–88

_____ Adults
99 ☐ DK

10. **Has the main person responsible for caring for —— received education or training specifically related to young children, such as early childhood or elementary education, or child psychology?** — 89

1 ☐ Yes
2 ☐ No
9 ☐ DK
(13)

11. **Was —— ever cared for in any regular child care arrangement?** — 90

1 ☐ Yes
2 ☐ No *(Section P3, page 83)*

12. **When did —— last receive care in a regular child care arrangement?** — 91

1 ☐ Within last 12 months
2 ☐ Prior to last 12 months *(15)*

13. **How many times has —— main child care arrangement been changed in the past year?** — 92–94

000 ☐ None *(15)*
_____ Times

Hand Card P2, read list if telephone interview.

14a. **What was the last type of care used before —— changed to the type of care —— is using now?** — 95–96

Mark only one box.

- 01 ☐ Nursery school or preschool
- 02 ☐ Nursery school or preschool with day care
- 03 ☐ Day care center
- 04 ☐ Babysitter in child's home
- 05 ☐ In babysitter's home
- 06 ☐ Father cares for child
- 07 ☐ Mother cares for child while working at home
- 08 ☐ Mother cares for child while working outside of home
- 09 ☐ Summer day camp
- 10 ☐ Child cares for self
- 11 ☐ Other relative cares for child *(14b)*
- 88 ☐ Other — *Specify*

(14d)

_____ *(14d)*

99 ☐ DK *(15)*

b. **How is this person related to ——?** — 97

1 ☐ Sibling
2 ☐ Grandparent
8 ☐ Other relative
9 ☐ DK

c. **Where did this person usually care for ——, in** *(sample child)* **home or somewhere else?** — 98

1 ☐ At home
2 ☐ Somewhere else

d. **About how many hours per week was —— usually cared for [by/at]** *(arrangement)*? — 99–100

_____ Hours per week
99 ☐ DK

Notes

Section P2 — CHILD CARE — Continued

15. How old was —— when regular child care was begun? 101–103

000 ☐ Less than 1 month

_____ Age { 1 ☐ Months / 2 ☐ Years

999 ☐ DK

Hand Card P2, read list if telephone interview

16a. What type of child care arrangement was first used for ——? 104–105

Mark only one box.

01 ☐ Nursery school or preschool
02 ☐ Nursery school or preschool with day care
03 ☐ Day care center
04 ☐ Babysitter in child's home
05 ☐ In babysitter's home
06 ☐ Father cares for child
07 ☐ Mother cares for child while working at home
08 ☐ Mother cares for child while working outside of home
09 ☐ Summer day camp
10 ☐ Child cares for self
11 ☐ Other relative cares for child *(16b)*
88 ☐ Other — *Specify* ↙

(16d)

_____ *(16d)*

99 ☐ DK *(Section P3)*

b. How is this person related to ——? 106

1 ☐ Sibling
2 ☐ Grandparent
8 ☐ Other relative
9 ☐ DK

c. Where did this person usually care for ——, in *(sample child)* home or somewhere else? 107

1 ☐ At home
2 ☐ Somewhere else

d. About how many hours per week was —— usually cared for [by/at] *(arrangement)*? 108–109

_____ Hours per week

99 ☐ DK

Notes

RT92

Section P3 — RELATIONSHIPS AND MOBILITY

3–4

These next few questions are about —— *(biological mother).*

5–6

1. How old was —— *(biological mother)* when —— was born?

_____ Age
88 ☐ Respondent knows nothing about biological mother *(Check Item 7)*
99 ☐ DK

2. Including ——, how many children has she ever had? Do not count miscarriages or stillbirths.

7–8

01 ☐ One/sample child only *(Check item 7)*

_____ Number
99 ☐ DK

3. Was —— the first born (or) second born (or third, etc.)?

9

1 ☐ First *(Check Item 7)*
2 ☐ Second
3 ☐ Third
4 ☐ Fourth
5 ☐ Fifth
6 ☐ Sixth or Later
9 ☐ DK *(Check Item 7)*

4. How old was —— *(biological mother)* when the first child was born?

10–11

_____ Age
99 ☐ DK

CHECK ITEM 7 *Refer to Q. 1, page 78*

12

1 ☐ Biological mother in hhld. *(8)*
8 ☐ Other *(5)*

5a. Has —— ever lived with —— biological mother for at least 4 consecutive months?

13

1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK }

b. In what month and year did —— last live with her?

14–17

0000 ☐ Lived here since birth

_____/ **19** _____
Month Year

9999 ☐ DK

6. Is she now living or deceased?

18

1 ☐ Living
2 ☐ Deceased *(Check item 11)*
9 ☐ DK *(Check Item 11)*

7. How often does —— see her?

19–20

01 ☐ Everyday
02 ☐ Almost every day
03 ☐ Several times a week
04 ☐ About once a week
05 ☐ Two or three times a month
06 ☐ About once a month
07 ☐ Several times a year
08 ☐ Once a year or less
00 ☐ Never
99 ☐ DK

8. Is —— *(biological mother)* now married, widowed, divorced, separated, or has she never been married?

21

1 ☐ Married
2 ☐ Widowed
3 ☐ Divorced
4 ☐ Separated
0 ☐ Never married *(Check Item 11)*
9 ☐ DK *(Check Item 11)*

9. How many times altogether has she been married?

22

_____ Times
9 ☐ DK

Notes

Section P3 — RELATIONSHIPS AND MOBILITY — Continued

CHECK ITEM 8 — *Refer to Q.1, page 78 and Q.8.*

23

1 ☐ Biological mother and biological father in household, and now married to each other *(10b)*
8 ☐ Other *(10a)*

10a. Was —— *(biological mother)* ever married to —— *(biological father)*?

24

1 ☐ Yes *(10b)*
2 ☐ No *(Check Item 10)*
9 ☐ DK *(Check Item 11)*

b. In what month and year was —— *(biological mother)* married to —— *(biological father)*?

25–28

_____ / 19 _____
Month Year

9999 ☐ DK

CHECK ITEM 9 — *Refer to 8 and 9.*

29

1 ☐ Married only once and now married *(Check Item 11)*
2 ☐ Married only once and now separated or divorced *(11b)*
3 ☐ Married only once and now widowed *(11c)*
4 ☐ Married more than once and marriage to child's father is current marriage *(Check Item 11)*
8 ☐ Other (11)

11a. Was —— *(biological mother)* marriage to *(biological father)* ended by death, divorce, separation, or annulment?

30

1 ☐ Separation
2 ☐ Divorce
3 ☐ Death *(11c)*
4 ☐ Annulment
9 ☐ DK *(Check Item 11)*

b. In what month and year did —— *(biological mother)* stop living with —— *(biological father)*?

31–34

_____ / 19 _____
Month Year

9999 ☐ DK

If biological mother now separated, go to Check Item 11.

35–38

c. In what month and year did the marriage to —— *(biological father)* (legally) end?

_____ / 19 _____
Month Year

9999 ☐ DK

CHECK ITEM 10 — *Refer to 8.*

39

1 ☐ Biological mother now widowed, divorced, separated, never married, or don't know *(Check Item 11)*
2 ☐ Biological mother now married to someone other than biological father *(12)*

12. In what month and year did —— *(biological mother)* current marriage begin?

40–43

_____ / 19 _____
Month Year

9999 ☐ DK

Notes

Section P3 — RELATIONSHIPS AND MOBILITY — Continued

CHECK ITEM 11 — *Refer to Q. 1, page 78.*

44
1 ☐ Biological father in household *(16)*
8 ☐ Other *(13)*

These next few questions are about —— *(biological father).*

45
0 ☐ Respondent knows nothing about father *(16)*
1 ☐ Yes
2 ☐ No
9 ☐ DK } *(16)*

13a. Has —— ever lived with —— biological father for at least 4 consecutive months?

b. In what month and year did —— last live with him?

46–49
0000 ☐ Lived here since birth
_____ / 19 _____
Month Year
9999 ☐ DK

14. Is he now living or deceased?

50
1 ☐ Living
2 ☐ Deceased
9 ☐ DK } *(16)*

15. How often does —— see him?

51–52
01 ☐ Everyday
02 ☐ Almost every day
03 ☐ Several times a week
04 ☐ About once a week
05 ☐ Two or three times a month
06 ☐ About once a month
07 ☐ Several times a year
08 ☐ Once a year or less
00 ☐ Never
99 ☐ DK

16. In what month and year did *(sample child)* move to this address or has —— lived here since birth?

53–56
0000 ☐ Lived here since birth *(Check Item 12)*
_____ / 19 _____
Month Year
9999 ☐ DK

17. About how far from here is the home *(sample child)* lived in before —— moved to this home — less than a mile, 1 to 50 miles, or more than 50 miles?

57
1 ☐ Less than 1 mile
2 ☐ 1–50 miles
3 ☐ 50+ miles
9 ☐ DK

18. Altogether, how many times has —— ever moved?

58–59
_____ Times
99 ☐ DK

CHECK ITEM 12

60
1 ☐ Respondent is biological mother or biological father *(Section P4)*
8 ☐ Other *(19)*

19. In what month and year did —— begin living with you?

61–64
0000 ☐ Since birth
_____ / 19 _____
Month Year
8888 ☐ Does not live with respondent
9999 ☐ DK

Notes

Section P4 — BIRTH

1a. **Was —— born in a hospital or some other place?** — 65

1 ☐ Hospital
2 ☐ Birthing center } *(1b)*
3 ☐ Home *(2)*
4 ☐ In transit to hospital *(1b)*
8 ☐ Other — *Specify* _____ *(2)*
9 ☐ DK

b. **How many nights was —— *(biological mother)* in the [hospital/birthing center] during this stay?** — 66–67

00 ☐ None
_____ Nights
99 ☐ DK

c. **How many nights was —— in the [hospital/birthing center] during this stay?** — 68–69

00 ☐ None
_____ Nights
99 ☐ DK

2a. **How much did —— weigh at birth?** — 70–73

Probe for ounces if not reported.

_____ Lbs. _____ Oz. *(3)*
9999 ☐ DK

b. **Did ——weigh more than 5 1/2 pounds or less?** — 74

☐ More than 5 1/2 lbs.
1 ☐ Less than 5 1/2 lbs. } *(3)*
7 ☐ DK

c. **Did weigh —— more than 9 pounds or less?**

2 ☐ More than 9 lbs.
3 ☐ Less than 9 lbs.
8 ☐ DK

3a. **How many months pregnant was —— *(biological mother)* when —— was born?** — 75–76

_____ Months
99 ☐ DK

b. **Was —— born about when expected, or was it earlier or later?** — 77

1 ☐ Earlier than expected
2 ☐ When expected *(Check item 13)*
3 ☐ Later than expected
9 ☐ DK *(Check item 13)*

c. **About how many weeks [earlier/later] than expected was —— born?** — 78–79

00 ☐ Less than one week
_____ Weeks
99 ☐ DK

CHECK ITEM 13 — 80

1 ☐ Under 6 years old AND biological mother respondent *(4)*
8 ☐ Other *(Section P5, page 88)*

4. **How many weeks pregnant were you when you first thought you were pregnant with ——?** — 81–82

_____ Weeks
99 ☐ DK

5a. **Did you see or talk to a doctor to find out if you were pregnant?** — 83

1 ☐ Yes
2 ☐ No *(5c)*

b. **About how many weeks pregnant were you when you first found out from a doctor that you were pregnant?** — 84

1 ☐ 4 weeks or less
2 ☐ 5—13 weeks
3 ☐ 14—27 weeks
4 ☐ 28 weeks or more
9 ☐ DK

c. **Did you see or talk to a doctor about your pregnancy at any (other) time during that pregnancy?** — 85

1 ☐ Yes
2 ☐ No *(6)*

If "Yes" in 5a, go to 6

d. **How many weeks or months pregnant were you when you first saw a doctor about your pregnancy?** — 86

1 ☐ 4 weeks or less
2 ☐ 5—13 weeks
3 ☐ 14—27 weeks
4 ☐ 28 weeks or more
9 ☐ DK

6. **Altogether, how many pounds did you either gain or lose during that pregnancy?** — 87–89

_____ Pounds { 1 ☐ Gained / 2 ☐ Lost

7a. **Did —— receive any newborn care in an intensive care unit, premature nursery, or any other type of special care unit?** — 90

1 ☐ Yes
2 ☐ No *(8)*

b. **How many nights did —— stay in the special care unit?** — 91–92

00 ☐ None
_____ Nights

FORM HIS-1A (1988) (10-23-87)

Section P4 — BIRTH — Continued

8. Do you NOW have diabetes or sugar diabetes? — 93

1 ☐ Yes
2 ☐ No
9 ☐ DK

9a. At any time during your pregnancy with ——, did you have —	**Sugar in the urine?** (1)	**High sugar in the blood?** (2)	**Diabetes?** (3)
	94	97	100
	1 ☐ Yes *(9b and c)* 2 ☐ No *(Next column)*	1 ☐ Yes *(9b and c)* 2 ☐ No *(Next column)*	1 ☐ Yes *(9b and c)* 2 ☐ No
b. When did you FIRST notice it — was it during your pregnancy with —— or before?	95	98	101
	1 ☐ During 2 ☐ Before	1 ☐ During 2 ☐ Before	1 ☐ During 2 ☐ Before
Mark box or ask:	96	99	102
c. Did you have the *(condition)* for at least 3 months after —— was born?	0 ☐ Child und. 3 mos. 1 ☐ Yes 2 ☐ No *(9a)*	0 ☐ Child und. 3 mos. 1 ☐ Yes 2 ☐ No *(9a)*	0 ☐ Child und. 3 mos. 1 ☐ Yes 2 ☐ No

Notes

FORM HIS-1A (1988) (10-23-87)

RT 93
3–4
5–6
7

Section P5 — CHILDHOOD CONDITIONS

1a. During the past 12 months, did — — have an accident, injury, or poisoning that required medical attention?

1a.

1 ☐ Yes
2 ☐ No
9 ☐ DK
(2)

b. How many accidents, injuries, or poisonings did — — have in the last 12 months that required medical attention?

b. 8–9

_____ Number

c. (Beginning with the most recent,) what caused the accident, injury, or poisoning? For example, was — — hit by a car while riding a bike, or burned by hot liquid or did — — swallow an object or pills?

Enter each in a separate column.

c. 10–14

Group A *(Brief description)*

(1) _____

_____

_____

Hand Card P3, read list if telephone interview.

d. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the *(entry in 1c)***?**

Mark all that apply and ask 1e.

d.

01 ☐ Broken or dislocated bones 15–16
02 ☐ Sprain, strain, or pulled muscle 17–18
03 ☐ Cuts, scrapes, or puncture wounds 19–20
04 ☐ Head injury, concussion 21–22
05 ☐ Bruise, contusion, or internal bleeding 23–24
06 ☐ Burn, scald 25–26
07 ☐ Poisoning from chemicals, medicines, drugs 27–28
08 ☐ Respiratory problem such as breathing, cough, pneumonia 29–30
88 ☐ Other 31–32
99 ☐ Don't know type of condition 33–34
00 ☐ None 35–36
(1f)

e. Were there ANY other conditions that resulted from this accident, injury or poisoning?

Mark any additional conditions

e.

☐ Yes *(Reask 1d, THEN 1f)*
☐ No

f. Where did this accident or injury or poisoning happen?

DO NOT READ CATEGORIES

Mark only one box.

f. 37

1 ☐ Home (not necessarily child's)
2 ☐ Day care location (preschool/nursery)
3 ☐ School (including grounds and athletic areas)
4 ☐ Street or highway
5 ☐ Public building or space (other than street or school)
6 ☐ Farm or agricultural area, except farm home
7 ☐ Place of recreation or sports, except at school
8 ☐ Other
9 ☐ Don't know

List each accident, injury, or poisoning which resulted in at least one condition (Codes 01—88) on a condition page as group A and a short name for the accident, injury, or poisoning from 1c. Then go to 1c in next column or question 2.

RT 94
3–4
5

2. Does — — now have —

2.

a. a missing finger, hand, arm, toe, foot, or leg?

If "Yes," ask: **Which is it?**

Is — — missing [1 or both/more than one] *(body part)*?
(Enter on a Condition page, Group J)

a.

1 ☐ Yes *(Ask probe questions)*
2 ☐ No
9 ☐ DK

b. permanent impairment, stiffness or any deformity of the back, foot, or leg?

If "Yes," ask: **Which is it?**

Is [1 or both/more than one] *(body part)* **affected?**
(Enter on a Condition page, Group J)

b. 6

1 ☐ Yes *(Ask probe questions)*
2 ☐ No
9 ☐ DK

c. permanent impairment, stiffness or any deformity of the fingers, hand, or arm?

If "Yes," ask: **Which is it?**

Is [1 or both/more than one] *(body part)* **affected?**
(Enter on a Condition page, Group J)

c. 7

1 ☐ Yes *(Ask probe questions)*
2 ☐ No
9 ☐ DK

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Section P5 — CHILDHOOD CONDITIONS — Continued

The next questions are about other health conditions —— may have EVER had.

3. Did —— ever have —

		ASK if Yes in 3.		Mark without asking
		4a. Did —— have *(condition)* in the last 12 months?	**4b. Has —— had *(condition)* for at least 3 months in —— lifetime?**	**4c.** *Is it an obviously permanent condition that began less than 3 months ago?*
GROUP B				
Repeated tonsilitis or enlargement of the tonsils or adenoids?	1 ☐ Yes 8 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Frequent or repeated ear infections?	1 ☐ Yes 9 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Any kind of food or digestive allergy?	1 ☐ Yes 10 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*	
FREQUENT or REPEATED diarrhea or colitis?	1 ☐ Yes 11 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Any other persistent bowel trouble ? *Specify* ↘	1 ☐ Yes 12 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*	
Diabetes?	1 ☐ Yes 13 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(4c)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*
Sickle cell anemia?	1 ☐ Yes 14 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Anemia?	1 ☐ Yes 15 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Asthma?	1 ☐ Yes 16 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
GROUP C				
Mononucleosis?	17 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Hepatitis?	1 ☐ Yes 18 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Meningitis or spinal meningitis?	1 ☐ Yes 19 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Bladder infection or urinary tract infection?	1 ☐ Yes 20 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Rheumatic fever?	1 ☐ Yes 21 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Pneumonia?	1 ☐ Yes 22 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
GROUP D				
Hay fever?	23 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Any (other) kind of respiratory allergy?	1 ☐ Yes 24 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
GROUP E				
Deafness or trouble hearing with one or both ears?	25			
If "Yes," ask: **Is it one or both ears?**	1 ☐ Yes, one ear 2 ☐ Yes, both ears 9 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(4c)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*
Blindness in one or both eyes?	26			
If "Yes," ask: **Is it one or both eyes?**	1 ☐ Yes, one eye 2 ☐ Yes, both eyes 9 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Crossed eyes?	27 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Any other trouble seeing with one or both eyes, even when wearing glasses? *Specify* ↘	28 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(4c)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*

Section P5 — CHILDHOOD CONDITIONS — Continued

3. Did — — ever have —		ASK if Yes in 3. 4a. Did — — have (condition) in the last 12 months?	4b. Has — — had (condition) for at least 3 months in — — lifetime?	Mark without asking 4c. Is it an obviously permanent condition that began less than 3 months ago?
GROUP F **Eczema?**	29 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*	
GROUP G **Epilepsy or repeated convulsions or seizures not associated with fever?**	30 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Seizures associated with fever?	31 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Frequent or severe headaches, including migraines?	32 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*	
Child under 3, go to I GROUP H **Stammering or stuttering?**	33 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Any other speech defect? *Specify* ↓	34 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(4c)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*
Child under 6, go to I **Enuresis or bedwetting problem?**	35 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
GROUP I **Arthritis or any other joint disease or joint problem?** *Specify* ↓	36 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(4c)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*
Any other condition affecting the bone, cartilege, muscle, or tendon? *Specify* ↓	37 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(4b)* ☐ No/DK *(Next Yes)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(4c)*	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*
Cerebral palsy?	38 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Congenital heart disease?	39 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Any other heart disease or condition? — *Specify* ↓	40 1 ☐ Yes 2 ☐ No/DK	☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
Any other conditions that required surgery in past 12 months? *Specify* ↓	41 ☐ Yes *(Enter on Cond. Page)* ☐ No/DK			
Any other condition that lasted three months or more? *List below and reask.*	☐ Yes ☐ No/DK			
a. _____	42	a. ☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
b. _____	43	b. ☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		
c. _____	44	c. ☐ Yes *(Enter on Cond. Page)* ☐ No/DK *(Next Yes)*		

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RT 95
3–4
5–6
7–9

Section P6 — SUPPLEMENTAL CONDITION PAGE

CHECK ITEM 14

☐ No conditions reported *(Section P7, page 96)*

Enter condition/AIP name and group letter:

Condition 1

Condition/AIP: _____

Group letter_____

10–12

The next questions are about —— *(condition/AIP)*.

. **How old was —— when *(condition/AIP)* [happened/was first noticed]?**

000 ☐ Less than 1 month

_____ Age { 3 ☐ Months / 4 ☐ Years

999 ☐ DK

13

CHECK ITEM 15 *Refer to Check Item 14*

1 ☐ Group E *(4)*
2 ☐ Group F or H *(5)*
8 ☐ All others *(2)*

14

If not known, ask:

2a. **(Including nursery or preschool) Did —— attend school at all during the past 12 months?**

1 ☐ Yes
2 ☐ No *(3)*

15

b. **During the past 12 months, did —— *(condition/AIP)* cause —— to miss any time from school?**

1 ☐ Yes
2 ☐ No
9 ☐ DK
(3)

16–18

c. **How many days in the past 12 months did —— miss all or part of the day?**

_____ Days

999 ☐ DK

19

3a. **During the past 12 months, did —— *(condition/AIP)* cause —— to stay in bed more than half of the day?**

1 ☐ Yes
2 ☐ No
9 ☐ DK
(3c)

20–22

b. **How many days in the past 12 months did —— stay in bed more than half of the day?**

_____ Days

999 ☐ DK

23

c. **During the past 12 months, did —— *(condition/AIP)* limit or prevent —— from doing usual childhood activities, such as playing with other children or participating in games or sports?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

24–26

4. **During the past 12 months, about how many nights did —— spend in the hospital because of *(condition/AIP)*?**

000 ☐ None

_____ Number of nights

999 ☐ DK

27–29

5. **During the past 12 months, about how many times did [——/anyone] see or talk to a medical doctor or assistant about this *(condition/AIP)*? (Do not count doctors seen while an overnight patient in a hospital.)**

000 ☐ None

_____ Number of doctor visits

999 ☐ DK

30

6. **During the past 12 months, did this *(condition/AIP)* make it necessary for —— to use any medicine, other than vitamins, that a doctor prescribed OR told —— to take?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

31

CHECK ITEM 16 *Refer to Check Item 14*

1 ☐ Group D or F or H *(8)*
8 ☐ All others *(7)*

32

7. **During the past 12 months did —— have any surgery performed, including bone settings and stitches for this *(condition/AIP)*?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

33

8a. **In the last 12 months, how often [did this condition/the conditions resulting from the *(AIP)*] cause —— pain or discomfort or upset — all of the time, often, once in a while, or never?**

1 ☐ All of the time
2 ☐ Often
3 ☐ Once in a while
0 ☐ Never *(Check Item 17)*

34

b. **When this condition did bother ——, was —— bothered a great deal, some, or very little?**

1 ☐ Great deal
2 ☐ Some
3 ☐ Very little

35

CHECK ITEM 17 *Refer to Check Item 14*

1 ☐ Group A or B or D or F *(NC)*
8 ☐ Other *(9)*

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Section P6 — SUPPLEMENTAL CONDITION PAGE — Continued

9a. Did the *(condition)* result from an accident, injury or poisoning? 36

1 ☐ Yes
2 ☐ No
9 ☐ DK *(NC)*

b. Did this occur within the last 12 months? 37

1 ☐ Yes
2 ☐ No

c. Did you already tell me about this accident, injury or poisoning? 38

1 ☐ Yes
2 ☐ No *(9e)*

d. Which accident, injury, or poisoning was it? 39–40

Condition No. _____ *(NC)*

e. What kind of accident or injury or poisoning was it? 41–45

Brief description

_____

_____

_____

_____

Hand Card P3, read list if telephone interview.

f. Which of the conditions on this list OR ANY OTHER CONDITIONS resulted from the *(entry in 9e)*.

Mark all that apply in chart and ask 9g.

01 ☐ Broken or dislocated bones 46–47
02 ☐ Sprain, strain, or pulled muscle 48–49
03 ☐ Cuts, scrapes, or puncture wounds 50–51
04 ☐ Head injury, concussion 52–53
05 ☐ Bruise, contusion, or internal bleeding 54–55
06 ☐ Burn, scald 56–57
07 ☐ Poisoning from chemicals, medicines, drugs 58–59
08 ☐ Respiratory problem, such as breathing, cough, pneumonia 60–61
88 ☐ Other 62–63
99 ☐ Don't know type of condition *(9h)* 64–65
00 ☐ None 66–67

g. Were there ANY other conditions that resulted from this accident, injury or poisoning?

Mark any additional conditions.

☐ Yes *(Reask 9f, THEN 9h)*
☐ No

h. Where did this accident or injury or poisoning happen? 68

DO NOT READ CATEGORIES

Mark only one box.

1 ☐ Home (not necessarily child's)
2 ☐ Day care location (preschool/nursery)
3 ☐ School (including grounds and athletic areas)
4 ☐ Street or highway
5 ☐ Public building or space (other than street or school)
6 ☐ Farm or agricultural area, except farm home
7 ☐ Place of recreation or sports, except at school
8 ☐ Other
9 ☐ Don't know

Notes

RT96 3–4

Section P7 — GENERAL HEALTH STATUS

CHECK ITEM 18 — *Refer to age of sample child.* — 5

1 ☐ 3+ years old *(1)*
2 ☐ Under 3 years old *(3)*

1. Does —— wear glasses or contact lenses? — 6

1 ☐ Yes
2 ☐ No

2. About how long has it been since —— LAST saw someone for dental care? — 7

1 ☐ 6 months ago or less
2 ☐ Over 6 months to 12 months
3 ☐ Over 12 months to 2 years
4 ☐ Over 2 years to 5 years
5 ☐ More than 5 years
0 ☐ Never
9 ☐ DK

3. When riding in a car, does —— wear a seat belt or restraint all or most of the time, some of the time, once in a while, or never? — 8

1 ☐ All /most of time
2 ☐ Some of the time
3 ☐ Once in a while
0 ☐ Never
9 ☐ DK

CHECK ITEM 19 — *Refer to age of sample child.* — 9

1 ☐ Under 6 years old and biological mother is respondent *(4)*
8 ☐ Other *(6)*

4a. Did you smoke cigarettes at all during the year before —— was born? — 10

1 ☐ Yes
2 ☐ No *(4e)*

b. Did you continue to smoke during the entire pregnancy? — 11

1 ☐ Yes *(4d)*
2 ☐ No

c. Did you stop during the first three months of the pregnancy or later? — 12

1 ☐ Before pregnancy
2 ☐ 1st three months
3 ☐ Later
9 ☐ DK

d. About how many cigarettes a day did you usually smoke? — 13–14

_____ Number
99 ☐ DK

e. Do you now smoke? — 15

1 ☐ Yes *(5)*
2 ☐ No

f. How long ago did you stop? — 16–18

_____ Number
1 ☐ Days
2 ☐ Months
3 ☐ Years

5. During most of your pregnancy, would you say you were in contact with persons who smoked cigarettes such as friends, co-workers or family members — occasionally, often, always or never? — 19

1 ☐ Occasionally
2 ☐ Often
3 ☐ Always
0 ☐ Never
9 ☐ DK

6a. Has anyone in your household smoked regularly since —— was born? — 20

1 ☐ Yes
2 ☐ No } *(7)*
9 ☐ DK }

b. Is anyone in the household currently smoking cigarettes? — 21

1 ☐ Yes *(7)*
2 ☐ No *(6c)*
9 ☐ DK *(7)*

c. How long has it been since anyone in the household smoked cigarettes? — 22

1 ☐ During the last 12 months
2 ☐ More than 12 months ago

FORM HIS-1A (1988) (10-23-87)

Section P7 — GENERAL HEALTH STATUS — Continued

7. Please tell me whether each of the following statements about —— health is mostly true or mostly false. The first statement is: "*(sample child)* health is excellent." Has this been mostly true or mostly false?

(Record response and continue with statement b.)

	Mostly true (1)	Mostly false (2)	
a. —— health is excellent	1 ☐	2 ☐	23
b. ——seems to resist illness very well	1 ☐	2 ☐	24
c. —— seems less healthy than other children I know	1 ☐	2 ☐	25
d. When there is something going around, —— usually catches it	1 ☐	2 ☐	26
e. —— is somewhat clumsy	1 ☐	2 ☐	27
f. —— seems accident-prone	1 ☐	2 ☐	28
g. When —— is sick or injured, —— usually recovers quickly	1 ☐	2 ☐	29

8a. Has —— EVER been seriously ill? — 30

1 ☐ Yes
2 ☐ No } *(Check Item 20)*
9 ☐ DK

b. Was —— EVER so sick that you thought —— might die? — 31

1 ☐ Yes
2 ☐ No
9 ☐ DK

CHECK ITEM 20 — *Refer to age of sample child.* — 32

1 ☐ Under 1 year *(10)*
2 ☐ 1 + years old *(9)*

9a. On weeknights (*If 4+:* during the school year), does —— usually go to bed at about the same time each night, or does —— bedtime vary a lot from night to night? — 33

1 ☐ Has usual bedtime
2 ☐ Bedtime varies *(9c)*

b. About what time does —— usually go to bed? — 34–38

Round time to nearest quarter hour.

_____ : _____ 1 ☐ a.m. 2 ☐ p.m. } *(10)*

99999 ☐ DK

c. What is the latest time that —— goes to bed on weekdays? — 39–43

Round time to nearest quarter hour.

_____ : _____ 1 ☐ a.m. 2 ☐ p.m.

99999 ☐ DK

10a. Does —— usually sleep in one room or in different rooms? — 44

1 ☐ One room
2 ☐ Different rooms

b. Does —— usually sleep alone in a room or share a room? — 45

1 ☐ Alone *(Section P8)*
2 ☐ Shares

c. Who usually sleeps in the room with ——?

Mark all that apply.

Anyone else?

1 ☐ Brother(s) — 46
2 ☐ Sister(s) — 47
3 ☐ Other child(ren) — 48
4 ☐ Father — 49
5 ☐ Mother — 50
8 ☐ Other adult(s) — 51
9 ☐ DK — 52

Section P8 — SCHOOL

CHECK ITEM 21 — *Refer to age of sample child.*

53
- 0 ☐ Under 5 years old *(Section P9)*
- 1 ☐ 5+ years old

1. Has —— ever attended school? — 54
- 1 ☐ Yes
- 2 ☐ No *(Section P9)*

2. Is —— NOW either going to school or on vacation from school? — 55
- 1 ☐ Going to school
- 2 ☐ On vacation from school
- 0 ☐ Neither *(5)*

3. What grade [is —— in now? / will —— be in?] — 56–57

If child is between grades, enter grade promoted to.
- 21 ☐ Nursery school or preschool
- 22 ☐ Kindergarten

} *(Section P9)*

_____ Grade

4. Overall what kind of student would you say —— is now? Is —— one of the best in the class, above the middle, in the middle, below the middle, or near the bottom of the class? — 58
- 1 ☐ One of the best
- 2 ☐ Above the middle
- 3 ☐ In the middle
- 4 ☐ Below the middle
- 5 ☐ Near the bottom

} *(6)*

5a. Why did —— stop going to school? — 59
- 0 ☐ Never went — health reasons
- 1 ☐ Never went — other reasons

} *(Section P9)*
- 2 ☐ Graduated
- 3 ☐ Health problem
- 4 ☐ Dropped out
- 8 ☐ Other — *Specify* ↘

_____

_____

b. How long ago did —— stop going to school? — 60
- 1 ☐ Less than 12 months
- 2 ☐ 12 months — less than 2 years *(7)*
- 3 ☐ 2+ years *(7)*

6. During the past 12 months, that is, since *(12 month date)* a year ago, about how many days was —— absent from school because of illness? — 61–62
- 00 ☐ None

_____ Days

7a. Has —— repeated any grades for any reasons? — 63
- 1 ☐ Yes
- 2 ☐ No *(8)*

b. What grade or grades did —— repeat? — 64–65, 66–67

_____ Grade(s)

c. Why did —— repeat the *(grades in 7b)* grade(s)? — 68, 69, 70, 71, 72

Mark all that apply.
- 1 ☐ Academic failure
- 2 ☐ Immature/acted too young
- 3 ☐ Frequently absent
- 4 ☐ Moved into more difficult school
- 8 ☐ Other — *Specify* ↘

_____
- 9 ☐ DK — 73

d. Any other reasons?
- ☐ Yes *(Reask 7c and d)*
- ☐ No

8a. Has —— ever been suspended, excluded, or expelled from school? — 74
- 1 ☐ Yes
- 2 ☐ No *(9)*

b. How many times has this happened? — 75–76

_____ Number

c. How long ago was the last time? — 77–79

_____ Number
- 1 ☐ Days
- 2 ☐ Weeks
- 3 ☐ Months
- 4 ☐ Years

d. Was it for health or behavior reasons? — 80
- 1 ☐ Health
- 2 ☐ Behavior
- 8 ☐ Other
- 9 ☐ DK

9a. Not counting routine conferences, has anyone from —— school ever asked someone to come in to talk about problems —— was having? — 81
- 1 ☐ Yes
- 2 ☐ No *(Section P9)*

b. How long ago was the last time? — 82–84

_____ Number
- 1 ☐ Days
- 2 ☐ Weeks
- 3 ☐ Months
- 4 ☐ Years

RT 97
3–4

Section P9 — DEVELOPMENT, LEARNING, BEHAVIOR

1. **Has — — EVER had —**

a. **a delay in — — growth or development?** — 5
1 ☐ Yes
2 ☐ No

Mark box or ask:
b. **a learning disability?** — 6
0 ☐ Child under 3 *(Check Item 22)*
1 ☐ Yes
2 ☐ No

c. **an emotional or behavioral problem that lasted 3 months or more?** — 7
1 ☐ Yes
2 ☐ No

CHECK ITEM 22 — *Refer to 1* — 8
1 ☐ 1 or more "Yes" in 1 a—c *(2)*
8 ☐ All other *(Check Item 23)*

Ask 2a—h for each "Yes" in 1a—c.

	Delay in Development (1)	Learning Disability (2)	Emotion/Behavior Problem (3)
2a. **How old was — — when the *(condition)* was first noticed?**	9–11 000 ☐ Since birth Age { 1 ☐ Months, 2 ☐ Years }	23–25 000 ☐ Since birth Age { 1 ☐ Months, 2 ☐ Years }	37–39 000 ☐ Since birth Age { 1 ☐ Months, 2 ☐ Years }
b. **Has — — ever received treatment or counseling for the *(condition)*?**	12 1 ☐ Yes 2 ☐ No *(2e)*	26 1 ☐ Yes 2 ☐ No *(2e)*	40 1 ☐ Yes 2 ☐ No *(2e)*
c. **Has — — received any such treatment or counseling during the past 12 months?**	13 1 ☐ Yes 2 ☐ No *(2e)*	27 1 ☐ Yes 2 ☐ No *(2e)*	41 1 ☐ Yes 2 ☐ No *(2e)*
d. **During the past 12 months, about how many times did anyone see or talk to a doctor, psychologist, or counselor about this problem?**	14–16 Times 999 ☐ DK	28–30 Times 999 ☐ DK	42–44 Times 999 ☐ DK
Mark box or ask: **e.** **During the past 12 months, did the *(condition)* cause — — to miss any time from school?**	17 0 ☐ Not in school *(2h)* 1 ☐ Yes 2 ☐ No *(2g)*	31 0 ☐ Not in school *(2h)* 1 ☐ Yes 2 ☐ No *(2g)*	45 0 ☐ Not in school *(2h)* 1 ☐ Yes 2 ☐ No *(2g)*
f. **On how many days in the past 12 months did — — miss part or all of the school day because of this problem?**	18–20 Days 999 ☐ DK	32–34 Days 999 ☐ DK	46–48 Days 999 ☐ DK
g. **During the past 12 months, did the *(condition)* make it necessary for — — to attend special classes, or a special school, or get special help at school?**	21 1 ☐ Yes 2 ☐ No	35 1 ☐ Yes 2 ☐ No	49 1 ☐ Yes 2 ☐ No
h. **During the past 12 months, has — — been taking any medicine for the *(condition)*?**	22 1 ☐ Yes 2 ☐ No	36 1 ☐ Yes 2 ☐ No	50 1 ☐ Yes 2 ☐ No
	(Col. (2) or Section P10)	*(Col. (3) or Section P10)*	*(Section P10)*

CHECK ITEM 23 — *Refer to age of sample child.* — 51
0 ☐ Under 3 years old *(Section P10)*
1 ☐ 3+ years old *(3)*

3a. **Has — — ever seen a psychiatrist, psychologist, doctor, or counselor about any emotional, mental, or behavior problem?** — 52
1 ☐ Yes
2 ☐ No *(3c)*

b. **When was the last time — — saw this person?** — 53
1 ☐ More than 12 months ago
2 ☐ Within past 12 months *(Section P10)*

c. **During the past 12 months, have you felt, or has anyone suggested, that — — needed help for any emotional, mental, or behavioral problem?** — 54
1 ☐ Yes
2 ☐ No

FORM HIS-1A (1988) (10-23-87)

Section P10 — HEALTH SERVICES

Now I will ask about ROUTINE care, including routine checkups and immunizations when nothing is wrong.

1. **How long has it been since —— last visit to a clinic, health center, hospital, doctor's office or other place for routine health care?** — 55

1 ☐ Less than 6 months
2 ☐ 6 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 or more years
9 ☐ DK
0 ☐ Never *(4)*

2. **Is there a particular clinic, health center, hospital, doctor's office or other place that —— usually goes to for routine health care?** — 56

1 ☐ Yes
2 ☐ No *(4)*

3. **What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?** — 57–58

PROBE IF CLINIC:
Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?

PROBE IF HEALTH CENTER:
Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of health center?

PROBE IF HOSPITAL:
Is this an outpatient clinic or emergency room?

01 ☐ Home
02 ☐ Doctor's office or private clinic
03 ☐ Company or school clinic
04 ☐ Hospital outpatient clinic
05 ☐ Migrant clinic
06 ☐ Other clinic — *Specify* _____
07 ☐ Hospital emergency room
08 ☐ Community, neighborhood, or family health center
09 ☐ Walk-in/emergency care center
10 ☐ Rural health center
11 ☐ HMO/prepaid group
88 ☐ Other place — *Specify* _____

Now I will ask about —— visits for health care when —— is sick or injured.

4. **Is there a particular clinic, health center, hospital, doctor's office or other place that —— usually goes to when —— is sick or injured?** — 59

1 ☐ Yes
2 ☐ No *(8)*

5. **Is this the same** *(place in 3)* **or is it somewhere else?** — 60

1 ☐ Same place
2 ☐ Somewhere else

IF "SAME PLACE" IN 5, REFER TO 3 AND MARK WITHOUT ASKING, OTHERWISE ASK:

6. **What kind of place is it — a clinic, a health center, a hospital, a doctor's office, or some other place?** — 61–62

PROBE IF CLINIC:
Is this a private clinic, a hospital outpatient clinic, a company or school clinic, a migrant clinic, or some other kind of clinic?

PROBE IF HEALTH CENTER:
Is this a community health center, neighborhood health center, a family health center, a rural health center, or some other kind of health center?

PROBE IF HOSPITAL:
Is this an outpatient clinic or emergency room?

01 ☐ Home
02 ☐ Doctor's office or private clinic *(9)*
03 ☐ Company or school clinic
04 ☐ Hospital outpatient clinic
05 ☐ Migrant clinic
06 ☐ Other clinic — *Specify* _____
07 ☐ Hospital emergency room
08 ☐ Community, neighborhood, or family health center
09 ☐ Walk-in/Emergency clinic
10 ☐ Rural health center
11 ☐ HMO/prepaid group
88 ☐ Other place — *Specify* _____

7a. **Is there a particular medical person —— usually sees at the** *(place in 6)* **when —— is sick?** — 63

1 ☐ Yes
2 ☐ No *(9)*

b. **Is there someone at the** *(place in 6)*, **that knows about —— health history who will give you advice over the telephone?** — 64

1 ☐ Yes
2 ☐ No
9 ☐ DK
(9)

Hand Card P4. Read categories if telephone interview.

8. **Many people do not have a particular place they usually go when they are sick. (Could you please give me the number of the statement) which is the MAIN reason —— does not have a particular place —— usually goes?** — 65

1 2 3 4 5 8 ↙

_____
Specify

1. Has two or more usual doctors or places depending on what is wrong.
2. Has not needed a doctor.
3. Previous doctor no longer available.
4. Have not been able to find the right doctor.
5. Recently moved to area.
8. Other reason *(Specify).*

Section P10 — HEALTH SERVICES — Continued

9a. **During the past 12 months, that is since *(12 month date)* a year ago, did —— receive any health care which has been or will be paid for by Medicaid?**	1 ☐ Yes *(9c)* 2 ☐ No 9 ☐ DK	66
b. **During the past 12 months, was —— covered at any time by Medicaid?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	67
c. **During the past 12 months, did —— receive assistance through the "Aid to Families with Dependent Children" program, sometimes called AFDC or ADC?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	68
10. **Is —— now covered by a health insurance plan which pays any part of a hospital, doctor's or surgeons bill?**	1 ☐ Yes 2 ☐ No 9 ☐ DK	69
11a. **Has —— EVER been enrolled in the "Head Start" program?**	1 ☐ Yes 2 ☐ No } *(P11)* 9 ☐ DK }	70
b. **In which "Head Start" program was —— enrolled, the Center based or the Home based program?**	1 ☐ Center based 2 ☐ Home based 9 ☐ DK	71

Notes

Section P11 — BEHAVIOR PROBLEMS INDEX

CHECK ITEM 24 — *Refer to age of sample child.*

72 1 ☐ Under 5 years old *(Cover Page)*
2 ☐ 5+ years old *(Intro)*

INTRO **Now I am going to read some statements that describe the behavior of many children. Please tell me whether each statement has been OFTEN true, SOMETIMES true, or NOT true of —— during the past 3 months?**

The first statement is: "Has sudden changes in mood or feelings." Has that been OFTEN true, SOMETIMES true, OR NOT true of —— in the past 3 months.

Record response and continue with statement 2.

Read list repeating categories and/or time reference as needed.

	Often true (a)	Sometimes true (b)	Not true (c)	
1. Has sudden changes in mood or feelings.	1 ☐	2 ☐	3 ☐	73
2. Feels or complains that no one loves ——.	1 ☐	2 ☐	3 ☐	74
3. Is rather high strung, tense, or nervous.	1 ☐	2 ☐	3 ☐	75
4. Cheats or tells lies.	1 ☐	2 ☐	3 ☐	76
5. Is too fearful or anxious.	1 ☐	2 ☐	3 ☐	77
6. Argues too much.	1 ☐	2 ☐	3 ☐	78
7. Has difficulty concentrating, cannot pay attention for long.	1 ☐	2 ☐	3 ☐	79
8. Is easily confused, seems to be in a fog.	1 ☐	2 ☐	3 ☐	80
9. Bullies, or is cruel or mean to others.	1 ☐	2 ☐	3 ☐	81
10. Is disobedient at home.	1 ☐	2 ☐	3 ☐	82
11. Is disobedient at school.	1 ☐	2 ☐	3 ☐	83
12. Does not seem to feel sorry after —— misbehaves.	1 ☐	2 ☐	3 ☐	84
13. Has trouble getting along with other children.	1 ☐	2 ☐	3 ☐	85
14. Has trouble getting along with teachers.	1 ☐	2 ☐	3 ☐	86
15. Is impulsive, or acts without thinking.	1 ☐	2 ☐	3 ☐	87
16. Feels worthless or inferior.	1 ☐	2 ☐	3 ☐	88
17. Is not liked by other children.	1 ☐	2 ☐	3 ☐	89
18. Has a lot of difficulty getting —— mind off certain thoughts, has obsessions.	1 ☐	2 ☐	3 ☐	90
19. Is restless or overly active, cannot sit still.	1 ☐	2 ☐	3 ☐	91
20. Is stubborn, sullen, or irritable.	1 ☐	2 ☐	3 ☐	92
21. Has a very strong temper and loses it easily.	1 ☐	2 ☐	3 ☐	93
22. Is unhappy, sad or depressed.	1 ☐	2 ☐	3 ☐	94
23. Is withdrawn, does not get involved with others.	1 ☐	2 ☐	3 ☐	95
If child is 12+ years old, go to 29. 24. Breaks things on purpose, deliberately destroys —— own or others' things.	1 ☐	2 ☐	3 ☐	96
25. Clings to adults.	1 ☐	2 ☐	3 ☐	97
26. Cries too much.	1 ☐	2 ☐	3 ☐	98
27. Demands a lot of attention.	1 ☐	2 ☐	3 ☐	99
28. Is too dependent on others.	1 ☐	2 ☐	3 ☐	100
If child is under 12 years, go to Cover Page 29. Feels others are out to get ——.	1 ☐	2 ☐	3 ☐	101

FORM HIS-1A (1988) (10-23-87)

Section P11 — BEHAVIOR PROBLEMS INDEX — Continued

	Often true (a)	Sometimes true (b)	Not true (c)	
30. Hangs around with kids who get into trouble.	1 ☐	2 ☐	3 ☐	102
31. Is secretive, keeps things to [himself/herself].	1 ☐	2 ☐	3 ☐	103
32. Worries too much.	1 ☐	2 ☐	3 ☐	104

Notes

OMB No. 0937-0021: Approval Expires 03/31/89

FORM HIS-3 (9-2-87)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ALCOHOL QUESTIONNAIRE

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. RO	2. Sample	3. Control number PSU	Segment	Serial	4. Person number	5. Interviewer's name	Code

INSTRUCTIONS — Please circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

RT 90 3–4

IN YOUR ENTIRE LIFE HAVE you ever . . .

1. Had a strong desire or urge to drink?	1Yes 2No	5
2. Started drinking even though you hadn't intended to?	1Yes 2No	6
3. Ended up drinking much more than you intended to?	1Yes 2No	7
4. Found it difficult to stop drinking once you had started?	1Yes 2No	8
5. Driven a car after having had too much to drink?	1Yes 2No	9
6. Been sick or vomited after drinking, or the morning after?	1Yes 2No	10
7. Done things when drinking that could have caused you to be hurt?	1Yes 2No	11
8. Felt the effects of alcohol sooner than you used to?	1Yes 2No	12
9. Kept on drinking for a longer period of time than you intended to?	1Yes 2No	13
10. Found that the same amount of alcohol had less effect than before?	1Yes 2No	14
11. Felt depressed, irritable, or nervous after drinking, or the morning after?	1Yes 2No	15
12. Felt powerless over your drinking?	1Yes 2No	16
13. Sought help from family, friends, professionals or self-help groups about your drinking?	1Yes 2No	17
14. Had a spouse or someone you lived with threaten to leave you because of your drinking?	1Yes 2No	18
15. Gone on benders or binges that lasted two or more days?	1Yes 2No	19
16. Tried to cut down or stop drinking and found you couldn't do it?	1Yes 2No	20
17. Found yourself sweating heavily or shaking after drinking, or the morning after?	1Yes 2No	21
18. Given up or cut down on activities or interests like sports or associations with friends, in order to drink?	1Yes 2No	22
19. Been unable to remember some of the things you did while drinking?	1Yes 2No	23
20. Needed a drink so badly you couldn't think of anything else?	1Yes 2No	24
21. Found that you had to drink more than you once did to get the same effect?	1Yes 2No	25

Continue on reverse

ALCOHOL QUESTIONNAIRE — Continued

INSTRUCTIONS — Please circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

IN YOUR ENTIRE LIFE have you ever . . .

22. Stayed away from work or gone to work late because of drinking or a hangover?	1Yes	2No	26
23. Spent money on drinks that was needed for essentials like food, or bills?	1Yes	2No	27
24. Lost ties with or drifted apart from a family member or friend because of your drinking?	1Yes	2No	28
25. Gotten drunk instead of doing the things you were supposed to do?	1Yes	2No	29
26. Had a doctor suggest that you cut down or stop drinking alcohol?	1Yes	2No	30
27. Continued to drink alcohol even though it was a threat to your health?	1Yes	2No	31
28. Lost a job, or nearly lost one, because of drinking?	1Yes	2No	32
29. Had family, friends or co-workers suggest that you stop or cut down on your drinking?	1Yes	2No	33
30. Done things when drinking that could have caused someone else to be hurt?	1Yes	2No	34
31. Felt uneasy if alcohol was not around in case you wanted a drink?	1Yes	2No	35
32. Spent a lot of time drinking, or getting over the effects of drinking?	1Yes	2No	36
33. Been so hungover that it interfered with doing things you were supposed to do?	1Yes	2No	37
34. Kept drinking even though it caused you emotional problems?	1Yes	2No	38
35. Had your chances for promotion, raises, or better jobs hurt by your drinking?	1Yes	2No	39
36. Heard or seen things that weren't really there after drinking, or the morning after?	1Yes	2No	40
37. Taken a drink to keep yourself from shaking or feeling sick either after drinking, or the morning after?	1Yes	2No	41
38. Kept drinking even though it caused you problems at home, work, or school?	1Yes	2No	42
39. Attended a meeting of Alcoholics Anonymous (AA) because of your drinking?	1Yes	2No	43
40. Been arrested or had trouble with the police because of your drinking?	1Yes	2No	44
41. Wanted to cut down or stop your drinking and found you couldn't do it?	1Yes	2No	45

FORM HIS-3 (9-2-87)

OMB No. 0937-0021: Approval Expires 03/31/89

FORM HIS-2 (5-2-87)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ALCOHOL QUESTIONNAIRE

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

1. RO	2. Sample	3. Control number PSU	Segment	Serial	4. Person number	5. Interviewer's name	Code
							RT 89

INSTRUCTIONS — In COLUMN 1, please circle the answer that best describes the number of times each of these things has happened to you IN THE PAST 12 MONTHS. Complete column 1 for each question first. Then go back and in COLUMN 2, circle "Yes" or "No" if any of these things have or have not ever happened to you IN YOUR ENTIRE LIFE. If you need any help ask me for assistance.

	COLUMN 1 — IN THE PAST 12 MONTHS how many times have you . . .		COLUMN 2 — In your ENTIRE LIFE have you ever. . .	
		3–4		
1. Had a strong desire or urge to drink?	0 1 2–3 4 or more	5	1Yes 2No	6
2. Started drinking even though you hadn't intended to?	0 1 2–3 4 or more	7	1Yes 2No	8
3. Ended up drinking much more than you intended to?	0 1 2–3 4 or more	9	1Yes 2No	10
4. Found it difficult to stop drinking once you had started?	0 1 2–3 4 or more	11	1Yes 2No	12
5. Driven a car after having had too much to drink?	0 1 2–3 4 or more	13	1Yes 2No	14
6. Been sick or vomited after drinking, or the morning after?	0 1 2–3 4 or more	15	1Yes 2No	16
7. Done things when drinking that could have caused you to be hurt?	0 1 2–3 4 or more	17	1Yes 2No	18
8. Felt the effects of alcohol sooner than you used to?	0 1 2–3 4 or more	19	1Yes 2No	20
9. Kept on drinking for a longer period of time than you intended to?	0 1 2–3 4 or more	21	1Yes 2No	22
10. Found that the same amount of alcohol had less effect than before?	0 1 2–3 4 or more	23	1Yes 2No	24
11. Felt depressed, irritable, or nervous after drinking, or the morning after?	0 1 2–3 4 or more	25	1Yes 2No	26
12. Felt powerless over your drinking?	0 1 2–3 4 or more	27	1Yes 2No	28
13. Sought help from family, friends, professionals or self-help groups about your drinking?	0 1 2–3 4 or more	29	1Yes 2No	30
14. Had a spouse or someone you lived with threaten to leave you because of your drinking?	0 1 2–3 4 or more	31	1Yes 2No	32
15. Gone on benders or binges that lasted two or more days?	0 1 2–3 4 or more	33	1Yes 2No	34
16. Tried to cut down or stop drinking and found you couldn't do it?	0 1 2–3 4 or more	35	1Yes 2No	36
17. Found yourself sweating heavily or shaking after drinking, or the morning after?	0 1 2–3 4 or more	37	1Yes 2No	38
18. Given up or cut down on activities or interests like sports or associations with friends, in order to drink?	0 1 2–3 4 or more	39	1Yes 2No	40
19. Been unable to remember some of the things you did while drinking?	0 1 2–3 4 or more	41	1Yes 2No	42
20. Needed a drink so badly you couldn't think of anything else?	0 1 2–3 4 or more	43	1Yes 2No	44
21. Found that you had to drink more than you once did to get the same effect?	0 1 2–3 4 or more	45	1Yes 2No	46

Continue on reverse

ALCOHOL QUESTIONNAIRE — Continued

	COLUMN 1 IN THE PAST 12 MONTHS how many times have you . . .					COLUMN 2 In your ENTIRE LIFE have you ever. . .		
22. Stayed away from work or gone to work late because of drinking or a hangover?	0	1	2–3	4 or more	47	1Yes	2No	48
23. Spent money on drinks that was needed for essentials like food, or bills?	0	1	2–3	4 or more	49	1Yes	2No	50
24. Lost ties with or drifted apart from a family member or friend because of your drinking?	0	1	2–3	4 or more	51	1Yes	2No	52
25. Gotten drunk instead of doing the things you were supposed to do?	0	1	2–3	4 or more	53	1Yes	2No	54
26. Had a doctor suggest that you cut down or stop drinking alcohol?	0	1	2–3	4 or more	55	1Yes	2No	56
27. Continued to drink alcohol even though it was a threat to your health?	0	1	2–3	4 or more	57	1Yes	2No	58
28. Lost a job, or nearly lost one, because of drinking?	0	1	2–3	4 or more	59	1Yes	2No	60
29. Had family, friends or co-workers suggest that you stop or cut down on your drinking?	0	1	2–3	4 or more	61	1Yes	2No	62
30. Done things when drinking that could have caused someone else to be hurt?	0	1	2–3	4 or more	63	1Yes	2No	64
31. Felt uneasy if alcohol was not around in case you wanted a drink?	0	1	2–3	4 or more	65	1Yes	2No	66
32. Spent a lot of time drinking, or getting over the effects of drinking?	0	1	2–3	4 or more	67	1Yes	2No	68
33. Been so hungover that it interfered with doing things you were supposed to do?	0	1	2–3	4 or more	69	1Yes	2No	70
34. Kept drinking even though it caused you emotional problems?	0	1	2–3	4 or more	71	1Yes	2No	72
35. Had your chances for promotion, raises, or better jobs hurt by your drinking?	0	1	2–3	4 or more	73	1Yes	2No	74
36. Heard or seen things that weren't really there after drinking, or the morning after?	0	1	2–3	4 or more	75	1Yes	2No	76
37. Taken a drink to keep yourself from shaking or feeling sick either after drinking, or the morning after?	0	1	2–3	4 or more	77	1Yes	2No	78
38. Kept drinking even though it caused you problems at home, work, or school?	0	1	2–3	4 or more	79	1Yes	2No	80
39. Attended a meeting of Alcoholics Anonymous (AA) because of your drinking?	0	1	2–3	4 or more	81	1Yes	2No	82
40. Been arrested or had trouble with the police because of your drinking?	0	1	2–3	4 or more	83	1Yes	2No	84
41. Wanted to cut down or stop your drinking and found you couldn't do it?	0	1	2–3	4 or more	85	1Yes	2No	86

FORM HIS-2 (5-2-87)

OMB# 0920 0214 Approval Expires 3-31-89

FORM HIS-4A (1988)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

AIDS KNOWLEDGE AND ATTITUDES

NOTICE – Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m).

RT 98

1. 3–7, 8 — Book ____ of ____ books
2. R.O. number 9–10
3. Sample 11–13
4. Control number — PSU 14–16 | Segment | 17–23 Serial | 24–25
5. Beginning time 26–29, 30 — 1 a.m. 2 p.m.

6. NUMBER OF FAMILY MEMBERS 18 + YEARS OLD
(Record number of nondeleted family members 18 + years old.)

____ 31-32

Space 33-36

7. FINAL STATUS

0 ☐ No person 18 + in this family (Household Page)

Interview (Complete Item 63, Page 18)

1 ☐ Complete Interview (all appropriate questions completed)

2 ☐ Partial interview (some but not all appropriate questions completed) —*Explain* ↓

Noninterview (Complete Item 63, Page 18)

3 ☐ Refusal *(Explain in Notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
8 ☐ Other — *Explain* ↓

37

8. Ending time 38–41, 42 — 1 a.m. 2 p.m.

9. Interview mode 43 — 1 ☐ Personal 2 ☐ Telephone

11. Interviewer identification 44–46 — Name | Code

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP *(Page 2 or 51, question 3)* 47 — 1 ☐ M 2 ☐ F

13. Education of SP *(Page 42 or 43, question 2a)* 48–49

00 ☐ Never attended or kindergarten

Elem: 1 2 3 4 5 6 7 8

High: 9 10 11 12

College: 1 2 3 4 5 6+

Finish grade/year *(Question 2b)* 50 — 1 ☐ Yes 2 ☐ No

14. Main race of SP *(Page 42 or 43, question 3a/b)* 51

1 2 3 4 5 – *Specify* ↓

15. Marital status *(Page 46 or 47, question 7)* 52

1 ☐ Married – spouse in HH
2 ☐ Married – spouse not in HH
3 ☐ Widowed
4 ☐ Divorced
5 ☐ Separated
6 ☐ Never married

16. Family income *(Page 46, question 8b)* 53–54

00 ☐ A 07 ☐ H 14 ☐ O 21 ☐ V
01 ☐ B 08 ☐ I 15 ☐ P 22 ☐ W
02 ☐ C 09 ☐ J 16 ☐ Q 23 ☐ X
03 ☐ D 10 ☐ K 17 ☐ R 24 ☐ Y
04 ☐ E 11 ☐ L 18 ☐ S 25 ☐ Z
05 ☐ F 12 ☐ M 19 ☐ T 26 ☐ ZZ
06 ☐ G 13 ☐ N 20 ☐ U

(Transcribe from 8a if 8b blank)

27 ☐ $20,000 or more
28 ☐ Less than $20,000

17. 55–56 — Sample Person Number ____

18. 57–58 — Sample Person Age ____

19. Booklet type 59 — 1 × AIDS Knowledge and Attitudes Version 1

PHS-T-570
02/88

Introduction: These next questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.

1. In the PAST MONTH, have you . . .		
a. seen any Public Service Announcements about AIDS on television?		1 ☐ Yes 2 ☐ No 9 ☐ DK [60]
b. heard any Public Service Announcements about AIDS on the radio?		1 ☐ Yes 2 ☐ No 9 ☐ DK [61]
CHECK ITEM 1	Refer to Q. 1a,b	☐ "Yes" in 1a and/or 1b (2) ☐ Other (3)
2. Were any of those Public Service Announcements called "America Responds to AIDS"?		1 ☐ Yes [62] 2 ☐ No 9 ☐ DK
3. In the PAST MONTH, have you read any brochures or pamphlets about AIDS? Do not include articles in magazines or newpapers.		1 ☐ Yes (5) [63] 2 ☐ No 9 ☐ DK
4. Have you EVER read any brochures or pamphlets about AIDS? Again, do not include articles in magazines or newpapers.		1 ☐ Yes (5) [64] 2 ☐ No } (Check Item 2) 9 ☐ DK }

5. Where did you get the pamphlets or brochures? Anywhere else? (MARK ALL THAT APPLY)	1 ☐ Clinic, other than work clinic 65 1 ☐ Doctor's office/HMO 66 1 ☐ Drug store 67 1 ☐ Public Health Department 68 1 ☐ Received it in the mail without asking for it 69 1 ☐ Red Cross/with Red Cross blood donation 70 1 ☐ With other blood donation 71 1 ☐ School 72 1 ☐ Sent/phoned for it myself, requested it 73 1 ☐ "The Government" - Federal, state or local 74 1 ☐ Work, other than clinic or nurse 75 1 ☐ Work, nurse or clinic 76 1 ☐ Other (SPECIFY) 77 _____
CHECK ITEM 2 Refer to assignment	☐ May, June, July 1988 (6) ☐ Other (17)
6. The Government is mailing a brochure with basic information about AIDS to each household in the country. , HOLD COPY UP The brochure looked like this. / The brochure is 8½ by 11 inches, white with blue and black printing, and has a picture of Dr. C. Everett Koop, the Surgeon General of the United States on the cover, with the title, "Understanding AIDS" printed at the top.. Was this brochure received at this household?	78 1 ☐ Yes (7) 2 ☐ No 9 ☐ Don't Know (17)
7. How much of the brochure did you read; would you say all or almost all of it, about half, less than half, or none of it?	1 ☐ All/Almost all 79 2 ☐ About half 3 ☐ Less than half 4 ☐ None 9 ☐ DK

8. When you read it, did you read it carefully or did you just skim through it?	1 ☐ Read carefully 2 ☐ Skimmed through 8 ☐ Other (SPECIFY) _____ 9 ☐ DK	80
9. Did the brochure give you any new information or answer any questions you had about AIDS?	1 ☐ Yes 2 ☐ No	81
(IF ONE-PERSON HOUSEHOLD, MARK BOX 3 AND SKIP TO Q. 11) 10. Did you discuss the brochure with anyone else in the family?	1 ☐ Yes 2 ☐ No 3 ☐ One-person	82
11. Do you have any children aged 10 through 17?	1 ☐ Yes 2 ☐ No (21)	83
12. How many do you have?	_____	84-85
13. Did [this child/any of your children aged 10 through 17] read the brochure?	1 ☐ Yes 2 ☐ No 9 ☐ DK	86
14. Was the brochure discussed with [this child/any of your children aged 10 through 17]?	1 ☐ Yes (16) 2 ☐ No 9 ☐ DK	87
15. Have you ever discussed AIDS with [this child/any of your children aged 10 through 17]?	1 ☐ Yes 2 ☐ No	88
16. [Has this child/Have any or all of your children aged 10 through 17] had instruction at school about AIDS?	1 ☐ Yes 2 ☐ No } (21) 9 ☐ DK	89
17. Do you have any children aged 10 through 17?	1 ☐ Yes 2 ☐ No (21)	90
18. How many do you have?	_____	91-92

19. Have you ever discussed AIDS with [this child/any of your children aged 10 through 17]?	1 ☐ Yes 2 ☐ No	93
20. [Has this child/Have any or all of your children aged 10 through 17] had instruction at school about AIDS?	1 ☐ Yes 2 ☐ No 9 ☐ DK	94
21. How much would you say you know about AIDS --- a lot, some, a little, or nothing?	1 ☐ A lot 2 ☐ Some 3 ☐ A little 4 ☐ Nothing	95
22. To the best of your knowledge, is there a difference between having the AIDS virus and having the disease AIDS?	1 ☐ Yes 2 ☐ No 8 ☐ Other (SPECIFY) _____ 9 ☐ DK	96

HAND CARD A

23. After I read each statement, tell me whether you think the statement is definitely true, probably true, probably false, definitely false, or you don't know if it is true or false.

	Def. True	Prob. True	Prob. False	Def. False	DK	
a. AIDS can reduce the body's natural protection against disease.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	97
b. AIDS is especially common in older people.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	98
c. AIDS can damage the brain.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	99
d. AIDS usually leads to heart disease.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	100
e. AIDS is an infectious disease caused by a virus.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	101
f. Teenagers cannot get AIDS.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	102
g. AIDS leads to death.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	103

23. (Continued)

Tell me whether you think each of these statements is definitely true, probably true, probably false, definitely false, or you don't know if it is true or false.

	Def. True	Prob. True	Prob. False	Def. False	DK	
h. A person can be infected with the AIDS virus and not have the disease AIDS.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	104
i. Looking at a person is enough to tell if he or she has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	105
j. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	106
k. A person who has the AIDS virus can look and feel well and healthy.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	107
l. A pregnant woman who has the AIDS virus can give the AIDS virus to her baby.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	108
m. There is a vaccine available to the public that protects a person from getting the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	109
n. There is no cure for AIDS at present.	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	110

HAND CARD B

24. After I read each statement, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get AIDS or the AIDS virus infection that way.

How likely do you think it is that a person will get AIDS or the AIDS virus infection from ---

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Definitely not possible	DK	
a. living near a home or hospital for AIDS patients.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	111
b. working near someone with the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	112
c. eating in a restaurant where the cook has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	113
d. kissing - with exchange of saliva - a person who has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	114
e. shaking hands, touching, or kissing on the cheek someone who has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	115
f. sharing plates, forks, or glasses with someone who has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	116
g. using public toilets.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	117
h. sharing needles for drug use with someone who has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	118
i. being coughed on or sneezed on by someone who has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	119
j. attending school with a child who has the AIDS virus.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	120
k. mosquitoes or other insects.	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	121

25. Have you ever donated blood?	1 ☐ Yes (26) 2 ☐ No 9 ☐ DK (27)	122
26. Have you donated blood ---	Yes / No / DK	
a. since March, 1985?	1 ☐ / 2 ☐ (27) / 9 ☐ (27)	123
b. in the past 12 months?	1 ☐ / 2 ☐ / 9 ☐	124
27. Have you ever heard of a blood test that can detect the AIDS virus infection?	1 ☐ Yes (28) 2 ☐ No 9 ☐ DK (44a, Page 12)	125
The next questions are about the blood test for the AIDS virus infection. No question will ask what the results are of any tests you may have had.		
28. To the best of your knowledge, are blood donations routinely tested now for the AIDS virus infection?	1 ☐ Yes 2 ☐ No 9 ☐ DK	126
29a. Have you ever received counseling or had a talk with a health professional about taking the AIDS virus test?	1 ☐ Yes (29b) 2 ☐ No 9 ☐ DK (31)	127
29b. Was the discussion ---	Yes / No / DK	
1. with a private doctor?	1 ☐ / 2 ☐ / 9 ☐	128
2. at a family planning clinic?	1 ☐ / 2 ☐ / 9 ☐	129
3. on an AIDS hotline?	1 ☐ / 2 ☐ / 9 ☐	130
4. at a prenatal clinic?	1 ☐ / 2 ☐ / 9 ☐	131
5. at an STD or sexually transmitted disease clinic?	1 ☐ / 2 ☐ / 9 ☐	132
6. at an AIDS/HIV counseling and testing site?	1 ☐ / 2 ☐ / 9 ☐	133
7. with some other health professional?	1 ☐ / 2 ☐ / 9 ☐	134
8. with some other counselor?	1 ☐ / 2 ☐ / 9 ☐	135

30. During that discussion, did you receive information about how to avoid getting or passing on the AIDS virus?	1 ☐ Yes 2 ☐ No 9 ☐ DK 136
31. Have you ever been advised by a health professional NOT to have the blood test for the AIDS virus infection?	1 ☐ Yes 2 ☐ No 9 ☐ DK 137
32. Have you ever been advised by friends or relatives NOT to have the blood test for the AIDS virus infection?	1 ☐ Yes 2 ☐ No 9 ☐ DK 138
33. Have you had your blood tested for the AIDS virus infection?	1 ☐ Yes (34a) 2 ☐ No } (41) 9 ☐ DK 139
34a. Have you had your blood tested for the AIDS virus infection more than once?	1 ☐ Yes (35a) 2 ☐ No 9 ☐ DK 140
34b. Was your blood tested in the past twelve months?	1 ☐ Yes 2 ☐ No } (36) 9 ☐ DK 141
35a. How many times have you had your blood tested for the AIDS virus infection? 35b. How many times in the past 12 months have you had your blood tested for the AIDS virus infection?	Total times (35a.) / Number times in past 12 Months (35b.) — 142-143 / 144-145 XXXX — 00 ☐ None in past twelve months XXXX — 01 ☐ One time 02 ☐ — 02 ☐ Two times 03 ☐ — 03 ☐ Three times 04 ☐ — 04 ☐ Four times 05 ☐ — 05 ☐ Five times 06 ☐ — 06 ☐ Six times 07 ☐ — 07 ☐ Seven times 08 ☐ — 08 ☐ Eight times 09 ☐ — 09 ☐ Nine times 10 ☐ — 10 ☐ Ten times 11 ☐ — 11 ☐ Eleven times 12 ☐ — 12 ☐ Twelve times 13 ☐ — 13 ☐ More than twelve times 99 ☐ — 99 ☐ DK

36. ,Was the test --- / Were <u>any</u> of the blood tests, including those you had <u>before</u> the past twelve months ---. a. part of a blood donation? b. part of a blood transfusion? c. voluntarily sought from a source such as your doctor, clinic, or HMO? d. part of some other activity that requires a blood sample and includes automatic AIDS testing, such as testing for the military or immigration?	 1 ☐ Yes 2 ☐ No 146 1 ☐ Yes 2 ☐ No 147 1 ☐ Yes 2 ☐ No 148 1 ☐ Yes 2 ☐ No 149
CHECK ITEM 3 Refer to Q. 36d	☐ "Yes" in Q. 36d (37) ☐ Other (38)
37. Where did you have your blood tested for AIDS virus infection? Anywhere else? (MARK ALL THAT APPLY)	1 ☐ STD clinic 150 1 ☐ Family planning clinic 151 1 ☐ Prenatal clinic 152 1 ☐ Drug treatment facility 153 1 ☐ Tuberculosis clinic 154 1 ☐ Work clinic/health station 155 1 ☐ AIDS counseling/testing site 156 1 ☐ Military induction 157 1 ☐ Immigration site 158 1 ☐ Other (SPECIFY) 159 _____ 1 ☐ DK 160
38. Did you get the results of ,your test?/ any of your tests?.	1 ☐ Yes (39) 161 2 ☐ No 9 ☐ DK (40)
39. When you received your test results, did you receive counseling or talk with a health professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it to another person?	1 ☐ Yes (41) 162 2 ☐ No 9 ☐ DK

40. Were you referred to a health professional to get counseling about the AIDS virus infection?

1 ☐ Yes
2 ☐ No
9 ☐ DK

163

41. Do you expect to have a blood test for the AIDS virus infection in the next 12 months?

1 ☐ Yes (42)
2 ☐ No
9 ☐ DK } (44)

164

42. Will you have the blood test ---

a. as part of a blood donation? 1 ☐ Yes 2 ☐ No 9 ☐ DK 165

b. voluntarily from a source such as your doctor, clinic, or HMO? 1 ☐ Yes 2 ☐ No 9 ☐ DK 166

c. as part of some other activity that requires a blood sample and includes automatic AIDS testing, such as testing for the military or immigration? 1 ☐ Yes 2 ☐ No 9 ☐ DK 167

CHECK ITEM 4 — Refer to Q. 42b

☐ "Yes" In question 42b (43)
☐ Other (44)

43. Where would you go to have a blood test for the AIDS virus infection? (MARK FIRST MENTION)

168-169

00 ☐ Nowhere, wouldn't take the test
01 ☐ AIDS clinic
02 ☐ Company or industry clinic
03 ☐ Doctor/HMO
04 ☐ Hospital/emergency room/OP clinic
05 ☐ Other clinic
06 ☐ Public Health Department
07 ☐ Red Cross/blood bank
88 ☐ Other (SPECIFY)

_____

99 ☐ DK

44a. Did you have a blood transfusion at any time between 1977 and 1985?

1 ☐ Yes
2 ☐ No
9 ☐ DK

170

44b. Do you think the present supply of blood is safe for transfusions?

1 ☐ Yes
2 ☐ No
9 ☐ DK

171

HAND CARD C

45. Here are some methods people use to keep from getting the AIDS virus through sexual activity.

After I read each one, tell me whether you think it is very effective, somewhat effective, not at all effective, or if you don't know how effective it is in preventing getting the AIDS virus through sexual activity. How effective is ---

	Very effective	Somewhat effective	Not at all effective	DK how effective	DK method	
a. Using a diaphragm?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	172
b. Using a condom?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	173
c. Using a spermicidal jelly, foam or cream?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	174
d. Having a vasectomy?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	175
e. Two people who do not have the AIDS virus having sex only with each other?	1 ☐	2 ☐	3 ☐	4 ☐	9 ☐	176

46. What are your chances of having the AIDS virus; would you say high, medium, low, or none?

1 ☐ High (Check Item 6)
2 ☐ Medium
3 ☐ Low
4 ☐ None
7 ☐ Refused
9 ☐ DK

177

47. What are your chances of <u>getting</u> the AIDS virus; would you say high, medium, low, or none?

1 ☐ High
2 ☐ Medium
3 ☐ Low
4 ☐ None
7 ☐ Refused (Check Item 6)
9 ☐ DK

178

48. People have different meanings when they say a "high", "medium", or "low" chance.

If "no chance" is zero-out-of-one hundred, what would you say ,<u>High/Medium/Low</u>. is? What number of times-out-of-one hundred?

179-181

000 ☐ Less than 1 out of a 100

_____ out of a 100

999 ☐ DK

CHECK ITEM 5 Refer to Q. 47

☐ "High" OR "Medium" IN <u>Q. 47</u> (49)
☐ Other (Check Item 6)

49. Do you say your chance of getting AIDS is <u>(high/medium)</u> because you ---

a. Have had a blood transfusion? 1 ☐ Yes 2 ☐ No 182
b. Have had sexual contact with someone who might have the virus? 1 ☐ Yes 2 ☐ No 183
c. Some other reason? (SPECIFY) 1 ☐ Yes 2 ☐ No 184

_____

_____

CHECK ITEM 6	Refer to age and sex of S.P.	☐ Female 18-45 (50 Intro, then 50a) ☐ Other (50 Intro, then 50c)

50. In the past twelve months, have you received services or care at ---	Yes	No	DK	
a. a prenatal health clinic?	1 ☐	2 ☐	9 ☐	185
b. a maternal and infant health clinic?	1 ☐	2 ☐	9 ☐	186
c. a family planning clinic?	1 ☐	2 ☐	9 ☐	187
d. a hospital, as an inpatient?	1 ☐	2 ☐	9 ☐	188
e. a hospital emergency room?	1 ☐	2 ☐	9 ☐	189
f. a tuberculosis clinic?	1 ☐	2 ☐	9 ☐	190
g. a drug treatment facility or clinic?	1 ☐	2 ☐	9 ☐	191
h. an STD (sexually transmitted disease) clinic?	1 ☐	2 ☐	9 ☐	192
i. an alcohol treatment facility or clinic?	1 ☐	2 ☐	9 ☐	193
j. an AIDS counseling and testing clinic?	1 ☐	2 ☐	9 ☐	194
k. a community health clinic?	1 ☐	2 ☐	9 ☐	195
l. a public health clinic?	1 ☐	2 ☐	9 ☐	196

51. In the past twelve months, have you ---	Yes	No	DK	
a. been in the Job Corps?	1 ☐	2 ☐	9 ☐	197
b. had a physical examination to join the military?	1 ☐	2 ☐	9 ☐	198
c. been in prison?	1 ☐	2 ☐	9 ☐	199

52. Have you ever discussed AIDS with a friend or relative?		
	1 ☐ Yes (53) 2 ☐ No 9 ☐ DK (54)	200

53. When was the last time you discussed AIDS with a friend or relative?	1 ☐ Today 201-203 2 ☐ Days ago 3 ☐ Weeks ago _____ Number 4 ☐ Months ago 5 ☐ Years ago 9 ☐ DK
54. Have you ever personally known anyone with AIDS or the AIDS virus?	1 ☐ Yes (55) 204 2 ☐ No 9 ☐ DK if someone has/had AIDS AIDS virus (57)

(IF MORE THAN ONE PERSON VOLUNTEERED IN Q. 54, ASK Q. 55 and Q. 56 ABOUT THE PERSON KNOWN BEST)

55. How long has it been since you saw this person?	1 ☐ Within the past two weeks 205 2 ☐ Two weeks to less than one month 3 ☐ One month to less than 3 months 4 ☐ 3 months to less than 6 months 5 ☐ 6 months or more 9 ☐ DK
56. How well do you know this person? Would you say ---	1 ☐ Very well, it is a close relationship? 206 2 ☐ Fairly well, but it is not a close relationship ? 3 ☐ Not very well, it is only an acquaintance or casual relationship? or 4 ☐ You don't really know them personally, such as a friend of a friend? 8 ☐ Other (SPECIFY) _____ _____ _____

HAND CARD D

57. (I am going to read a list of statements. After I have read them all,) Please tell me if any of these statements is true for you.
Do not tell me which statement or statements are true for you, just if any of them are.

a. You have hemophilia and have received clotting factor concentrates since 1977.

b. You are a native of Haiti, Central or East Africa who has entered the United States since 1977.

c. You are a man who has had sex with another man at some time since 1977, even one time.

d. You have taken illegal drugs by needle at any time since 1977.

e. Since 1977, you are or have been the sex partner of any person who would answer "yes" to any of the items (I have read./above on this card.)

f. You have had sex for money or drugs at any time since 1977.

207

1 ☐ Yes to at least one statement

2 ☐ No to all statements

58. The U.S.Public Health Service has said that AIDS is one of the major health problems in the country but exactly how many people it affects is not known. The Surgeon General has proposed that a study be conducted and blood samples be taken to help find out how widespread the problem is.

If you were selected in this national sample of people to have their blood tested with assurances of privacy of test results, would you have the test?

208

1 ☐ Yes (60a)
2 ☐ No
8 ☐ Other response (SPECIFY)

_____

_____

_____

9 ☐ DK

59. Why wouldn't you take part in the test? Any other reason? (MARK ALL THAT APPLY)	1 ☐ Don't want to know if I have AIDS 1 ☐ Don't want any counseling about AIDS 1 ☐ Fear I'll get AIDS 1 ☐ Don't like to give blood 1 ☐ Don't trust Government programs 1 ☐ It is a waste of money 1 ☐ Don't believe AIDS can really be cured anyway 1 ☐ Other (SPECIFY) _____ 1 ☐ DK	(60b) (61)
60a. If it were not possible to provide you with the results of the test, would you still take part in the study?	1 ☐ Yes 2 ☐ No 9 ☐ DK	(61)
60b. If the results of the test were not provided to you, then would you take part in the study?	1 ☐ Yes 2 ☐ No 9 ☐ DK	
61. When Federal Public Health officials give information about AIDS, do you believe what they say or are you doubtful about the information they give?	1 ☐ Believe them 2 ☐ Doubtful 9 ☐ DK	
62. When they give advice about how to help keep from getting AIDS, do you believe their advice or are you doubtful about what they say?	1 ☐ Believe their advice 2 ☐ Doubtful 9 ☐ DK	

63. Date AIDS Supplement Final Status _____/_____/ 19_____ 222-227

INTERVIEWER TRANSCRIPTION FROM HIS-1

64. Hispanic Origin (Item 4a/b, Page 41, HIS-1)

228

HIS-1 Item 4a
1 ☐ Yes
2 ☐ No

229

HIS 1 Item 4b
1 ☐ Puerto Rican
2 ☐ Cuban
3 ☐ Mexican/Mexicano
4 ☐ Mexican American
5 ☐ Chicano
6 ☐ Other Latin American
7 ☐ Other Spanish

65. Questionnaire Version [1] 230

RT 99

66. Exact Address (Item 6a, Cover Page, HIS-1)

_____ 28-93

_____ 94-114

City State County ZIP Code 115-116 117-142 143-151

67. Mailing Address (Item 6b, Cover Page, HIS-1)

☐ Same as 6a 152

_____ 153-208

_____ 209-229

City State County ZIP Code 230-231 232-257 258-266

68. Telephone Number (Item 11, Cover Page, HIS-1)

267

1 ☐ Yes, telephone (RECORD NUMBER BELOW)
2 ☐ No telephone
3 ☐ Phone, but no number listed or number refused
9 ☐ DK or Refused

_____/_____/_____ 268-277
A.C. Exch. Number

CARD R

RACE

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White

HIS-501 (1968) (10-30-87)

CARD O

ORIGIN

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

Card R
Card O
(Cut along broken line.)

HIS-501 (1968) (10-30-87)

CARD I

INCOME

U .... $20,000 — $24,999

V .... $25,000 — $29,999

W ... $30,000 — $34,999

X .... $35,000 — $39,999

Y .... $40,000 — $44,999

Z .... $45,000 — $49,999

ZZ... $50,000 and over

HIS-501 (1968) (10-30-87)

CARD J

INCOME

A ..... Less than $1,000 (including loss)
B ..... $1,000 — $1,999
C ..... $2,000 — $2,999
D ..... $3,000 — $3,999
E ..... $4,000 — $4,999
F ..... $5,000 — $5,999
G ..... $6,000 — $6,999
H ..... $7,000 — $7,999
I ..... $8,000 — $8,999
J ..... $9,000 — $9,999
K ..... $10,000 — $10,999
L ..... $11,000 — $11,999
M ..... $12,000 — $12,999
N ..... $13,000 — $13,999
O ..... $14,000 — $14,999
P ..... $15,000 — $15,999
Q ..... $16,000 — $16,999
R ..... $17,000 — $17,999
S ..... $18,000 — $18,999
T ..... $19,000 — $19,999

Card I
Card J
(Cut along broken line.)

HIS-501 (1968) (10-30-87)

CARD N1

1 **Stopped working because of own illness, injury, disability or health problem that was JOB-RELATED**

2 **Stopped working because of own illness, injury, disability or other health problem that was NOT JOB-RELATED**

3 **Retired**

4 **Child/family care**

5 **On layoff from a job**

8 **Some other reason** *(Specify)*

HIS-501 (1988) (10-30-87)

CARD N2

0 **Less than one month**

1 **1 month, less than 3 months**

2 **3 months, less than 6 months**

3 **6 months, less than 12 months**

4 **1 year, less than 5 years**

5 **5 or more years**

Card N1
Card N2
(Cut along broken line.)

HIS-501 (1988) (10-30-87)

CARD N3

TO GET MEDICAL ATTENTION OR TREATMENT OTHER THAN FIRST AID FOR MINOR INJURIES

OR

TO BE UNABLE TO DO SOME WORK ACTIVITIES

OR

TO LOSE CONSCIOUSNESS

OR

TO TRANSFER TO ANOTHER JOB

HIS-501 (1988) (10-30-87)

CARD O1

01 **Don't socialize very much**
02 **Don't care for it or dislike it**
03 **Am an alcoholic**
04 **Thought I might become an alcoholic**
05 **Had problems with my drinking**
06 **Have a responsibility to my family**
07 **Family member an alcoholic or problem drinker**
08 **Medical or health reasons**
09 **Religious or moral reasons**
10 **Brought up not to drink**
11 **Makes me sick**
12 **Can't control my drinking**
13 **Costs too much or can't afford it**
14 **Dieting or too fattening**
88 **Other**

Card N2
Card O1
(Cut along broken line.)

HIS-501 (1988) (10-30-87)

CARD O2

1 Heavy

2 Moderate

3 Light

4 Very light or occasional

5 Quit drinking

6 Never drank

HS-501 (1988) (10-30-87)

CARD P1

01 Day care center

02 Babysitter in child's home

03 In babysitter's home

04 Father cares for child

05 Mother cares for child while working at home

06 Mother cares for child while working outside of home

07 Child cares for self

08 Other relative cares for child

09 Day camp

88 Other *(Specify)*

Card O2
Card P1

(Cut along broken line.)

HS-501 (1988) (10-30-87)

CARD P2

01 Nursery school or preschool

02 Nursery school or preschool with day care

03 Day care center

04 Babysitter in child's home

05 In babysitter's home

06 Father cares for child

07 Mother cares for child while working at home

08 Mother cares for child while working outside of home

09 Summer day camp

10 Child cares for self

11 Other relative cares for child

88 Other *(Specify)*

FORM HIS-501 (1988) (10-30-87)

CARD P3

01 Broken or dislocated bones

02 Sprain, strain or pulled muscle

03 Cuts, scrapes, or puncture wounds

04 Head injury, concussion

05 Bruise, contusion, or internal bleeding

06 Burn, scald

07 Poisoning from chemicals, medicines, drugs

08 Respiratory problem, such as breathing, cough, pneumonia

88 Other

99 Don't know type of condition

00 None

Card P2
Card P3

(Cut along broken line.)

HS-501 (1988) (10-30-87)

CARD P4

1 Has two or more usual doctors or places depending on what is wrong

2 Has not needed a doctor

3 Previous doctor no longer available

4 Have not been able to find the right doctor

5 Recently moved to area

8 Other reason *(Specify)*

HIS-501 (1988) (10-30-87)

1989

The 1989 NHIS was conducted with a full sample. The interviewed sample included 116,929 household members in 45,711 sample households. In addition to the basic health and demographic questionnaire, the 1989 survey included questions on the following special health topics: health insurance—which also included a special survey of California residents, adult immunization, mental health, dental health, orofacial pain, diabetes and diabetes risk factors, digestive disorders, and AIDS.

The health insurance questions asked about Medicare, Medicaid, public assistance programs, types of health insurance plans, plan coverage, who pays for the insurance, reasons for not having health insurance, and health care benefits from the Armed Forces or Veterans' Administration such as CHAMPUS or CHAMP-VA. The questions also asked about service-related disability, lay off or loss of job and subsequent loss of health insurance coverage, and health insurance coverage during job loss.

A special health insurance survey of California residents was conducted in conjunction with the 1989 NHIS. This survey was in collaboration with the State of California and the University of California, Los Angeles. In addition to the health insurance questions included in the NHIS Current Health Topics Questionnaire, questions were asked about usual source of care, barriers to needed care, income and employment status, characteristics of the place of employment, and opinions about various proposals for reducing the size of the uninsured population. The survey was in the field for three quarters of the year and included about 4,200 out of the 5,600 households in the California sample. NCHS produced special weights for the California population that will take into account the 18 percent of the population not covered by the sample. The survey was also conducted in Spanish. A Spanish translation of the questionnaire was prepared and used in the field; however, it is not included in this report. The health insurance data collected in the special California survey has not been released on a public-use data tape.

Immunization questions were asked of family members 18 years of age and over. The questions inquired about vaccinations to prevent influenza, pneumonia, and tetanus.

The questions on mental health inquired about mental and emotional disorders such as schizophrenia, paranoid disorder, manic depression, major depression, senility, alcohol abuse disorder, drug abuse disorder, and mental retardation. For each disorder reported, questions were asked about whether the disorder(s) prevented or limited the person's work, job, or school attendance.

Dental health questions obtained information about the number of visits in the past 2 weeks, reasons for not visiting the dentist in last 12 months, loss of natural teeth, dentures, dental sealants, use of mouthwash, use of fluoride, and missed work or school because of someone's dental problem.

The diabetes questionnaire asked adult diabetics for information about diagnosis, use of insulin and diabetes pills, diet, doctor visits, and sources of information. The questionnaire also asked an adult in the family who was nondiabetic about diabetes risk factors; urinary, foot, and eye problems; smoking; and family history of diabetes.

The current health topic questionnaire on orofacial pain included questions about toothaches, mouth sores, or burning sensations in the mouth in the past 6 months; pain in jaw joint or face in the past 6 months; visits to the dentist, doctor, or health professional for the pain in the past 6 months; and what was done for the pain during the past 6 months.

The questionnaire on digestive disorders asked about gallbladder trouble, ulcers, diverticulitis, and irritable bowel syndrome. In addition, questions asked about onset of condition, diagnosis abdominal pain, cause of pain, doctor visits, diagnostic tests, and questions on normative bowel functions.

The questions relating to AIDS were separate from the other 1989 current health topic questions. The interview was conducted using CAPI. The 1989 questions on AIDS were similar to those in 1987 and 1988. The series of questions asked in 1988 about the special brochure that was mailed to each household was excluded. As in the previous 2 years, the questions about AIDS pertained to AIDS knowledge and attitudes and were asked of persons in the family 18 years of age and over. Included were questions about pamphlets or brochures read or seen about AIDS, discussion of AIDS with their children, knowledge of AIDS, blood donation, blood testing for AIDS, the AIDS virus and sexual activity, the risk of getting the AIDS virus, whether person knew anyone with AIDS, and willingness to participate in sample of persons having blood tested for AIDS.

OMB No. 0920-0214: Approval Expires 3/31/90

FORM **HIS-1A (1989)**
(8-15-88)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

1989 CURRENT HEALTH TOPICS

NOTICE — Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 308(d) of the Public Health Service Act (42 USC 242m). Public reporting burden for this collection of information is estimated to vary from 20 to 75 minutes per response, with an average of 41 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to PHS Reports Clearance Officer; Room 721-H, Humphrey Building; 200 Independence Avenue, SW; Washington, DC 20201; ATTN: PRA, and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

RT 65 | 3–7 | 8

1. Book ____ of ____ books

2. R.O. Number 9–10

3. Sample 11–13

4. Control number
PSU 14–16 Segment 17–23 Serial 24–25

5. Beginning time 26–29 | 30
1 ☐ a.m.
2 ☐ p.m.

ADULT FAMILY ROSTER

6. **Are there any nondeleted persons 18+ years old in this family?** 1 ☐ Yes *(List by age, oldest to youngest)* 2 ☐ No *(Section M)* 31

SP 32 Line No.	33–34 Person No.	35–36 Age	37 Sex	Name
1			1 ☐ M 2 ☐ F	
2			1 ☐ M 2 ☐ F	
3			1 ☐ M 2 ☐ F	
4			1 ☐ M 2 ☐ F	
5			1 ☐ M 2 ☐ F	
6			1 ☐ M 2 ☐ F	
7			1 ☐ M 2 ☐ F	
8			1 ☐ M 2 ☐ F	
9			1 ☐ M 2 ☐ F	

Refer to the sample person selection label and circle as applicable. THEN circle Person Number in item 6 and mark the "SP" box on the HIS-1 for the selected sample person. THEN go to Section M.

7. FINAL STATUS
a. Household respondent

Section	Mark as appropriate (1)	Complete interview (2)	Partial interview *(Explain in notes)* (3)	Noninterview: Refusal *(Explain in notes)* (4)	Noninterview: Other *(Explain in notes)* (5)	
M. Health Insurance	9 ☐ Not required	1 ☐	2 ☐	3 ☐	8 ☐	38
N. Immunization	0 ☐ No person 18+ in this family	1 ☐	2 ☐	3 ☐	8 ☐	39
O. Mental Health		1 ☐	2 ☐	3 ☐	8 ☐	40
P. Dental		1 ☐	2 ☐	3 ☐	8 ☐	41
Q1. Diabetes Screening	0 ☐ No person 18+ in this family	1 ☐	2 ☐	3 ☐	8 ☐	42

b. Household diabetic(s)
Section Q2 (page 32) (Diabetes Followup) 43

0 ☐ No diabetics
7 ☐ Q1 Noninterview

Interview
1 ☐ Complete interview (all persons with diabetes interviewed)
2 ☐ Partial interview (some but not all persons with diabetes interviewed) *(Explain in notes)*

Noninterview
3 ☐ Refusal
8 ☐ Other
(Explain in notes)

c. Sample person

1. Section R (page 48) (Orofacial Pain) 44

0 ☐ No person 18+ in this family

Interview
1 ☐ Complete interview (all appropriate questions completed)
2 ☐ Partial interview (some but not all appropriate questions completed) *(Explain in notes)*

Noninterview
3 ☐ Refusal *(Explain in notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
8 ☐ Other *(Explain in notes)*

2. Section S (page 50) (Digestive Disorders) 45

0 ☐ No person 18+ in this family

Interview
1 ☐ Complete interview (all appropriate sections completed)
2 ☐ Partial interview (some but not all appropriate sections completed) *(Explain in notes)*

Noninterview
3 ☐ Refusal *(Explain in notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
8 ☐ Other *(Explain in notes)*

3. Section T (page 56) (Diabetes Risk Factors) 46

9 ☐ Not required
0 ☐ No person 18+ in this family
7 ☐ Q1 Noninterview

Interview
1 ☐ Complete interview (all appropriate questions completed)
2 ☐ Partial interview (some but not all appropriate questions completed) *(Explain in notes)*

Noninterview
3 ☐ Refusal *(Explain in notes)*
4 ☐ SP temporarily absent
5 ☐ SP mentally or physically incapable
8 ☐ Other *(Explain in notes)*

8. Ending time
1 ☐ a.m.
2 ☐ p.m.
47–50 | 51

9. Interviewer identification
Name

Code 52–53

Notes

RT 66
3–4

Section M – HEALTH INSURANCE

PERSON 1

5

CHECK ITEM 1	*Refer to letter indicated on Sample Selection label.*	1 ☐ **Letter M** *(1)* 2 ☐ **Letter T** *(Section N)*

Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. *Show Medicare Card.*

1a. Is anyone in this family, that is *(read names)*, **now covered by Medicare?** ☐ Yes ☐ No *(4)* ☐ DK *(4)*

b. Is —— now covered?

1b. 1 ☐ Covered 9 ☐ DK 2 ☐ Not covered — 6

Ask for each person with "Covered" or "DK" in 1b.

2. May I please see the Social Security Medicare card(s) for —— (and ——) to determine the type of coverage and to record the Health Insurance Claim Number. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on —— benefits and no information will be given to any other government or non-government agency.

Read if necessary: **The Public Health Service Act is Title 42, United States Code, Section 242k.**

Transcribe the number, then mark the appropriate box(es).

2. H. I. C. Number — 7–17

___–___–_____(_)(_)

1 ☐ Hospital — 18
2 ☐ Medical
3 ☐ Card N. A.

Ask for each person with "Card NA" in 2.

3a. Is —— now covered by the part of Social Security Medicare which pays for hospital bills?

3a. 1 ☐ Yes 9 ☐ DK 2 ☐ No — 19

b. Is —— now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which —— or some agency must pay a certain amount each month.

b. 1 ☐ Yes 9 ☐ DK 2 ☐ No — 20

4a. (Not counting Medicare) is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor, or dental bills? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.

☐ Yes ☐ No *(8)* ☐ DK *(8)*

b. It's important that we have the complete and accurate name of your health insurance plan. What is the COMPLETE name of the plan?

Record in Table H.I. If "DK", probe: **Do you have something with the plan name on it?**

c. Is anyone in the family now covered by any OTHER health insurance plan? Again, do NOT include plans that pay for ONLY ONE service.

☐ Yes *(Reask 4b and c)* ☐ No ☐ DK

TABLE H.I.

{Now I am going to ask some questions about the plan(s) you just told me about.}

Read if necessary: **Health Maintenance Organizations, or HMO's, sometimes called Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for the HMO or IPA. Also, members do not have to submit claims for costs of medical care services.**

PLAN 1 NAME — 21–22

	Yes	No	DK	
5a. Is this *(name)* **plan a Health Maintenance Organization or HMO?**	1	2	9	23
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	24
c. Is it now carried through an employer or union?	1	2	9	25

	Yes	No	DK	
6a. Does this *(name)* **plan pay any part of hospital expenses?**	1	2	9	26
b. Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	27
c. Does it pay for any DENTAL services other than oral surgery?	1	2	9	28
d. Does it pay for any prescription drugs other than those administered during a hospital stay?	1	2	9	29
e. Does it pay for any mental health, alcoholism, or drug abuse services?	1	2	9	30

7. Is —— covered under this *(name)* **plan?**

7. 1 ☐ Covered, 2 ☐ Not covered, 9 ☐ DK *(NP)* — 31

PLAN 2 NAME — 32–33

	Yes	No	DK	
5a. Is this *(name)* **plan a Health Maintenance Organization or HMO?**	1	2	9	34
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	35
c. Is it now carried through an employer or union?	1	2	9	36

	Yes	No	DK	
6a. Does this *(name)* **plan pay any part of hospital expenses?**	1	2	9	37
b. Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	38
c. Does it pay for any DENTAL services other than oral surgery?	1	2	9	39
d. Does it pay for any prescription drugs other than those administered during a hospital stay?	1	2	9	40
e. Does it pay for any mental health, alcoholism, or drug abuse services?	1	2	9	41

7. Is —— covered under this *(name)* **plan?**

7. 1 ☐ Covered, 2 ☐ Not covered, 9 ☐ DK *(NP)* — 42

Section M — HEALTH INSURANCE — Continued

PERSON 1 — 53

PLAN 3 NAME — 43–44

	Yes	No	DK			Yes	No	DK		
5a. Is this *(name)* plan a Health Maintenance Organization or HMO?	1	2	9	45	**6a.** Does this *(name)* plan pay any part of hospital expenses?	1	2	9	48	**7.** Is — — covered under this *(name)* plan?
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	46	**b.** Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	49	
c. Is it now carried through an employer or union?	1	2	9	47	**c.** Does it pay for any DENTAL services other than oral surgery?	1	2	9	50	
					d. Does it pay for any prescription drugs other than those administered during a hospital stay?	1	2	9	51	
					e. Does it pay for any mental health, alcoholism, or drug abuse services?	1	2	9	52	

7. 1 ☐ Covered 2 ☐ Not covered 9 ☐ DK ..... *(NP)*

PLAN 4 NAME — 54–55 — 64

	Yes	No	DK			Yes	No	DK		
5a. Is this *(name)* plan a Health Maintenance Organization or HMO?	1	2	9	56	**6a.** Does this *(name)* plan pay any part of hospital expenses?	1	2	9	59	**7.** Is — — covered under this *(name)* plan?
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	57	**b.** Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	60	
c. Is it now carried through an employer or union?	1	2	9	58	**c.** Does it pay for any DENTAL services other than oral surgery?	1	2	9	61	
					d. Does it pay for any prescription drugs other than those administered during a hospital stay?	1	2	9	62	
					e. Does it pay for any mental health, alcoholism, or drug abuse services?	1	2	9	63	

7. 1 ☐ Covered 2 ☐ Not covered 9 ☐ DK ..... *(NP)*

PLAN 5 NAME — 65–66 — 75

	Yes	No	DK			Yes	No	DK		
5a. Is this *(name)* plan a Health Maintenance Organization or HMO?	1	2	9	67	**6a.** Does this *(name)* plan pay any part of hospital expenses?	1	2	9	70	**7.** Is — — covered under this *(name)* plan?
b. Was this plan obtained through an employer or union?	1	2 *(6a)*	9 *(6a)*	68	**b.** Does this plan pay any part of doctor's or surgeon's bills for operations?	1	2	9	71	
c. Is it now carried through an employer or union?	1	2	9	69	**c.** Does it pay for any DENTAL services other than oral surgery?	1	2	9	72	
					d. Does it pay for any prescription drugs other than those administered during a hospital stay?	1	2	9	73	
					e. Does it pay for any mental health, alcoholism, or drug abuse services?	1	2	9	74	

7. 1 ☐ Covered 2 ☐ Not covered 9 ☐ DK ..... *(NP)*

8a. **[In addition to the plan(s) you just mentioned] Is anyone in the family now covered by an insurance plan that pays for ONLY ONE type of health care service, such as nursing home care, eye care, or prescriptions?**

☐ Yes ☐ No *(Check Item 2)* ☐ DK *(Check Item 2)*

b. **Is — — covered by this type of plan?** — 76

8b. 1 ☐ Covered 9 ☐ DK 2 ☐ Not covered

Ask for each person "Covered" in 8b:

c. **What type of service does — — plan pay for?**

c.
- 1 ☐ Prescriptions — 77
- 2 ☐ Eyecare — 78
- 3 ☐ Cancer treatment — 79
- 4 ☐ Catastrophic — 80
- 5 ☐ Nursing home care — 81
- 6 ☐ Accidents — 82
- 7 ☐ Dental care — 83
- 8 ☐ Other — *Specify* — 84

d. **Is — — now covered by any OTHER insurance plan that pays for ONLY ONE service?**

d. ☐ Yes *(Reask 8c—d)* ☐ No *(NP with "Covered" in 8b)*

FORM HIS-1A(1989) (8-15-88)

Section M — HEALTH INSURANCE — Continued

PERSON 1

CHECK ITEM 2

Review 1b and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."

CK 2 — 85

1 ☐ Covered
2 ☐ Not covered under 65
3 ☐ Not covered 65 and over
9 ☐ DK
(NP)

Ask for each person "Not covered" in Check Item 2.

If "Not covered 65 and over," in Check Item 2, include "or Medicare."

9a. **{Many people do not carry health insurance for various reasons.}** *Hand Card M.* **Which of those statements describes why — — is not covered by any health insurance (or Medicare)?**

Any other reason? *Circle all reasons given.*

86–87

1 2 3 4 5 6 7 8 → *(Specify)*

88–89
90–91
92–93

Mark box if only one reason.

If "Not covered 65 and over," in Check Item 2, include "or Medicare."

b. **What is the MAIN reason — — is not covered by any health insurance (or Medicare)?**

00 ☐ Only one reason

1 2 3 4 5 6 7 8 → *(Specify)*

Ask only if persons under age 20 in family; otherwise skip to 11.

10a. **Does anyone in the family now receive assistance through the "Aid to Families with Dependent Children" program, sometimes called "AFDC" or "ADC"?** ☐ Yes ☐ No *(11)* ☐ DK *(11)*

b. **Does — — now receive AFDC or ADC?** **10b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 94

11a. **Does anyone in the family now receive the "Supplemental Security Income" or "SSI" check?** ☐ Yes ☐ No *(12)* ☐ DK *(12)*

b. **Does — — now receive this check?** **11b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 95

12a. **There is a program called Medicaid that pays for health care for persons in need. (In this State it is also called** *(name)*.**)**

During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or *(name)***)?** ☐ Yes ☐ No *(13)* ☐ DK *(13)*

b. **Has — — received this care in the past 12 months?** **12b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 96

13a. **Does anyone in the family now have a Medicaid (or** *(name)***) card?** ☐ Yes ☐ No *(14)* ☐ DK *(14)*

b. **Does — — now have this card?** **13b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 97

Ask for each person with "Yes" in 13b.

c. **May I please see — — (and — —) card(s)?**

Mark appropriate box(es) in person's column.

98

☐ Medicaid card seen →
1 ☐ Current
2 ☐ Expired
3 ☐ No card seen
8 ☐ Other card seen →

(Specify)

14a. **Is anyone in the family now covered by any other public assistance program that pays for health care?** ☐ Yes ☐ No *(15)* ☐ DK *(15)*

b. **Is — — now covered?** **14b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 99

15. **Is anyone in this family now covered by health care benefits from the Armed Forces or Veterans' Administration?** ☐ Yes ☐ No *(Check Item 3)* ☐ DK *(Check Item 3)*

16a. **Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration? Do not include VA disability compensation.** ☐ Yes ☐ No *(17)* ☐ DK *(17)*

b. **Does — — now receive military retirement or a VA pension?** **16b.** 1 ☐ Yes 2 ☐ No 9 ☐ DK — 100

Ask for each person with "Yes" in 16b.

c. **Which does — — receive — the Armed Forces retirement, the VA pension, or both?**

101

1 ☐ Armed Forces
2 ☐ VA
3 ☐ Both

FORM HIS-1A(1989) (8-15-88)

RT 67 3–4

Section M — HEALTH INSURANCE — Continued

PERSON 1

17a. Is anyone in the family now covered by CHAMPUS, which is a program of medical care for dependents of military personnel? ☐ Yes ☐ No *(17c)* ☐ DK *(17c)*

b. Is —— now covered by CHAMPUS? — **17b.** 1 ☐ Yes 9 ☐ DK 2 ☐ No — 5

c. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? ☐ Yes ☐ No *(18)* ☐ DK *(18)*

d. Is —— now covered by CHAMP-VA? — **d.** 1 ☐ Yes 9 ☐ DK 2 ☐ No — 6

18a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? ☐ Yes ☐ No *(Check Item 3)* ☐ DK *(Check Item 3)*

b. Is —— now covered? — **18b.** 1 ☐ Yes 9 ☐ DK 2 ☐ No — 7

CHECK ITEM 3 — *Refer to "AF" box above person's column in HIS-1.* — **CK 3** 1 ☐ AF box marked *(19)* 8 ☐ Other *(NP)* — 8

19a. Does —— have a disability related to —— service in the Armed Forces of the United States? — **19a.** 1 ☐ Yes 2 ☐ No *(NP)* — 9

b. Does —— now receive compensation for this disability from the Veterans' Administration? — **b.** 1 ☐ Yes *(NP)* 2 ☐ No — 10

c. Has —— ever applied for a service-connected disability rating from the Veterans' Administration? — **c.** 1 ☐ Yes 9 ☐ DK *(NP)* 2 ☐ No *(NP)* — 11

d. Was it approved or denied? — **d.** 1 ☐ Approved 3 ☐ Pending 2 ☐ Denied 9 ☐ DK — 12

20a. During the past 12 months, that is since *(12-month date)* a year ago, have *(read names of related HH members 18 or over)* been laid off from a job or lost a job? ☐ Yes ☐ No *(Section N)* ☐ DK *(Section N)*

b. Who was this? *Mark "Laid off/lost job" box in person's column.* — **20b.** 1 ☐ Laid off/lost job — 13

c. Anyone else? ☐ Yes *(Reask 20b and c)* ☐ No

Ask 20d, e, and f for each person with "Laid off/lost job" in 20b.

d. How many times has —— been laid off or lost a job during the past 12 months? — **d.** _____ Times — 14

e. In what month and year was —— laid off or did —— lose a job ([the last time/the time before that])? — **e.** Mo. Yr. 19___ Time 1 — 15–18; Mo. Yr. 19___ Time 2 — 19–22; Mo. Yr. 19___ Time 3 — 23–26

f. For ANYTIME during [that/those] job layoff(s) or job loss(es), did —— receive unemployment insurance benefits? — **f.** 1 ☐ Yes 9 ☐ DK 2 ☐ No — 27

21a. Because of *(names of persons in 20b)* job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)? ☐ Yes ☐ No *(Section N)* ☐ DK *(Section N)*

b. Who was this? *Mark "Lost coverage" box in person's column.* — **21b.** 1 ☐ Lost coverage — 28

c. Anyone else? ☐ Yes *(Reask 21b and c)* ☐ No

CHECK ITEM 4 — *Refer to 21b and mark appropriate box.* — **CK 4** 1 ☐ Lost coverage *(22)* 2 ☐ Did not lose coverage *(NP)* — 29

22a. Was —— covered by some OTHER health insurance plan at any time during [that/those] job layoffs(s) or job loss(es)? Do not count military insurance or health programs such as Medicaid or AFDC. — **22a.** 1 ☐ Yes 9 ☐ DK *(23)* 2 ☐ No *(23)* — 30

b. Was —— covered by another plan for the entire time *(names of persons in 20b)* [was/were] off work? — **b.** 1 ☐ Yes *(23)* 9 ☐ DK *(23)* 2 ☐ No — 31

c. For how long was —— not covered by any kind of health insurance plan? — **c.** 00 ☐ Less than 1 month _____ Months — 32–33

23a. At ANYTIME during [that/those] job layoff(s) or job loss(es), was —— covered by a military program or by a health program such as Medicaid or AFDC? — **23a.** 1 ☐ Yes 9 ☐ DK *(NP)* 2 ☐ No *(NP)* — 34

b. For how long was —— covered by this kind of program? — **b.** 00 ☐ Less than 1 month _____ Months — 35–36

FORM HIS-1A(1989) (8-15-88)

RT 68
3–4

Section N — IMMUNIZATION

PERSON 1

5

CHECK ITEM 1 *Refer to ages of all family members.*

1 ☐ **Persons 18 and over in family** *(1)*
2 ☐ **No person 18 and over** *(Section O)*

The following questions are about immunizations to prevent influenza, pneumonia, and tetanus. In this family, they refer to *(read names of all persons 18+)*.

1a. **During the past 12 months, that is, since** *(12-month date)* **a year ago, have any adults in the family received a flu shot?**

Read if necessary: **This vaccination is usually given in the fall and protects against influenza for about one year.** ☐ Yes ☐ No *(2)* ☐ DK *(2)*

b. **Who was this?**

Mark "Influenza immunization" box in person's column.

6

1b. 1 ☐ Influenza immunization

c. **Anyone else?** ☐ Yes *(Reask 1b and c)* ☐ No

2a. **Have any adults in the family ever received a pneumonia vaccination?**

Read if necessary: **This shot first became available in 1979, and is given only once in a person's lifetime.** ☐ Yes ☐ No *(3)* ☐ DK *(3)*

b. **Who was this?**

Mark "Pneumonia vaccination" box in person's column.

7

2b. 1 ☐ Pneumonia vaccination

c. **Anyone else?** ☐ Yes *(Reask 2b and c)* ☐ No

Ask for each person with "Pneumonia vaccination" in 2b.

d. **Did — — receive the pneumonia shot within the past 12 months?**

8

d. 1 ☐ Yes
2 ☐ No
9 ☐ DK

3a. **During the past 5 years, have any adults in the family had a tetanus shot?**

Read if necessary: **Tetanus is sometimes called lockjaw.** ☐ Yes ☐ No *(Section O)* ☐ DK *(Section O)*

b. **Who was this?**

Mark "Tetanus immunization" box in person's column.

9

3b. 1 ☐ Tetanus immunization

c. **Anyone else?** ☐ Yes *(Reask 3b and c)* ☐ No

Ask for each person with "Tetanus immunization" in 3b.

d. **About how long ago did — — have the LAST tetanus shot?**

10

d. 1 ☐ Less than 1 year
2 ☐ 1 year, but less than 3 years
3 ☐ 3 or more years ago
9 ☐ DK

Notes

Section O — MENTAL HEALTH

RT 69

PERSON 1 3–4

Enter person number(s) of respondent(s). 5–6 7–8

Person number(s) of respondent(s)

These questions are about mental and emotional disorders.

1a. DURING THE PAST 12 MONTHS, did anyone in the family have —

If "Yes," ask 1b and c.

b. Who is this?

Mark box in appropriate person's column.

c. DURING THE PAST 12 MONTHS, did anyone else have —

A. Schizophrenia (skit-suh-free'-nee-uh)?	☐ Yes	☐ No	A.	1 ☐ Schizophrenia 9
B. Paranoid or delusional disorder, other than schizophrenia?	☐ Yes	☐ No	B.	1 ☐ Paranoid disorder 10
C. Manic episodes or manic depression, also called bipolar disorder?	☐ Yes *(Specify)*	☐ No	C.	1 ☐ Manic episodes 11 1 ☐ Manic depression 12
D. Major depression? *Read if necessary:* **A depressed mood and loss of interest in almost all activities FOR AT LEAST TWO WEEKS.**	☐ Yes	☐ No	D.	1 ☐ Major depression 13
E. Anti-social personality, obsessive-compulsive personality, or any other SEVERE personality disorder?	☐ Yes	☐ No	E.	1 ☐ Personality disorder 14
F. Alzheimer's (alltz' hī-merz) **disease or another type of senile disorder?**	☐ Yes	☐ No	F.	1 ☐ Senility 15
G. Alcohol abuse disorder?	☐ Yes	☐ No	G.	1 ☐ Alcohol abuse 16
H. Drug abuse disorder?	☐ Yes	☐ No	H.	1 ☐ Drug abuse 17
I. Does anyone in the family NOW have mental retardation?	☐ Yes	☐ No	I.	1 ☐ Mental retardation 18

2a. DURING THE PAST 12 MONTHS, did anyone in the family have any OTHER mental or emotional disorders? Include ONLY those disorders which SERIOUSLY interfere with a person's ability to work or attend school, or to manage their day-to-day activities.

☐ Yes ☐ No *(Check Item 1)*

b. Who is this? Anyone else? *Mark box in appropriate person's column.*

2b. 1 ☐ Other 19

Ask for each person with "Other" in 2b:

c. What would you call the disorder — — has?

c. 20–22

CHECK ITEM 1

Refer to 1A—F and 2b/c.

CK 1

1 ☐ One or more entries in 1A—F or 2b/c *(Check Item 2)* 23

8 ☐ All others *(NP or Section P)*

CHECK ITEM 2

Enter disorder(s) from 1A—F and 2c. DO NOT RECORD G, H, OR I.

CK 2

Notes

FORM HIS-1A (1989) (8-15-88)

Section O — MENTAL HEALTH — Continued		PERSON 1
CHECK ITEM 3 *Refer to Age.*	CK 3	24 1 ☐ Under 5 *(8)* 2 ☐ 5—17 *(4)* 3 ☐ 70 or over *(5)* 8 ☐ All others *(3)*
Ask questions 3-8 about ALL disorders reported in 1 and 2. **3a. Does — — *(disorder(s) in questions 1 and 2)* NOW entirely prevent — — from working at a paid job or business?**	3a.	25 1 ☐ Yes *(3d)* 2 ☐ No 3 ☐ Doesn't work — Other reasons 9 ☐ DK
b. Because of [this disorder/any of these disorders], is — — limited in the kind or amount of work — — can do?	b.	26 1 ☐ Yes *(3d)* 2 ☐ No 9 ☐ DK
Mark "Doesn't work" if marked in 3a; otherwise ask: **c. Because of [this disorder/any of these disorders], does — — have trouble finding or keeping a job or doing job tasks?**	c.	27 1 ☐ Yes 2 ☐ No ..... } *(Check Item 4)* 3 ☐ Doesn't work 9 ☐ DK .....
d. For how long has — — [been unable to work/ been limited in work/ had trouble with work] because of [this disorder/any of these disorders]?	d.	28 1 ☐ less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ I year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK
CHECK ITEM 4 *Refer to Age AND HIS-1, C1.*	CK 4	29 1 ☐ 18—24 AND neither Wa/Wb box marked *(4)* 8 ☐ All others *(Check Item 5)*
4a. Does — — *(disorder(s) in questions 1 and 2)* NOW entirely prevent — — from attending regular school (or college)?	4a.	30 1 ☐ Yes *(4c)* 2 ☐ No 3 ☐ Not in school — Other *reasons (Ck. Item 5)* 9 ☐ DK
b. Because of [this disorder/any of these disorders], does — — have trouble with school attendance or school work?	b.	31 1 ☐ Yes 2 ☐ No ..... } *(Check Item 5)* 3 ☐ Not in school — Other reasons .... 9 ☐ DK .....
c. For how long has — — [been unable to attend school/had trouble with school] because of [this disorder/any of these disorders]?	c.	32 1 ☐ less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ I year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK
CHECK ITEM 5 *Refer to age, then questions 3d and 4c and mark first appropriate box.*	CK 5	33 1 ☐ Under age 10 *(7)* 2 ☐ Entry in 3d or 4c *(5)* 8 ☐ All others *(6)*
5a. ON — — OWN AND WITHOUT HELP, does — — appropriately take care of — — own personal care needs, such as eating, dressing, bathing, and going to the toilet?	5a.	34 1 ☐ Yes *(6)* 2 ☐ No 9 ☐ DK *(6)*
b. Is this because of [— — *(disorder)* any of these mental disorders]?	b.	35 1 ☐ Yes 2 ☐ No } *(6)* 9 ☐ DK
c. For how long has — — had trouble taking care of any of these needs?	c.	36 1 ☐ less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ I year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK

Notes

Section O — MENTAL HEALTH — Continued		PERSON 1
6a. ON — — OWN AND WITHOUT HELP, does — — adequately handle routine matters such as — **(1) Managing money?**	**6a.** **(1)**	37 1 ☐ Yes *(2)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	38 1 ☐ Yes 2 ☐ No 9 ☐ DK
(ON — — OWN AND WITHOUT HELP, does — — adequately handle) **(2) Doing everyday household chores?**	**(2)**	39 1 ☐ Yes *(3)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	40 1 ☐ Yes 2 ☐ No 9 ☐ DK
(ON — — OWN AND WITHOUT HELP, does — — adequately handle) **(3) Shopping?**	**(3)**	41 1 ☐ Yes *(4)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	42 1 ☐ Yes 2 ☐ No 9 ☐ DK
(ON — — OWN AND WITHOUT HELP, does — — adequately handle) **(4) Getting around outside the home?**	**(4)**	43 1 ☐ Yes *(6c)* 2 ☐ No 3 ☐ Doesn't do
b. Is this because of [— — *(disorder)*/any of these mental disorders]?	**b.**	44 1 ☐ Yes 2 ☐ No 9 ☐ DK
If "Yes" in ALL of (1)—(4), go to 7; if "Yes" in any 6b, ask: **6c.** For how long has — — had trouble taking care of any of these things?	**c.**	45 1 ☐ Less than 3 months 2 ☐ 3 months, less than 1 year 3 ☐ 1 year, less than 5 years 4 ☐ 5 years or more 9 ☐ DK

Notes

Section O — MENTAL HEALTH — Continued

PERSON 1

Hand Card O1. Read answer categories if telephone interview.

7. Because of — — (disorder(s) in questions 1 and 2), how much difficulty does — — NOW have —

a. Forming friendships? — **7a.** — 46
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

b. Keeping friendships? — **b.** — 47
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

c. Concentrating long enough to complete tasks? — **c.** — 48
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

d. Coping with day-to-day stresses? — **d.** — 49
1 ☐ No difficulty
2 ☐ Some difficulty
3 ☐ A lot of difficulty
4 ☐ Completely unable
9 ☐ DK

If all "No difficulty" and/or "DK" in 7a—d, skip to 8; otherwise ask:

e. For how long has — — had any of these difficulties? — **e.** — 50
1 ☐ Less than 3 months
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 5 years
4 ☐ 5 years or more
9 ☐ DK

8a. When did — — LAST see or talk to a MENTAL HEALTH PROFESSIONAL about — — (disorder(s) in questions 1 and 2)? Include psychiatrists, psychologists, social workers, psychiatric nurses, and any other type of mental health professional. — **8a.** — 51
1 ☐ Less than 2 weeks
2 ☐ 2 weeks, less than 1 month
3 ☐ 1 month, less than 3 months
4 ☐ 3 months, less than 1 year
5 ☐ 1 year, less than 5 years
6 ☐ 5 years or more
7 ☐ Never *(8c)*
9 ☐ DK

b. What type of mental health professional was last seen? — **b.** — 52—53
_____ Mental health professional

c. (Besides mental health professionals) When did — — LAST see or talk to a doctor or other health professional about — — (disorder(s) in questions 1 and 2)? — **c.** — 54
1 ☐ Less than 2 weeks
2 ☐ 2 weeks, less than 1 month
3 ☐ 1 month, less than 3 months
4 ☐ 3 months, less than 1 year
5 ☐ 1 year, less than 5 years
6 ☐ 5 years or more
7 ☐ Never
9 ☐ DK

CHECK ITEM 7 — *Refer to 8a and c.* — **CK 7** — 55
1 ☐ Never in 8a AND c *(12)*
8 ☐ Other *(9)*

Notes

FORM HIS-1A (1989) (8-15-88)

Section O — MENTAL HEALTH — Continued

PERSON 1

Ask 9 for the first 4 disorders recorded in Check Item 2.

▶ **FIRST DISORDER IN CHECK ITEM 2:** _____ 56 57

9a. When did a doctor or other health professional FIRST give a diagnosis of *(first disorder in Check Item 2)* for — — ?

9a.
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK
(9b)

b. Did the doctor call the *(first disorder in Check Item 2)* by a more technical or specific name? — 58

b.
1 ☐ Yes
2 ☐ No
9 ☐ DK
(Next disorder or 10)

c. What did he or she call it? — 59–61

c. _____ _____ *(Next disorder or 10)*

d. Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name? — 62

d.
1 ☐ Yes
2 ☐ No
9 ☐ DK
(Next disorder or 10)

e. What did he or she call it? — 63–65

e. _____ _____

f. When did a doctor first call this disorder *(entry in 9e)*? — 66

f.
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
9 ☐ DK
(Next disorder or 10)

▶ **SECOND DISORDER IN CHECK ITEM 2:** _____ 67 68

9a. When did a doctor or other health professional FIRST give a diagnosis of *(second disorder in Check Item 2)* for — — ?

9a.
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK
(9b)

b. Did the doctor call the *(second disorder in Check Item 2)* by a more technical or specific name? — 69

b.
1 ☐ Yes
2 ☐ No
9 ☐ DK
(Next disorder or 10)

c. What did he or she call it? — 70–72

c. _____ _____ *(Next disorder or 10)*

d. Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name? — 73

d.
1 ☐ Yes
2 ☐ No
9 ☐ DK
(Next disorder or 10)

e. What did he or she call it? — 74–76

e. _____ _____

f. When did a doctor first call this disorder *(entry in 9e)*? — 77

f.
1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
9 ☐ DK
(Next disorder or 10)

Section O — MENTAL HEALTH — Continued

PERSON 1

▶ **THIRD DISORDER IN CHECK ITEM 2:** _____

9a. **When did a doctor or other health professional FIRST give a diagnosis of** *(third disorder in Check Item 2)* **for — — ?**

78 79

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK

} *(9b)*

b. **Did the doctor call the** *(third disorder in Check Item 2)* **by a more technical or specific name?**

80

1 ☐ Yes
2 ☐ No
9 ☐ DK

} *(Next disorder or 10)*

c. **What did he or she call it?**

81–83

_____
_____

(Next disorder or 10)

d. **Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name?**

84

1 ☐ Yes
2 ☐ No
9 ☐ DK

} *(Next disorder or 10)*

e. **What did he or she call it?**

85–87

_____
_____

f. **When did a doctor first call this disorder** *(entry in 9e)*?

88

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
9 ☐ DK

} *(Next disorder or 10)*

▶ **FOURTH DISORDER IN CHECK ITEM 2:** _____

9a. **When did a doctor or other health professional FIRST give a diagnosis of** *(fourth disorder in Check Item 2)* **for — — ?**

89 90

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
4 ☐ Never *(9d)*
9 ☐ DK

} *(9b)*

b. **Did the doctor call the** *(fourth disorder in Check Item 2)* **by a more technical or specific name?**

91

1 ☐ Yes
2 ☐ No
9 ☐ DK

} *(Next disorder or 10)*

c. **What did he or she call it?**

92–94

_____
_____

(Next disorder or 10)

d. **Has a DOCTOR OR OTHER HEALTH PROFESSIONAL ever given this disorder a technical or specific name?**

95

1 ☐ Yes
2 ☐ No
9 ☐ DK

} *(Next disorder or 10)*

e. **What did he or she call it?**

96–98

_____
_____

f. **When did a doctor first call this disorder** *(entry in 9e)*?

99

1 ☐ Less than 1 year
2 ☐ 1 yr., less than 5 yrs.
3 ☐ 5 years or more
9 ☐ DK

} *(Next disorder or 10)*

FORM HIS-1A (1989) (8-15-88)

Section O — MENTAL HEALTH — Continued

PERSON 1

10a. **Does — — NOW take any prescription medication for — — *(disorder(s) in Check Item 2)*?** — **10a.** — 100
1 ☐ Yes *(10c)*
2 ☐ No
9 ☐ DK

b. **DURING THE PAST 12 MONTHS, did — — take any prescription medication for [this disorder/any of these disorders]?** — **b.** — 101
1 ☐ Yes
2 ☐ No } *(12)*
9 ☐ DK }

c. **How many DIFFERENT medications [does — — take/did — — take during the past 12 months] for [this disorder/any of these disorders]?** — **c.** — 102
_____ Medication(s)
Number
9 ☐ DK

11a. **[May I see/Would you please bring to the telephone] the container(s) for the medication(s) you just told me about?** — **11a.** — 103
1 ☐ Container available
2 ☐ No container available

Record from container label. If no container available and for telephone, ask 11b—d as appropriate. If DK, show Card O2, asking "Is it any of these?" before marking "DK".

▶ FIRST MEDICATION

b. **What is the name of the first medication?** — **b.** — 104–106
999 ☐ DK

▶ SECOND MEDICATION

c. **What is the name of the second medication?** — **c.** — 107–109
999 ☐ DK

▶ THIRD MEDICATION

d. **What is the name of the third medication?** — **d.** — 110–112
999 ☐ DK

12a. **Does — — NOW receive a disability payment through any government program because of — — *(disorder(s) in Check Item 2)*?** — **12a.** — 113
1 ☐ Yes
2 ☐ No } *(Check Item 1 for NP or Section P)*
9 ☐ DK }

b. **Is this payment through Social Security Disability Insurance, called "SSDI"; through Supplemental Security Income, called SSI"; through the Veteran's Administration; or through some other program?**
Mark all that apply.
b.
1 ☐ SSDI — 114
2 ☐ SSI — 115
3 ☐ VA — 116
4 ☐ Other — 117
} *(Check Item 1 for NP or Section P)*

Notes

RT 70

Section P — DENTAL

PERSON 1 — 3–4

Hand calendar.

These next questions are about dental care received during the 2 weeks [outlined in red on that calendar/beginning Monday *(date)* and ending this past Sunday *(date)*].

1a. **DURING THOSE 2 WEEKS did anyone in the family go to a dentist? Include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.** ☐ Yes ☐ No *(2)* ☐ DK *(2)*

b. **Who was this?**
Mark "Dental visits" box in person's column.

1b. 5
1 ☐ Dental visit

c. **During those 2 weeks, did anyone else in the family go to a dentist?** ☐ Yes *(Reask 1b and c)* ☐ No

Ask for each person with "Dental visit" in 1b.

d. **During those 2 weeks, how many times did — — go to a dentist?**

d. 6–7
☐☐ 2-week dental visits

Mark box if under 2.

2a. **During the past 12 months {that is, since *(12-month date)* a year ago}, about how many visits did — — make to a dentist? (Include the *(number in 1d)* visits) you already told me about.)**

2a. 8–10
998 ☐ Under 2 *(NP)*
☐☐☐ 12-month dental visits
000 ☐ None

Mark "2-week dental visit" box in person's column if visit(s) reported in 1d.

b. **ABOUT how long has it been since — — LAST went to a dentist?**

b. 11
1 ☐ Past 2 weeks not reported *(Mark 1b, ask 1c)*
2 ☐ 2-week dental visit
3 ☐ Over 2 weeks, less than 6 months
4 ☐ 6 months, less than 1 year
(NP)
5 ☐ 1 year, less than 2 years
6 ☐ 2 years, less than 5 years
7 ☐ 5 years or more
o ☐ Never
(3)

3. **What are the reasons — — has [not visited the dentist in over 12 months/never gone to the dentist]?**
Do not read categories. Circle all that apply.

01 Afraid	**07** Can't get there	**99** Don't know
02 Nervous	**08** No problems	
03 Needles	**09** No teeth	
04 Cost	**10** Not important	
05 Don't know dentist	**11** Didn't think of it	
06 Dentist too far	**88** Other *(Specify)*	

3. 12–13 / 14–15 / 16–17 / 18–19 / 20–21 / 22–23 / 24–25 / 26–27 / 28–29 / 30–31 / 32–33 / 34–35 / 36–37

01 07 99
02 08
03 09
04 10
05 11
06 88 →

_____ *(Specify)*

4a. **Is there anyone in the family who has lost ALL of his or her upper (permanent) natural teeth?** ☐ Yes ☐ No *(4e)*

b. **Who is this?**
Mark "No uppers" box in person's column.

4b. 38
1 ☐ No uppers

c. **Anyone else?** ☐ Yes *(Reask 4b and c)* ☐ No

Ask for each person with "No uppers" in 4b.

d. **Does — — have an upper denture or plate?**

d. 39
1 ☐ Yes 2 ☐ No

e. **Is there anyone in the family who has lost ALL of his or her lower (permanent) natural teeth?** ☐ Yes ☐ No *(5)*

f. **Who is this?**
Mark "No lowers" box in person's column.

f. 40
1 ☐ No lowers

g. **Anyone else?** ☐ Yes *(Reask 4f and g)* ☐ No

Ask for each person with "No lowers" in 4f.

h. **Does — — have a lower denture or plate?**

h. 41
1 ☐ Yes 2 ☐ No

Section P — DENTAL — Continued

PERSON 1

CHECK ITEM 1

Refer to 4b AND 4f.

1 ☐ **All family members have lost all teeth: upper and lower** ***(Check Item 2)***

8 ☐ **Other** ***(5)***

42

5a. **Dental SEALANTS are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay. They are DIFFERENT from fillings, caps, crowns, and fluoride treatments. Has anyone in the family EVER had dental SEALANTS painted on their teeth?**

☐ Yes ☐ No *(6)* ☐ DK *(6)*

b. **Who is this?**

Mark "Dental sealants" box in person's column.

5b.

43

1 ☐ Dental sealants

c. **Anyone else?**

☐ Yes *(Reask 5b and c)* ☐ No

6a. **In the past two weeks has anyone in the family used a mouthwash or mouthrinse at home?**

☐ Yes ☐ No *(Check Item 2)* ☐ DK *(Check Item 2)*

b. **Who is this?**

Mark "Mouthrinse" box in person's column.

6b.

44

1 ☐ Mouthrinse

c. **Anyone else?**

☐ Yes *(Reask 6b and c)* ☐ No

Ask for each person with "Mouthrinse" in 6b.

45–46

d. **What brand did — — use most often during the past 2 weeks?**

Do not read answer categories. Circle ONE brand.

d.

1 2 3 4 8 9

1. ACT, Fluorigard, Kolynos, Listermint, Reach, StanCare
2. Prescription fluoride rinse
3. PLAX
4. Scope, Listerine, Lavoris
8. Other *(Specify)*
9. Don't know

(Specify)

Ask or verify.

e. **Does this mouthrinse contain fluoride?**

e.

47

1 ☐ Yes
2 ☐ No
9 ☐ DK

CHECK ITEM 2

Refer to age.

CK 2

48

1 ☐ Under 2 *(8)*
2 ☐ 2–17 *(7)*
3 ☐ 18 and over *(NP)*

7. **{Some schools have fluoride MOUTHRINSE programs.}**

Does — — now take part in a fluoride MOUTHRINSE program at school?

7.

49

1 ☐ Yes
2 ☐ No
9 ☐ DK

{Doctors or dentists may prescribe or provide tablets, drops, or supplements with fluoride in them. (Sometimes these are given at school.)}

8. **Does — — now take vitamins with FLUORIDE in them or any other kind of FLUORIDE tablets, drops, or supplements?**

8.

50

1 ☐ Yes
2 ☐ No
9 ☐ DK

Notes

FORM HIS-1A (1989) (8-15-88)

Section P — DENTAL — Continued

PERSON 1

These next questions refer to the 2 weeks [outlined on that calendar/beginning Monday *(date)* and ending Sunday *(date)*].

9a. **During that 2 week period, did anyone in the family miss any time from work or school because of a dental problem or dental visit?** ☐ Yes ☐ No *(10)* ☐ DK *(10)*

b. **Who was this?**

Mark "Missed time" box in person's column.

9b. 51 1 ☐ Missed time

c. **Anyone else?** ☐ Yes *(Reask 9b and c)* ☐ No ☐ DK

Ask for each person with "Missed time" in 9b.

d. **How much time did — — miss because of a dental problem or dental visit?**

d. 52–53
51 ☐ Less than 1 hour
52 ☐ 1 hour, less than 3 hours
53 ☐ 3 hours, less than 5 hours
54 ☐ 5 hours, less than 7 hours
55 ☐ 7 or more hours
OR
_____ Days

10a. **During that two week period did anyone in the family miss any time from work or school to assist a relative or friend with a dental problem or dental visit?** ☐ Yes ☐ No *(11)* ☐ DK *(11)*

b. **Who was this?**

Mark "Missed time" box in person's column.

10b. 54 1 ☐ Missed time

c. **Anyone else?** ☐ Yes *(Reask 10b and c)* ☐ No ☐ DK

Ask for each person with "Missed time" marked in 10b.

d. **How much time did — — miss because — — was assisting a relative or friend with a dental problem or visit?**

d. 55–56
51 ☐ Less than 1 hour
52 ☐ 1 hour, less than 3 hours
53 ☐ 3 hours, less than 5 hours
54 ☐ 5 hours, less than 7 hours
55 ☐ 7 or more hours
OR
_____ Days

11a. **(Not counting the time missed from work or school) Was there any (other) time during those 2 weeks that anyone in the family cut down on normal activities for MORE THAN HALF OF THE DAY because of a dental problem or dental visit?** ☐ Yes ☐ No *(Check Item 3)* ☐ DK *(Check Item 3)*

b. **Who was this?**

Mark "Cut down" box in person's column.

11b. 57 1 ☐ Cut down

c. **Anyone else?** ☐ Yes *(Reask 11b and c)* ☐ No ☐ DK

Ask for each person with "Cut down" in 11b.

d. **During that period, how many (other) days did — — cut down for MORE THAN HALF OF THE DAY because of a dental problem or dental visit?**

d. 58–59
00 ☐ None
_____ Days

CHECK ITEM 3

a. *Mark first appropriate box.*

CK 3a. 60
0 ☐ Under 17
1 ☐ Present for all questions
2 ☐ Present for some questions
3 ☐ Not present

b. *Enter person number(s) of respondent(s) to "Dental" section.*

b. 61–62
_____
Person number(s) of respondent(s)

Notes

RT 71 3–4

Section Q — DIABETES

PERSON 1

Section Q1 — DIABETES SCREENING

CHECK ITEM 1 — *Refer to ages of all family members.*

1 ☐ **Persons aged 18 and over in family** *(1)*
2 ☐ **No persons aged 18 and over in family** *(Section R)*

1a. **Has any adult in this family, that is** *(read names of persons 18 and over)* **EVER been told by a doctor that they had diabetes? Do not include pre, potential, or borderline diabetes.** ☐ Yes ☐ No *(Section R)*

b. **Who is this?**
Mark "Diabetes" box in appropriate person's column.

1b. 6
1 ☐ Diabetes

c. **Has any other adult in this household been told they have diabetes? Do not include pre, potential, or borderline diabetes.** ☐ Yes *(Reask 1b and c)* ☐ No

Section Q2 — DIABETES FOLLOWUP QUESTIONS

CHECK ITEM 2 — *Refer to 1b above.*

CK 2 — 7
0 ☐ Under 18 *(NP)*
1 ☐ "Diabetes" box marked in 1b *(Check Item 3)*
8 ☐ All others *(NP)*

CHECK ITEM 3 — *Status of diabetic.*

CK 3 — 8
1 ☐ Available *(1)*
2 ☐ Callback required *(Hhld page of HIS-1, THEN NP)*
3 ☐ Noninterview *(Cover page of HIS-1A, THEN NP)*

(Earlier I was told you had diabetes.)
1. **How old were you when you got diabetes? Do not include pre, potential, or borderline diabetes.**

1. — 9–10
00 ☐ Don't have diabetes *(NP)*
98 ☐ Have pre, potential, or borderline diabetes *(NP)*
_____ Years old
99 ☐ DK

2. **Are you NOW a diabetic?**

2. — 11
1 ☐ Yes
2 ☐ No *(NP)*

3a. **When you first learned that you might have diabetes, were you sick or feeling diabetic symptoms, OR was the diabetes discovered by chance?**

3a. — 12
1 ☐ Sick/symptoms
2 ☐ By chance *(3c)*
9 ☐ DK

b. **Were you at your doctor's office, a patient in the hospital, or somewhere else?**

b. — 13
1 ☐ Doctor's office
2 ☐ Patient in hospital
3 ☐ Somewhere else
9 ☐ DK
(4)

c. **Was the diabetes discovered while getting a routine physical, a screening test for diabetes, or while being treated for something else?**

c. — 14
1 ☐ Routine physical
2 ☐ Screening test for diabetes
3 ☐ Treated for something else
8 ☐ Other
9 ☐ DK

4a. **When your diabetes was first diagnosed, did you have a blood test, a urine test, or both?**

4a. — 15
1 ☐ Blood
2 ☐ Urine *(5)*
3 ☐ Both
9 ☐ DK *(5)*

b. **Was the blood test an oral glucose tolerance test?**

b. — 16
1 ☐ Yes
2 ☐ No
9 ☐ DK

Ask if female; otherwise, go to 6.

5a. **Were you pregnant when you were first told that you had diabetes?**

5a. — 17
1 ☐ Yes
2 ☐ No *(6)*

b. **Other than during pregnancy, did a doctor EVER tell you that you had diabetes?**

b. — 18
1 ☐ Yes
2 ☐ No *(NP)*

Notes

FORM HIS-1A(1989) (8-15-88)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
6a. Are you NOW taking insulin?	**6a.**	19 1 ☐ Yes 2 ☐ No *(6e)*
b. For how long have you been taking insulin?	**b.**	20–22 000 ☐ Less than 1 month _____ 1 ☐ Months 2 ☐ Years 999 ☐ DK
c. Currently, about how often do you use insulin?	**c.**	23–25 _____ Times per 1 ☐ Day 2 ☐ Week 998 ☐ Use insulin pump 999 ☐ DK
d. On an average day, about how many units of insulin do you take?	**d.**	26–28 _____ Units per day 999 ☐ DK
Mark without asking if known. **e.** Have you EVER used an insulin pump?	**e.**	29 1 ☐ Yes 2 ☐ No 9 ☐ DK
f. Are you NOW taking diabetes pills to lower your blood sugar? *Read if necessary:* **These are sometimes called oral agents or oral hypoglycemic agents.**	**f.**	30 1 ☐ Yes 2 ☐ No 9 ☐ DK *(7)*
g. For how long have you been taking them?	**g.**	31–33 000 ☐ Less than 1 month _____ 1 ☐ Months 2 ☐ Years 999 ☐ DK
h. About how often do you take them?	**h.**	34–36 _____ Times per 1 ☐ Day 2 ☐ Week 999 ☐ DK
7a. Has a doctor or other health professional ever given you a diet or instructions on what foods you should eat as a diabetic?	**7a.**	37 1 ☐ Yes 2 ☐ No 9 ☐ DK *(9)*
b. In the past 12 months, have you tried to follow the diet or instructions?	**b.**	38 1 ☐ Yes 2 ☐ No *(9)*
Hand Card Q1. Read categories if telephone interview. **c.** In the past 12 months, about how often have you been able to follow the diet or instructions?	**c.**	39 1 ☐ Always *(9)* 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely 5 ☐ Never 9 ☐ DK *(8b)*

Notes

FORM HIS-1A(1989) (8-15-88)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
8a. Is it difficult for you to stay on your diet —		40
(1) When you eat in restaurants?	8a. (1)	0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(2) When you go to parties or social events?	(2)	41 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(3) When you are busy with other activities?	(3)	42 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(4) When you go on a trip?	(4)	43 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(5) When you are feeling upset or angry?	(5)	44 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(6) When you are feeling sad, depressed, or blue?	(6)	45 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(7) When you are feeling bored?	(7)	46 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
b. Do you (also) find it difficult to stay on your diet —		47
(1) Because foods you should eat do not taste good?	b. (1)	0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(2) Because you crave foods not on your diet?	(2)	48 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(3) Because you have to prepare food separately for yourself?	(3)	49 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(4) Because of lack of help or support from your family or friends?	(4)	50 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
(5) Because you are unsure about what foods you should eat?	(5)	51 0 ☐ Not applicable 1 ☐ Yes 2 ☐ No 9 ☐ DK
9. How important do you think what you eat or drink is in controlling your diabetes? Is it very important, somewhat important, or not important?	9.	52 1 ☐ Very important 2 ☐ Somewhat important 3 ☐ Not important 9 ☐ DK

FORM HIS-1A(1989) (8-15-88)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
10a. Is there ONE doctor you usually see for your diabetes?	10a.	1 ☐ Yes 2 ☐ No *(10c)* — 53
b. How many times have you seen this doctor in the past 12 months?	b.	_____ Times 99 ☐ DK — 54–55
c. Which of the following did you see in the past 12 months for any reason —	c.	1 ☐ Yes 2 ☐ No 9 ☐ DK — 56
(1) A cardiologist or heart doctor?	(1)	
(2) An ophthalmologist, that is, a medical doctor who specializes in eye care?	(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 57
Ask if female; otherwise go to (4). **(3) An obstetrician or gynecologist?**	(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 58
(4) A podiatrist or foot doctor?	(4)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 59
(5) A psychologist or psychiatrist?	(5)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 60
(6) A dietitian or nutritionist?	(6)	1 ☐ Yes 2 ☐ No 9 ☐ DK — 61
(7) Any other medical doctor? — *Specify*	(7)	1 ☐ Yes — *Specify* _____ 2 ☐ No 9 ☐ DK — 62
The next few questions are about glucose or sugar in your urine and blood.		
11a. About how many times in the past 6 months has a health professional checked your URINE for glucose or sugar? Do not count times when an overnight patient in the hospital.	11a.	00 ☐ None _____ Times 99 ☐ DK — 63–64
b. On your own, about HOW OFTEN do you check your urine for glucose or sugar? Include times when checked by a family member or friend.	b.	000 ☐ Never _____ Times per (1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year) 999 ☐ DK — 65–67
If "None" in 11a and "Never" in 11b, skip to 11d. *Hand Card Q1. Read list if telephone interview.* **c.** Based on ALL your urine tests during the past 6 months, how often would you say you have had glucose or sugar in your urine?	c.	1 ☐ Always 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely 5 ☐ Never 9 ☐ DK — 68
d. Have you been tested for ketones in the past 6 months?	d.	1 ☐ Yes 2 ☐ No } *(12)* 9 ☐ DK } — 69
e. Were any of these tests positive?	e.	1 ☐ Yes 2 ☐ No 9 ☐ DK — 70
12a. About how many times in the past 6 months has a health professional checked your BLOOD for glucose or sugar? Do not count times when an overnight patient in a hospital.	12a.	00 ☐ None _____ Times 99 ☐ DK — 71–72
b. On your own, about HOW OFTEN do you check your blood for glucose or sugar? Include times when checked by a family member or friend.	b.	000 ☐ Never _____ Times per (1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year) 999 ☐ DK — 73–75
If "None" in 12a and "Never" in 12b, skip to 13.. *Hand Card Q1. Read list if telephone interview.* **c.** Based on ALL your blood sugar tests during the past 6 months, how often would you say your blood sugar level has been too high?	c.	1 ☐ Always 2 ☐ Most of the time 3 ☐ Some of the time 4 ☐ Rarely 5 ☐ Never 9 ☐ DK — 76

FORM HIS-1A(1989) (8-15-88)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
13a. Have you ever heard of glycosylated hemoglobin (glī-ko'sil-āted he"mo-glo'bin) or hemoglobin "A one C"?	**13a.**	77 1 ☐ Yes 2 ☐ No *(14a)*
b. About how many times in the past 6 months has a doctor, nurse, or other health professional checked you for glycosylated hemoglobin or hemoglobin "A one C"?	**b.**	78–79 00 ☐ None _____ Times 99 ☐ DK
14a. About how many times in the past 6 months has a health professional checked your feet for any sores or irritations?	**14a.**	80–81 00 ☐ None _____ Times 99 ☐ DK
b. About how often do you check your feet for sores or irritations?	**b.**	82–84 000 ☐ Never _____ Times per { 1 ☐ Day, 2 ☐ Week, 3 ☐ Month, 4 ☐ Year } 999 ☐ DK
15. During the past 6 months have you had any sores or irritations on your feet or ankles that did not heal normally?	**15.**	85 1 ☐ Yes 2 ☐ No 9 ☐ DK
16. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.	**16.**	86 1 ☐ Less than 1 month } *(18)* 2 ☐ 1 to 12 months 3 ☐ 13 to 24 months *(17b)* 4 ☐ More than 2 years 5 ☐ Never 9 ☐ DK
17a. Have you had ANY kind of eye exam by a doctor within the past two years?	**17a.**	87 1 ☐ Yes 2 ☐ No } *(18)* 9 ☐ DK
b. Have you had ANY kind of eye exam by a doctor within the past 12 months?	**b.**	88 1 ☐ Yes 2 ☐ No 9 ☐ DK
18a. Have you EVER been told that diabetes has affected the back of your eyes, that is, the retina?	**18a.**	89 1 ☐ Yes 2 ☐ No } *(20)* 9 ☐ DK
b. How old were you when the doctor first told you this?	**b.**	90–91 _____ Years old 99 ☐ DK
19a. Have you ever had laser or photocoagulation treatment for this problem? Do not include treatments for cataracts.	**19a.**	92 1 ☐ Yes 2 ☐ No } *(20)* 9 ☐ DK
b. Did you receive this treatment within the past 12 months?	**b.**	93 1 ☐ Yes 2 ☐ No } *(20)* 9 ☐ DK
c. Was this the first time you had this treatment?	**c.**	94 1 ☐ Yes 2 ☐ No 9 ☐ DK
20. Have you ever had photographs taken of the retina or inside of your eyes?	**20.**	95 1 ☐ Yes 2 ☐ No 9 ☐ DK
21. Do you have serious trouble seeing with one or both eyes even when wearing glasses?	**21.**	96 1 ☐ Yes 2 ☐ No 9 ☐ DK

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1	RT 72 3–4
22a. About how many times in the past 12 months has a doctor or other health professional checked your blood pressure? Do not count times when an overnight patient in a hospital.	22a.	000 ☐ None _____ Times 999 ☐ DK	5–7
b. Has a doctor EVER told you that you had high blood pressure or hypertension?	b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	8
c. Are you doing any of the following [for your/to prevent] high blood pressure —	c.	1 ☐ Yes 2 ☐ No 9 ☐ DK	9
(1) Taking prescribed medication?	(1)		
(2) Losing weight or controlling weight?	(2)	1 ☐ Yes 2 ☐ No 9 ☐ DK	10
(3) Cutting down on salt or sodium?	(3)	1 ☐ Yes 2 ☐ No 9 ☐ DK	11
(4) Getting physical activity or exercise?	(4)	1 ☐ Yes 2 ☐ No 9 ☐ DK	12
d. The last time you had your blood pressure checked, were you told it was high, borderline, low, normal, or were you not told?	d.	1 ☐ High 2 ☐ Borderline 3 ☐ Low 4 ☐ Normal 5 ☐ Not told 6 ☐ Never checked 9 ☐ DK	13
23. Has a doctor EVER told you that you had —			
a. Glaucoma?	23a.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(23c)*	14
b. Are you NOW taking any medication for it?	b.	1 ☐ Yes 2 ☐ No	15
c. Angina?	c.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(23e)*	16
d. Are you NOW taking any medication for it?	d.	1 ☐ Yes 2 ☐ No 9 ☐ DK	17
e. Any other heart trouble?	e.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(23g)*	18
f. Are you NOW taking any medication for it?	f.	1 ☐ Yes 2 ☐ No 9 ☐ DK	19
g. A stroke?	g.	1 ☐ Yes 2 ☐ No 9 ☐ DK	20
h. Cataracts?	h.	1 ☐ Yes 2 ☐ No 9 ☐ DK	21
i. Protein or albumin in your urine?	i.	1 ☐ Yes 2 ☐ No 9 ☐ DK	22
j. Periodontal or gum disease?	j.	1 ☐ Yes 2 ☐ No 9 ☐ DK	23
24. Has a doctor EVER told you that you had —			
a. Kidney disease? Do not include kidney stones or bladder infection.	24a.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(25)*	24
b. Polycystic kidney disease?	b.	1 ☐ Yes 2 ☐ No 9 ☐ DK	25
25. About how many different times in the past 12 months have you had a bladder or urinary tract infection?	25.	00 ☐ None _____ Times 99 ☐ DK	26–27
26. Have you ever had symptoms of a bladder infection that lasted more than 3 months, such as frequent urination and pain in your bladder?	26.	1 ☐ Yes 2 ☐ No 9 ☐ DK *(29)*	28

FORM HIS-1A (1989) (8-15-88)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued		PERSON 1
27. **When you had these symptoms, were you told that you had painful bladder syndrome or interstitial cystitis** (in'ter-stish'al sis-ti'tis)?	**27.**	29 1 ☐ Yes 2 ☐ No 9 ☐ DK *(29)*
28. **How old were you when you were first told that you had painful bladder syndrome or interstitial cystitis?** (In'ter-stish'al sis-ti'tis)	**28.**	30–31 _____ Years old 99 ☐ DK
29. **When you urinate —** **a.** **Do you USUALLY have trouble starting?**	**29a.**	32 0 ☐ NA/Dialysis *(31)* 1 ☐ Yes 2 ☐ No 9 ☐ DK
b. **Do you USUALLY feel like you have not completely emptied your bladder?**	**b.**	33 1 ☐ Yes 2 ☐ No 9 ☐ DK
30a. **Do you USUALLY have to get up at night to go to the bathroom to urinate? Exclude nights when you drink a lot of liquids.**	**30a.**	34 1 ☐ Yes 2 ☐ No 9 ☐ DK *(31)*
b. **About how many times each night do you have to get up?**	**b.**	35–36 _____ Times 00 ☐ Less than once a night
31. **Have you ever had an amputation of your toe, foot, leg, or part of a leg?** *If "Yes," ask:* **Which?** *Mark all that apply.*	**31.**	37 38 1 ☐ Yes, toe 2 ☐ Yes, foot 3 ☐ Yes, leg or part of leg 4 ☐ No
32. **During the past THREE months have you had —** **a.** **Numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep?**	**32a.**	39 1 ☐ Yes 2 ☐ No 9 ☐ DK
b. **A painful sensation or tingling in your hands or feet? Do not include normal foot aches from standing or walking for long periods.**	**b.**	40 1 ☐ Yes 2 ☐ No 9 ☐ DK
c. **Decreased ability to feel hot or cold in things you touch?**	**c.**	41 1 ☐ Yes 2 ☐ No 9 ☐ DK
33a. **Do you NOW smoke cigarettes?**	**33a.**	42 1 ☐ Yes 2 ☐ No *(34)*
b. **About how many cigarettes do you smoke per day?**	**b.**	43–44 00 ☐ Less than one per day _____ Per day 98 ☐ Don't smoke regularly
34a. **Have you tried to lose weight in the past year?**	**34a.**	45 1 ☐ Yes 2 ☐ No
b. **Is your weight now more, less, or about the same as a year ago?**	**b.**	46 1 ☐ More 2 ☐ Less 3 ☐ About the same *(35)*
c. **In the past year, about how much weight have you [gained/lost]?**	**c.**	47–49 _____ Pounds 999 ☐ DK
Ask if 26 or older; otherwise go to 36. **35a.** **About how much did you weigh when you were 25 years old?** *Read if female:* **If you were pregnant when you were 25, tell me your weight just before you became pregnant.**	**35a.**	50–52 _____ Pounds 999 ☐ DK
b. **What is the most you have EVER weighed?** *Read if female:* **Except when you were pregnant.**	**b.**	53–55 _____ Pounds 999 ☐ DK
c. **About how old were you when you FIRST weighed that much?**	**c.**	56–57 00 ☐ Now _____ Years old

FORM HIS-1A (1989) (8-15-88)

Section Q2 — DIABETES FOLLOWUP QUESTIONS — Continued

PERSON 1

Hand card Q2. Read categories if telephone interview.

36a. **Where have you obtained information about diabetes?**

Mark all mentioned. Do not probe.

36a.

- 00 ☐ Nowhere *(39)* — 58–59
- 01 ☐ Doctor's office — doctor — 60–61
- 02 ☐ Doctor's office — nurse — 62–63
- 03 ☐ Dietitian or nutritionist — 64–65
- 04 ☐ Doctor or nurse in a hospital — 66–67
- 05 ☐ Relative or friend — 68–69
- 06 ☐ Another diabetic — 70–71
- 07 ☐ Health department — 72–73
- 08 ☐ Diabetes organization — 74–75
- 09 ☐ National Diabetes Information Clearing House — 76–77
- 10 ☐ Diabetes support group — 78–79
- 11 ☐ Library — 80–81
- 12 ☐ Newspapers — 82–83
- 13 ☐ Diabetes education class — 84–85
- 88 ☐ Other — *Specify* ↘ — 86–87

_____

If three sources or less in 36a, mark boxes without asking and skip to 37.

b. **Which three of these sources have provided you with the MOST USEFUL information about diabetes?**

Mark up to 3.

b.

- 01 ☐ Doctor's office — doctor — 88–89
- 02 ☐ Doctor's office — nurse — 90–91
- 03 ☐ Dietitian or nutritionist — 92–93
- 04 ☐ Doctor or nurse in a hospital
- 05 ☐ Relative or friend
- 06 ☐ Another diabetic
- 07 ☐ Health department
- 08 ☐ Diabetes organization
- 09 ☐ National Diabetes Information Clearing House
- 10 ☐ Diabetes support group
- 11 ☐ Library
- 12 ☐ Newspapers
- 13 ☐ Diabetes education class
- 88 ☐ Other — *Specify* ↘

_____

37a. **Have you ever taken a course or class in how to manage your diabetes yourself?**

37a.

- 1 ☐ Yes
- 2 ☐ No } *(38)*
- 9 ☐ DK } *(38)*

94

b. **About how many hours of instructions did you receive on how to manage your diabetes?**

b.

_____ Hours

999 ☐ DK

95–97

c. **Did this course include any of the following subjects –**

c.

1 ☐ Yes
2 ☐ No

98

(1) **How to inject insulin?**

(1)

(2) **How to change the insulin dose?**

(2)

1 ☐ Yes
2 ☐ No

99

(3) **How to manage your diabetes when you are sick?**

(3)

1 ☐ Yes
2 ☐ No

100

(4) **How to test your blood or urine for sugar?**

(4)

1 ☐ Yes
2 ☐ No

101

(5) **How to plan meals?**

(5)

1 ☐ Yes
2 ☐ No

102

(6) **How to take care of your feet?**

(6)

1 ☐ Yes
2 ☐ No

103

38. **Have you ever attended any (other) education program or class about your diabetes?**

38.

- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

104

39. **Were either of your parents EVER told that they had diabetes? Do not include pre, potential, or borderline diabetes.**

If "Yes," ask: **Which?**

39.

- 1 ☐ Yes, father
- 2 ☐ Yes, mother
- 3 ☐ Yes, both
- 4 ☐ No
- 9 ☐ DK

105

40. **How many children have you had, including any that may have died?**

Read if female: **Do not include stillbirths or miscarriages.**

40.

00 ☐ None

_____ Total number of children

99 ☐ DK

106–107

FORM HIS-1 A (1989) (8-15-88)

RT 73
3–4

Section R — OROFACIAL PAIN

CHECK ITEM 1 — *Status of sample person.* — 5

0 ☐ No person 18+ in family *(Cover page of HIS-1A)*
1 ☐ Available *(Intro)*
2 ☐ Callback required *(Hhld page of HIS-1)*
3 ☐ Noninterview *(Section T)*

INTRO
These next questions concern conditions of the teeth, mouth, or face. Tell me if you experienced any of these conditions MORE THAN ONCE in the past 6 months.

CHECK ITEM 2 — *Refer to 4b and 4f, "Dental" page 26, for sample person.* — 6

1 ☐ Sample person has no teeth *(2)*
8 ☐ Other *(1)*

1a. **During the past 6 months, did you have a toothache more than once, when biting or chewing?** — 7
1 ☐ Yes
2 ☐ No *(2)*

b. **Did you first have this pain more than 6 months ago?** — 8
1 ☐ Yes
2 ☐ No

2a. **(During the past 6 months) Did you have painful sores or irritations around the lips or on the tongue, cheeks, or gums more than once?** — 9
1 ☐ Yes
2 ☐ No *(3)*

b. **Did you first have the sores or irritations more than 6 months ago?** — 10
1 ☐ Yes
2 ☐ No

3a. **(During the past 6 months) Did you have a prolonged, unexplained burning sensation in your tongue or any other part of your mouth more than once?** — 11
1 ☐ Yes
2 ☐ No } *(4)*
9 ☐ DK }

b. **When you have this sensation, does it come and go or is it continuous and uninterrupted?** — 12
1 ☐ Come and go
2 ☐ Continuous/uninterrupted
8 ☐ Other
9 ☐ DK

c. **During how many DIFFERENT MONTHS in the past 6 months did you have this sensation?** — 13
☐☐ Months

d. **How many total days in the past 6 months did you have this sensation?** — 14
1 ☐ 1–3 days
2 ☐ 4–10 days
3 ☐ 11-15 days
4 ☐ 16–30 days
5 ☐ 31–45 days
6 ☐ 46+ days
7 ☐ "Everyday"
9 ☐ DK

e. **Did you first have this sensation more than 6 months ago?** — 15
1 ☐ Yes
2 ☐ No

4a. **(During the past 6 months) Did you have pain in the jaw joint or in front of the ear more than once?** — 16
1 ☐ Yes
2 ☐ No *(5)*

b. **When you have this pain, does it come and go or is it continuous and uninterrupted?** — 17
1 ☐ Come and go
2 ☐ Continuous/uninterrupted
8 ☐ Other
9 ☐ DK

c. **During how many DIFFERENT MONTHS in the past 6 months did you have this pain?** — 18
☐☐ Months

d. **How many total days in the past 6 months did you have this pain?** — 19
1 ☐ 1–3 days
2 ☐ 4–10 days
3 ☐ 11-15 days
4 ☐ 16–30 days
5 ☐ 31–45 days
6 ☐ 46+ days
7 ☐ "Everyday"
9 ☐ DK

e. **Did you first have this pain more than 6 months ago?** — 20
1 ☐ Yes
2 ☐ No

f. **On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?** *Circle only one.* — 21–22
1 2 3 4 5 6 7 8 9 10

5a. **(During the past 6 months) Did you have a dull, aching pain across your face or cheek more than once? Do not count sinus pain.** — 23
1 ☐ Yes
2 ☐ No *(Check Item 3)*

b. **When you have this pain, does it come and go or is it continuous and uninterrupted?** — 24
1 ☐ Come and go
2 ☐ Continuous/uninterrupted
8 ☐ Other
9 ☐ DK

c. **During how many DIFFERENT MONTHS in the past 6 months did you have this pain?** — 25
☐☐ Months

d. **How many total days in the past 6 months did you have this pain?** — 26
1 ☐ 1–3 days
2 ☐ 4–10 days
3 ☐ 11-15 days
4 ☐ 16–30 days
5 ☐ 31–45 days
6 ☐ 46+ days
7 ☐ "Everyday"
9 ☐ DK

e. **Did you first have this pain more than 6 months ago?** — 27
1 ☐ Yes
2 ☐ No

f. **On a scale of 1–10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?** *Circle only one.* — 28–29
1 2 3 4 5 6 7 8 9 10

Section R — OROFACIAL PAIN — Continued

CHECK ITEM 3 — *Refer to 3c, 4c, and 5c.*

30
1 ☐ Two or more months in any one of 3c, 4c, or 5c *(6)*
8 ☐ Other *(Section S)*

6a. In the past 6 months, did you see or talk to a DENTIST for the pain we just discussed? — 31
1 ☐ Yes
2 ☐ No *(6c)*

b. How many times during the last 6 months did you see or talk to a dentist about the pain? — 32–34
_____ Times
999 ☐ DK

c. (In the past 6 months) Did you see or talk to a MEDICAL DOCTOR about the pain? — 35
1 ☐ Yes
2 ☐ No *(6e)*

d. How many times? — 36–38
_____ Times
999 ☐ DK

e. (In the past 6 months) Did you see or talk to any other type of health professional about the pain? — 39
1 ☐ Yes
2 ☐ No *(6h)*

f. What kind of health professional? — 40–41
Health professional
_____

g. How many times during the past 6 months did you see or talk to the *(person in 6f)*? — 42–44
_____ Times
999 ☐ DK

h. (In the past 6 months) Did you worry about the health of your teeth and gums because of the pain? — 45
1 ☐ Yes
2 ☐ No

i. (In the past 6 months) Did you worry about the health of your body because of the pain? — 46
1 ☐ Yes
2 ☐ No

HAND CARD R1 . Read list if telephone interview.

7. Here is a list of things people do when they have teeth, mouth, or face pain. Please tell me the things you did for the pain during the past 6 months.

Circle all that apply.

1 — Use a hot or cold compress	1	1	47
2 — Take a prescription drug	2	2	48
3 — Take an over-the-counter drug	3	3	49
4 — Drink some liquor or wine because of the pain	4	4	50
5 — Take time off work	5	5	51
6 — Stay home more than usual	6	6	52
7 — Avoid family and friends	7	7	53
8 — Anything else? *(Specify)*	8 *(Specify)*_____	8	54
0 — None of the above	0	0	55
9 — Don't know	9	9	56

Notes

RT 74

Section S — DIGESTIVE DISORDERS

Section S1 — SPECIFIC CONDITIONS

3–4

1. **DURING THE PAST 12 MONTHS, did you have gallstones?** — 5
- 1 ☐ Yes *(5)*
- 2 ☐ No
- 9 ☐ DK

2. **DURING THE PAST 12 MONTHS, did you have any other gallbladder trouble?** — 6
- 1 ☐ Yes *(5)*
- 2 ☐ No
- 9 ☐ DK

3. **Have you ever had gallstones?** — 7
- 1 ☐ Yes *(5)*
- 2 ☐ No
- 9 ☐ DK

4. **Have you ever had any other gallbladder trouble?** — 8
- 1 ☐ Yes
- 2 ☐ No } *(8)*
- 9 ☐ DK }

5. **When did a doctor first tell you that you had [gallstones/gallbladder trouble]?** — 9
- 1 ☐ Less than 3 months ago
- 2 ☐ 3 months, less than 1 year
- 3 ☐ 1 year, less than 2 years
- 4 ☐ 2 years, less than 5 years
- 5 ☐ 5 years, less than 10 years
- 6 ☐ 10 years or more
- 7 ☐ Doctor never seen *(8)*
- 9 ☐ DK when

6a. **Have you ever had gallbladder surgery?** — 10
- 1 ☐ Yes
- 2 ☐ No } *(7)*
- 9 ☐ DK }

b. **When did you last have gallbladder surgery?** — 11
- 1 ☐ Less than 3 months ago
- 2 ☐ 3 months, less than 1 year
- 3 ☐ 1 year, less than 2 years
- 4 ☐ 2 years, less than 5 years
- 5 ☐ 5 years, less than 10 years
- 6 ☐ 10 years or more
- 9 ☐ DK when

7. **Have you ever had any of the following tests to help diagnose your [gallstones/gallbladder condition] —** — 12

a. **An X-ray of your gallbladder or abdomen?**

Read if necessary: **For this X-ray you would have been given either pills the night before or an intravenous injection just before the X-rays were taken.**
- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

b. **A sonogram or ultrasound of your gallbladder?** — 13

Read if necessary: **For this test, a gel is rubbed on your upper right side and an instrument is moved around the area while an examiner watches on a television screen.**
- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

c. **An upper GI series?** — 14

Read if necessary: **For an upper GI series, you drink a chalky white liquid called barium, and then X-rays are taken.**
- 1 ☐ Yes
- 2 ☐ No
- 9 ☐ DK

8. **DURING THE PAST 12 MONTHS, did you have an ulcer?** — 15
- 1 ☐ Yes *(10)*
- 2 ☐ No
- 9 ☐ DK

9. **Have you ever had an ulcer?** — 16
- 1 ☐ Yes
- 2 ☐ No } *(13)*
- 9 ☐ DK }

10. **When did a doctor first tell you that you had an ulcer?** — 17
- 1 ☐ Less than 3 months ago
- 2 ☐ 3 months, less than 1 year
- 3 ☐ 1 year, less than 2 years
- 4 ☐ 2 years, less than 5 years
- 5 ☐ 5 years, less than 10 years
- 6 ☐ 10 years or more
- 7 ☐ Doctor never seen *(13)*
- 9 ☐ DK when

11. **Did the doctor say you had a gastric, duodenal, or peptic ulcer, some other type, or were you not told?**

Mark all that apply
- 0 ☐ Skin *(13)* — 18
- 1 ☐ Gastric — 19
- 2 ☐ Duodenal — 20
- 3 ☐ Peptic — 21
- 4 ☐ Stomach — 22
- 7 ☐ Not told — 23
- 8 ☐ Other — *Specify* _____
- 9 ☐ DK — 24

FORM HIS-1A (1989) (6-15-88)

Section S1 — SPECIFIC CONDITIONS — Continued

12. **Have you ever had any of the following tests to help diagnose your ulcer —** 25

a. **An upper GI series?**

Read if necessary: **For an upper GI series, you drink a chalky white liquid called barium, and then X-rays are taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

b. **An upper endoscopy or gastroscopy?** 26

Read if necessary: **For this test, a long flexible tube with a light on the end is inserted down the throat so that the lining of the stomach and the upper intestine can be examined.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

13. **DURING THE PAST 12 MONTHS, did you have diverticulitis?** 27

1 ☐ Yes *(15)*
2 ☐ No
9 ☐ DK

14. **Have you ever had diverticulitis?** 28

1 ☐ Yes
2 ☐ No } *(18)*
9 ☐ DK

15. **When did a doctor first tell you that you had diverticulitis?** 29

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen *(18)*
9 ☐ DK when

16a. **Have you ever been in the hospital overnight for diverticulitis?** 30

1 ☐ Yes
2 ☐ No } *(17)*
9 ☐ DK

b. **When were you last in the hospital overnight for diverticulitis?** 31

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
9 ☐ DK when

17. **Have you ever had a barium enema to help diagnose your diverticulitis?** 32

Read if necessary: **For this X-ray, you would have been given an enema containing barium and X-rays of your abdomen would be taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

18a. **DURING THE PAST 12 MONTHS, have you had a spastic colon, functional bowel, irritable colon or irritable bowel syndrome?** 33

1 ☐ Yes
2 ☐ No } *(19)*
9 ☐ DK

b. **Which — spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?** 34 35 36 37 38

Mark all reported, do not probe.

1 ☐ Spastic colon
2 ☐ Functional bowel
3 ☐ Irritable colon
4 ☐ Irritable bowel syndrome
8 ☐ Other similar condition mentioned — *Specify*_____ } *(19c)*

19a. **Have you ever had a spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?** 39

1 ☐ Yes
2 ☐ No } *(20)*
9 ☐ DK

b. **Which — Spastic colon, functional bowel, irritable colon, or irritable bowel syndrome?** 40 41 42 43 44

Mark all reported, do not probe.

1 ☐ Spastic colon
2 ☐ Functional bowel
3 ☐ Irritable colon
4 ☐ Irritable bowel syndrome
8 ☐ Other similar condition mentioned — *Specify*_____

c. **When did a doctor first tell you you had** *(entry in 18b or 19b)*? 45

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen
9 ☐ DK when

20. **Have you had hemorrhoids in the past 12 months?** 46

1 ☐ Yes *(21b)*
2 ☐ No
9 ☐ DK

21a. **Has a doctor ever told you that you had hemorrhoids?** 47

1 ☐ Yes
2 ☐ No } *(Section S2)*
9 ☐ DK

b. **When did you last talk to a doctor about your hemorrhoids?** 48

1 ☐ Less than 3 months ago
2 ☐ 3 months, less than 1 year
3 ☐ 1 year, less than 2 years
4 ☐ 2 years, less than 5 years
5 ☐ 5 years, less than 10 years
6 ☐ 10 years or more
7 ☐ Doctor never seen
9 ☐ DK when

22. **Have you ever had surgery in a doctor's office, clinic, or hospital for hemorrhoids?** 49

1 ☐ Yes
2 ☐ No
9 ☐ DK

RT 75
3–4

Section S2 — ABDOMINAL PAIN

5

Hand Card S1.

The next questions are about pain and discomfort in the abdomen. By abdomen, we mean [the shaded area on this diagram/the area between the lower ribs and the hips]. Do not include pain related to kidneys, bladder, or arthritis (menstruation or pregnancy).

1. DURING THE PAST 12 MONTHS, have you had any type of pain or severe discomfort in your abdomen three or more times?

1 ☐ Yes
2 ☐ No } *(Section S3)*
9 ☐ DK }

6

2. Have you ever made a visit to a doctor for your abdominal pain?
If asked: **or the condition that caused the pain.**

1 ☐ Yes
2 ☐ No } *(4)*
9 ☐ DK }

3a. What condition did the doctor say was the cause of the pain?
Enter first 5 code numbers and the conditions in the order mentioned. Do not probe.

98 ☐ Doctor didn't say } *(4)*
99 ☐ DK }

Code	Condition	
_____	_____	7–8
_____	_____	9–10
_____	_____	11–12
_____	_____	13–14
_____	_____	15–16

If only one response to 3a, enter in 3b without asking.

b. Which of these conditions caused the MOST pain during the past 12 months?
Enter code number and condition.

_____ _____ *(Check item 1)* 17–18

99 ☐ DK *(Check item 1)*

4a. What condition do you think was the cause of the pain?
Enter first 5 code numbers and the conditions in the order mentioned. Do not probe.

99 ☐ DK *(5)*

Code	Condition	
_____	_____	19–20
_____	_____	21–22
_____	_____	23–24
_____	_____	25–26
_____	_____	27–28

If only one response to 4a, enter in 4b without asking.

b. Which of these conditions caused the MOST pain during the past 12 months?
Enter code number and condition.

_____ _____ *(Check item 1)* 29–30

99 ☐ DK *(Check item 1)*

01 Spastic colon	**22** Gallstones	**43** Tension
02 Functional bowel	**23** Gastritis	**44** Trouble swallowing
03 Irritable colon	**24** Gastroenteritis	**45** Tumor
04 Irritable bowel syndrome	**25** Growth	**46** Ulcer
05 Allergies	**26** Heartburn	**47** Ulcerative colitis
06 Anxiety	**27** Hepatitis	**48** Virus
07 Appendicitis	**28** Hernia, other than hiatal	
08 Cancer	**29** Hiatal hernia	* **55** Arthritis
09 Cirrhosis	**30** Impacted bowels	* **56** Back problems
10 Colitis	**31** Indigestion	* **57** Bladder
11 Constipation	**32** Infection	* **58** Kidneys
12 Crohn's disease	**33** Influenza	* **59** Menstruation
13 Depression	**34** Lactose intolerance	* **60** Other female trouble
14 Diarrhea	**35** Medication side effects	* **61** Pregnancy
15 Diverticulitis	**36** Nerves	* **62** Prostate
16 Diverticulosis	**37** Obstructed bowels	**63** Other — *Specify above*
17 Enteritis	**38** Other bowel trouble	**64** Other — *Specify above*
18 Esophagitis	**39** Other liver trouble	**65** Other — *Specify above*
19 Flu	**40** Other stomach trouble	**66** Other — *Specify above*
20 Food poisoning	**41** Peritonitis	**67** Other — *Specify above*
21 Gallbladder problem	**42** Stress	

* Do not ask questions 5—27 about these conditions

Section S2 — ABDOMINAL PAIN — Continued

Ask questions 5—27 about the first condition coded 01—04 in 3a or 4a. If none, ask about condition in 3b or 4b. If this is an asterisked condition, ask about next condition mentioned. If no other condition, go to Section S3.

CHECK ITEM 1 — *Enter code and condition.*

31—32 ____ Code

____ Condition

33

(These next questions are about pain related to your *(condition in Check Item 1)*).

Ask if "Yes" in 2; otherwise go to 8.

5. How many DIFFERENT doctors have you visited for this pain?

0 ☐ None *(8)*
1 ☐ One
2 ☐ Two
3 ☐ Three or more

34—36

6. DURING THE PAST 12 MONTHS, how many doctor visits did you have because of this pain?

000 ☐ None
001 ☐ One
____ Number of visits

37

7. Were any of the following tests done (to diagnose your *(condition in check item 1)*)?

a. Upper GI series?

Read if necessary: **You drink a chalky white liquid called barium and then X-rays are taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

38

b. Barium enema?

Read if necessary: **You are given an enema containing barium and X-rays of your abdomen are taken.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

39

c. Upper endoscopy or gastroscopy?

Read if necessary: **A long flexible tube with a light on the end is inserted down the throat so that the lining of the stomach and the upper intestine can be examined.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

40

d. Lower endoscopy or colonoscopy?

Read if necessary: **A long flexible tube with a light on the end is inserted in the rectum so that the lining of the large intestine can be examined.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

41

e. Sonogram or ultrasound?

Read if necessary: **A gel is rubbed on your upper right side and an instrument is moved around the area while an examiner watches on a television screen.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

42

Mark box or ask.
Hand Card S1.

8. Looking at this card, tell me the numbers that show where the pain (from the *(condition in Check Item 1)*) was located?

Mark all that apply.
Do not probe.

0 ☐ Telephone interview *(9)*

1 ☐ 43
2 ☐ 44
3 ☐ 45
4 ☐ 46
5 ☐ 47
6 ☐ 48
7 ☐ 49
8 ☐ 50
9 ☐ 51

(11)

52

9. Was the pain above the waistline, below the waist, or around the waistline?

Mark all that apply.

1 ☐ Above
2 ☐ Below
3 ☐ Around

53
54

10. Was the pain on the right side, the left side, or down the middle?

Mark all that apply.

1 ☐ Right
2 ☐ Left
3 ☐ Middle

55
56
57

58—61

11. When you get this pain, how long does it USUALLY last?

____ 1 ☐ Minutes / 2 ☐ Hours / 3 ☐ Days

7777 ☐ Constant, all the time
8888 ☐ Varies too much for a usual duration

62—64

12. During how many days in the past year did you have this pain?

001 ☐ One *(15)*
____ Days
365 ☐ Everyday

65

If more than 14 days in 12, go to 14

13. Did all of this pain occur during one two week period?

1 ☐ Yes *(15)*
2 ☐ No

66—67

14. During how many DIFFERENT months in the past year did you have this pain?

____ Months

68—69

15. On a scale from 1 to 10, where 1 is mild and 10 is severe, how would you rate this pain at its worst?

Circle one

01 02 03 04 05
06 07 08 09 10

70

16. Have you ever taken any medication for the pain?

1 ☐ Yes
2 ☐ No *(18)*

71

17. Was any of the medication you took prescribed for you by a doctor?

1 ☐ Yes
2 ☐ No

72

18. When this pain starts, do you have to stop what you are doing because it hurts?

1 ☐ Yes
2 ☐ No

73

19. When you have this pain, do you usually have bowel movements?

1 ☐ Yes
2 ☐ No

74

20. When you have this pain, are your bowel movements usually looser than normal?

1 ☐ Yes
2 ☐ No

75

21. When you have this pain, are your bowel movements usually more frequent than normal?

1 ☐ Yes
2 ☐ No

76

22. Is the pain usually relieved or lessened by having a bowel movement?

1 ☐ Yes
2 ☐ No

77

23. Is the pain relieved by passing gas?

1 ☐ Yes
2 ☐ No

78

24. When you have this pain, is your abdomen usually swollen or bloated?

1 ☐ Yes
2 ☐ No

79

25. When you have this pain, are you ever awakened from sleep?

1 ☐ Yes
2 ☐ No

80

26. In the past 30 days, has this pain caused you to cut down on the things you usually do?

1 ☐ Yes
2 ☐ No *(Section S3)*

81—82

27. In the past 30 days, how many days did you cut down for more than half the day?

00 ☐ None
____ Days

Notes

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RT 76 3–4

Section S3 — NORMATIVE BOWEL FUNCTIONS

These next questions are about bowel habits during the past 12 months. (Because these questions are personal, I can read the questions to you or if you prefer, you can fill them out yourself.)

5–6

1. How often do you usually have bowel movements?

_____ Times per day

OR

_____ Times per week

00 ☐ Less than one time per week

7–8

Hand Card Q1. Read answer categories if telephone interview.

2. During the past 12 months, how often have your bowel movements been—

	Always	Most of the time	Some of the time	Rarely	Never	DK	
a. Hard?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	9
b. Accompanied by mucus?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	10
c. Accompanied by pain?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	11
d. Accompanied by swelling or bloating?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	12
e. Accompanied by straining to move bowels?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	13
f. Followed by a feeling of not being finished after moving bowels?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9 ☐	14

3. During the past 12 months, how often have you been constipated? — 15

1 ☐ Always
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely
5 ☐ Never

4. How often have you had diarrhea? — 16

1 ☐ Always
2 ☐ Most of the time
3 ☐ Some of the time
4 ☐ Rarely } *(8)*
5 ☐ Never }

5. DURING THE PAST 12 MONTHS, have you seen a doctor about your diarrhea? — 17

1 ☐ Yes
2 ☐ No *(8)*

6. How many times in the past 12 months have you seen a doctor about your diarrhea? — 18–19

_____ Times

7. What did the doctor say caused the diarrhea? — 20–21, 22–23, 24–25, 26–27

Mark first 4 mentioned. Do not probe.

01 ☐ Enteritis
02 ☐ Diverticulitis
03 ☐ Crohn's disease
04 ☐ Intestinal flu or virus
05 ☐ Spastic colon, functional bowel, irritable bowel syndrome, irritable colon
06 ☐ Colitis
07 ☐ Ulcerative colitis
08 ☐ Infection
09 ☐ Lactose Intolerance
10 ☐ Travelers diarrhea
11 ☐ "Something I ate"
12 ☐ Dysentery
13 ☐ Medication
14 ☐ Nerves or stress
88 ☐ Something else
98 ☐ Doctor didn't say
99 ☐ DK

8a. IN THE PAST 30 DAYS, did you take any laxatives or stool softeners, such as Ex-Lax, Metamucil or Fiberall, to help move your bowels? — 28

1 ☐ Yes
2 ☐ No } *(9)*
9 ☐ DK }

b. How many times have you taken laxatives or stool softeners in the past 30 days? — 29–30

_____ Times

9. How often do you think a person should have bowel movements? — 31–32

_____ Times per day

OR

_____ Times per week — 33–34

00 ☐ Less than 1 time per week

Notes

FORM HIS-1A (1989) (8-15-88)

Section S3 — NORMATIVE BOWEL FUNCTIONS — Continued

10. **I am going to read a list of health problems that may have been a lot of trouble for you in the past year. By "a lot of trouble" we mean that in the past year, you saw or talked to a doctor or other health professional, you took medication more than once, or the problem interfered with your life or usual activities.**

Hand Card S2.

	Yes	No	
In the past 12 months, have you had a lot of trouble with —			
a. Dizziness?	1 ☐	2 ☐	35
b. Nausea?	1 ☐	2 ☐	36
c. Diarrhea?	1 ☐	2 ☐	37
d. Feeling sickly?	1 ☐	2 ☐	38
e. Abdominal pain?	1 ☐	2 ☐	39
In the past 12 months, have you had a lot of trouble with —			
f. Abdominal gas?	1 ☐	2 ☐	40
g. Chest or heart pain?	1 ☐	2 ☐	41
h. Fainting spells?	1 ☐	2 ☐	42
i. Pain in the joints?	1 ☐	2 ☐	43
j. Pain in your arms and legs, other than in the joints?	1 ☐	2 ☐	44
In the past 12 months, have you had a lot of trouble with —			
k. Vomiting?	1 ☐	2 ☐	45
l. Weakness?	1 ☐	2 ☐	46
m. Backaches?	1 ☐	2 ☐	47
n. Headaches?	1 ☐	2 ☐	48
o. Nervousness or anxiety?	1 ☐	2 ☐	49
In the past 12 months, have you had a lot of trouble with —			
p. Feeling tense or keyed up?	1 ☐	2 ☐	50
q. Feeling sad, blue or depressed?	1 ☐	2 ☐	51
r. Pain when you urinate or pass your water?	1 ☐	2 ☐	52

CHECK ITEM 2 — *Mark appropriate box.*

1 ☐ Completed by interviewer
2 ☐ Completed by respondent

53

Notes

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3–4

Section T — DIABETES RISK FACTOR QUESTIONS (SP)

5

CHECK ITEM 1 — *Refer to letter indicator on sample selection label.*

1 ☐ Letter M *(Cover page of HIS-1A)*
2 ☐ Letter T *(Check Item 2)*

6

CHECK ITEM 2 — *Refer to Section Q1, item 1b on page 32.*

1 ☐ Diabetic box marked in 1b } *(Cover page of HIS-1A)*
2 ☐ Section Q1 noninterview }
3 ☐ All others *(1)*

7

1. Has a doctor EVER told you that you had —

a. Protein or albumin in your urine?

1 ☐ Yes
2 ☐ No
9 ☐ DK

8

b. Kidney disease? Do not include kidney stones or bladder infection.

1 ☐ Yes
2 ☐ No } *(1d)*
9 ☐ DK }

9

c. Polycystic kidney disease?

1 ☐ Yes
2 ☐ No
9 ☐ DK

10

d. Periodontal or gum disease?

1 ☐ Yes
2 ☐ No
9 ☐ DK

11–12

2. About how many times in the past 12 months has a doctor or other health professional —

a. Checked you for diabetes?

00 ☐ None
_____ Times
99 ☐ DK

13–15

b. Checked your blood pressure?

000 ☐ None
_____ Times
999 ☐ DK

16–17

3. About how many different times in the past 12 months have you had a bladder or urinary tract infection?

00 ☐ None
_____ Times
99 ☐ DK

18

4. Have you ever had symptoms of a bladder infection that lasted more than 3 months, such as frequent urination and pain in your bladder?

1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK }

19

5a. When you had these symptoms, were you told that you had painful bladder syndrome or interstitial cystitis? *(in'ter-stish'al sis-ti'tis)*

1 ☐ Yes
2 ☐ No } *(6)*
9 ☐ DK }

20–21

b. How old were you when you were first told that you had painful bladder syndrome or interstitial cystitis? *(in'ter-stish'al sis-ti'tis)*

_____ Years old
99 ☐ DK

22

6. When you urinate —

a. Do you USUALLY have trouble starting?

0 ☐ NA/Dialysis *(8)*
1 ☐ Yes
2 ☐ No
9 ☐ DK

23

b. Do you USUALLY feel like you have not completely emptied your bladder?

1 ☐ Yes
2 ☐ No
9 ☐ DK

24

7a. Do you USUALLY have to get up at night to go to the bathroom to urinate? Exclude nights when you drink a lot of liquids.

1 ☐ Yes
2 ☐ No } *(8)*
9 ☐ DK }

25–26

b. About how many times each night do you have to get up?

_____ Times
00 ☐ Less than once a night

27

8. During the past 6 months have you had any sores or irritations on your feet or ankles that did not heal normally?

1 ☐ Yes
2 ☐ No
9 ☐ DK

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Section T — DIABETES RISK FACTOR QUESTIONS (SP) — Continued

9. **Have you ever had an amputation of your toe, foot, leg, or part of leg?**

If "Yes," ask: **Which?**

Mark all that apply.

28 29

1 ☐ Yes, toe
2 ☐ Yes, foot
3 ☐ Yes, leg or part of leg
4 ☐ No

10. **During the past 3 months have you had —**

30

a. **Numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

31

b. **A painfull sensation or tingling in your hands or feet? Do not include normal foot aches from standing or walking for long periods.**

1 ☐ Yes
2 ☐ No
9 ☐ DK

32

c. **Decreased ability to feel hot or cold in things you touch?**

1 ☐ Yes
2 ☐ No
9 ☐ DK

11a. **Do you NOW smoke cigarettes?**

33

1 ☐ Yes
2 ☐ No *(12)*

b. **About how many cigarettes do you smoke per day?**

34–35

00 ☐ Less than 1 per day

_____ Per day

98 ☐ Don't smoke regularly

12a. **Have you tried to lose weight in the past year?**

36

1 ☐ Yes
2 ☐ No

b. **Is your weight now more, less, or about the same as a year ago?**

37

1 ☐ More
2 ☐ Less
3 ☐ About the same *(13)*

c. **In the past year, about how much weight have you [gained/lost]?**

38–40

_____ Pounds

999 ☐ DK

Ask if 26 or older; otherwise, go to 14.

13a. **About how much did you weigh when you were 25 years old?**

For females: **If you were pregnant when you were 25, tell me your weight just before you became pregnant.**

41–43

_____ Pounds

999 ☐ DK

b. **What is the most you have ever weighed?**

For females: **Except when you were pregnant?**

44–46

_____ Pounds

999 ☐ DK

c. **About how old were you when you FIRST weighed that much?**

47–48

00 ☐ Now

_____ Years old

14. **Do you have serious trouble seeing with one or both eyes even when wearing glasses?**

49

1 ☐ Yes
2 ☐ No

15. **Were either of your parents ever told that they had diabetes?**
Do not include pre, potential, or borderline diabetes.

If "Yes," ask: **Which?**

50

1 ☐ Yes, father
2 ☐ Yes, mother
3 ☐ Yes, both
4 ☐ No
9 ☐ DK

16. **How many children have you had, including any that may have died?**
For females: **Do not include stillbirths or miscarriages.**

51–52

00 ☐ None

_____ Total number of children

99 ☐ DK

Notes

FORM HIS-1A (1989) (8-15-88)

CARD R

RACE

1. Aleut, Eskimo, or American Indian
2. Asian or Pacific Islander
3. Black
4. White

CARD O

ORIGIN

1. Puerto Rican
2. Cuban
3. Mexican/Mexicano
4. Mexican American
5. Chicano
6. Other Latin American
7. Other Spanish

Card R
Card O
(Cut along bracket line.)

CARD I

INCOME

U .... $20,000 — $24,999

V .... $25,000 — $29,999

W ... $30,000 — $34,999

X .... $35,000 — $39,999

Y .... $40,000 — $44,999

Z .... $45,000 — $49,999

ZZ... $50,000 and over

CARD J

INCOME

A ..... Less than $1,000 (including loss)
B ..... $1,000 — $1,999
C ..... $2,000 — $2,999
D ..... $3,000 — $3,999
E ..... $4,000 — $4,999
F ..... $5,000 — $5,999
G ..... $6,000 — $6,999
H ..... $7,000 — $7,999
I ..... $8,000 — $8,999
J ..... $9,000 — $9,999
K ..... $10,000 — $10,999
L ..... $11,000 — $11,999
M ..... $12,000 — $12,999
N ..... $13,000 — $13,999
O ..... $14,000 — $14,999
P ..... $15,000 — $15,999
Q ..... $16,000 — $16,999
R ..... $17,000 — $17,999
S ..... $18,000 — $18,999
T ..... $19,000 — $19,999

Card I
Card J
(Cut along bracket line.)

MEDICARE

Health Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY
John Q. Public

SAMPLE

CLAIM NUMBER
000-00-0000-A

SEX
MALE

IS ENTITLED TO | EFFECTIVE DATE

Hospital Insurance 7-1-66

Medical Insurance 7-1-66

SIGN HERE ▷ John Q. Public

CARD M

REASONS FOR NOT HAVING HEALTH INSURANCE

1. Job layoff, job loss, or any reasons related to unemployment
2. Can't obtain insurance because of poor health, illness, or age
3. Too expensive, can't afford health insurance
4. Dissatisfied with previous insurance
5. Don't believe in insurance
6. Have been healthy, not much sickness in the family, haven't needed health insurance
7. Covered by some other health plan
8. Some other reason

Medicare
Card M
(Cut along bracket lines.)

STATE NAMES FOR MEDICAID

MEDI – CAL
California

MEDI– KAN
Kansas

HEALTH CARE COST CONTAINMENT SYSTEM (HCCCS)
Arizona

MEDICAID AND/OR MEDICAL ASSISTANCE
All other States

CARD O1

1. No difficulty
2. Some difficulty
3. A lot of difficulty
4. Completely unable to do because of disorder

CARD Q2

Adapin
Amitid
Amitril
Asendin
Ativan
Aventyl
Azene
Centrax
Cibalith-S
Compazine
Daxolin
Desyrel
Dexedrine
Elavil
Endep
Eskalith
Haldol
Imavate
Janimine
Librax
Libritabs
Librium
Lidone
Lithane
Lithobid
Loxitane
Ludiomil
Marplan
Mellaril
Moban
Nardil
Navane
Norpramin
Pamelor
Parnate
Paxipam
Permitil
Pertofrane
Presamine
Proketazine
Prolixin
Quide
Repoise
Ritalin
Serax
Serentil
Sinequan
Stelazine
Taractan
Tegretol
Thorazine
Tindal
Tofranil
Tranxene
Trilafon
Valium
Vesprin
Vestran
Vivactil
Xanax

CARD Q1

1. Always
2. Most of the time
3. Some of the time
4. Rarely
5. Never

Card Q2
Card Q1
(Cut along broken line)

CARD Q2

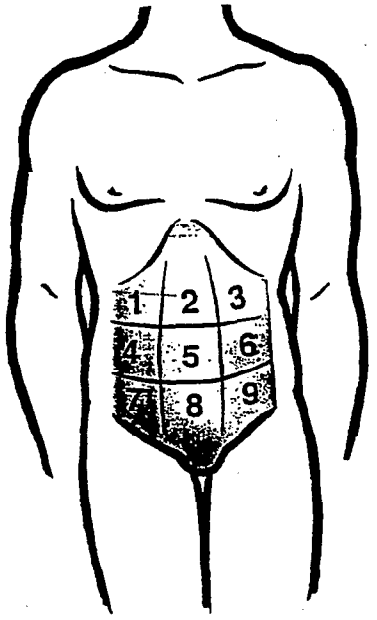
00. Nowhere
01. Doctor's office — doctor
02. Doctor's office — nurse
03. Dietitian or nutritionist
04. Doctor or nurse in a hospital
05. Relative or friend
06. Another diabetic
07. Health department
08. Diabetes organization
09. National Diabetes Information Clearing House
10. Diabetes support group
11. Library
12. Newspapers
13. Diabetes education class
88. Other

CARD R1

1. Use a hot or cold compress
2. Take a prescription drug
3. Take an over-the-counter drug
4. Drink some liquor or wine because of the pain
5. Take time off work
6. Stay home more than usual
7. Avoid family and friends
8. Something else

Card Q2
Card R1
(Cut along broken line)

CARD S1



CARD S2

In the past year. . .

Saw or talked to a doctor or other health professional

or

Took medication more than once

or

Problem interfered with your life or usual activities

Card

Card

(Cut along bracket line)

CARD A

1. Definitely true
2. Probably true
3. Probably false
4. Definitely false

9. Don't know if true or false

CARD B

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Definitely not possible

9. Don't know how likely

CARD C

1. Very effective
2. Somewhat effective
3. Not at all effective
4. Don't know how effective

9. Don't know method

CARD D

You have hemophilia and have received clotting factor concentrates since 1977.

You are a native of Haiti or Central or East Africa who has entered the United States since 1977.

You are a man who has had sex with another man at some time since 1977, even one time.

You have taken illegal drugs by needle since 1977.

Since 1977, You are or have been the sex partner of any person who would answer "yes" to any of the items above on this card.

You have had sex for money or drugs at any time since 1977.

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Appendixes

Contents

Appendix I
Data collection procedures

Data are collected through a personal household interview conducted by interviewers employed and trained by the U.S. Bureau of the Census according to procedures specified by the National Center for Health Statistics.

All adult members of the household 18 years of age and over who are at home at the time of the interview are invited to participate and to respond for themselves. Information for children and for adults not at home during the interview is provided by a responsible adult family member (19 years of age and over) residing in the household. Between 65 and 70 percent of the adults 18 years of age and over are self-respondents. Generally, a random subsample of adult household members is selected to respond for themselves to questions on current health topics.

Nationally, there are approximately 250 interviewers trained and directed by health survey supervisors in each of the 12 U.S. Bureau of the Census regional offices. The supervisors are career civil service employees whose primary responsibility is the National Health Interview Survey. The interviewers are part-time employees selected through an examination and testing process. Interviewers receive thorough training in basic interviewing procedures and in the concepts and procedures unique to the National Health Interview Survey.

Depending on the family size and the nature and extent of health conditions of family members, the length of interview ranges from 30 to 90 minutes. On average, the interviews require about 50 minutes in the household.

Appendix II
NHIS design and estimation structures

The NHIS is designed to provide statistics on the civilian noninstitutionalized population. To produce these statistics and to produce standard errors for these statistics, one has to take into account the survey's complex statistical design. In this section the NHIS sample design is described and a methodology for producing NHIS estimates and their standard errors is provided.

A conceptual model of the NHIS

A detailed description of the NHIS design is given in Series 2, No. 110, in the *Vital and Health Statistics* series (2). The annual NHIS itself consists of two surveys, a core survey of general health characteristics and supplemental survey(s) on current health topics of interest. For practical purposes, the sample design for the NHIS can be conceptualized in a classical hierarchical framework.

NHIS sample design

The target population for the NHIS is the civilian noninstitutionalized population of the United States. The NHIS is a stratified, multistage sample. Primary sampling units (PSU's) for the NHIS are usually counties or groups of counties. The strata and sampling units of the NHIS core and/or supplement samples have the following hierarchical levels:

1. *Stratum:* 52 self-representing (SR) and 73 non-self-representing (NSR) strata.
2. *Primary sampling unit (PSU)*: Self-representing strata are defined as containing a single PSU; each SR PSU is in the sample with certainty. For the NSR strata, a sample of the population PSU's is selected from each stratum. For the current NHIS design (1985–94), two PSU's are selected from each NSR stratum. The PSU's are selected with probability proportional to PSU population size using Durbin's (3) method.
3. *Substratum*: Once selected into the sample, each PSU is (or may be) partitioned into at most three parts. This allows for differential sampling rates to ensure target sample sizes for specific subdomains of the population, such as blacks. The differential sampling is not used in every PSU.
4. *Secondary sampling unit (SSU)*: Within each substratum, a cluster of dispersed housing units is selected. This cluster is called a secondary sampling unit.
5. *Sample household*: Within each SSU, a sample of households (usually all) is designated for interview.
6. *Sample person*: For the NHIS core sample, all eligible persons within each household are selected for interview. For the supplement(s) sample, typically one sample adult is selected from each family in the household for interview; under special circumstances, that are specific to a supplement, sometimes more than one person in a family is selected for interview.

Subdesigns

To allow for flexibility due to budget constraints, the NHIS was further partitioned into four subdesigns called panels. Each panel is formed by the appropriate grouping of PSU's. The subdesigns are generated so that each panel, and any combination of panels, is representative of the target population.

For most years, all four panels are used in the NHIS. However, in 1985, budgetary restrictions resulted in NCHS fielding a three-panel design. Similarly, in 1986 the NHIS was limited to a two-panel design.

Sampling weights

In order to produce a national estimate, a sampling weight must be associated with each interviewed sample person. At each stage of the sample design, there is a known probability of selection into the sample. The basic (or inflation) sampling weight is the product of the reciprocal of the hierarchical probabilities of selection at each stage of the sample design. Unfortunately, all household sample surveys experience nonresponse and incomplete population coverage. To produce a final survey weight for each individual respondent, the basic sampling weight, for example, is adjusted for nonresponse and then ratio adjusted to population control totals. This last ratio adjustment is called poststratification.

Estimation

If x_i represents a characteristic of interest for respondent i, and w_i is the NHIS (annual) final sampling weight for respondent i, then the aggregate estimator

$$X = \Sigma_i \, w_i \, x_i$$

is assumed to be an unbiased estimator for the population total for the characteristic of interest. NHIS descriptive

statistics that are published by NCHS, such as totals, means, percentages, and ratios, are based upon this method of estimation.

Variability due to sampling

Whenever a descriptive statistic is published, it is considered a sound statistical practice to publish its estimated standard error. NCHS has developed variance estimation methodologies for the NHIS that exploit the detailed level of design information as outlined above. This information is used for NCHS analyses and in the production of generalized variance functions. In almost all NCHS series reports for statistical surveys, generalized variance functions are used to present standard errors because space limitations prevent including individual standard errors for each published statistic. If a sampling error was presented for each estimate in a report, the report would be too lengthy and too costly for consumers.

Nonetheless, while these generalized variance functions serve a useful purpose, they are subject to a number of limitations (see, for example, Wolter (4)). For the NHIS, the reader is referred to Massey et al. (2) and Parsons and Casady (5) for additional technical discussion.

An additional complication for variance estimation results from NCHS confidentiality constraints. Presently, NCHS confidentiality constraints limit the amount of design information that can be placed on public-use data tapes. By law, NCHS cannot release information that might lead to the identification of a survey respondent. In order to maximize the amount of analytic variables released to the public, some detailed sample design information is suppressed. This limits the public-use data tape user to a simpler conceptual design structure when analyzing the NHIS.

A simplified NHIS design has been developed for the users of NHIS public-use data tapes. The effect of using this simpler design structure has been reported by Parsons, Chan, and Curtin (6).

Simplified NHIS design structures and variance estimation methodology

Variance estimation software

The analysis of survey data usually requires computer software that can take into account the survey's complex design. Available software for the analysis of complex-survey data differs by features, including methodology, admissible class of survey designs, user support, ease of use, and operational costs. Some available software packages are SUDAAN (7), PC-CARP (8), OSIRIS IV (9), VPLX (10), and WESVAR (11). The first three are commercially available, while the latter two have been used with large-scale Government surveys and are available from the authors. Additional software is identified in Wolter (4). The SUDAAN package (partially funded by several U.S. Public Health Service agencies with such support coordinated by NCHS/CDC) uses Taylor linearization methodology and has been used extensively by NCHS/CDC in analyzing the NHIS.

Variance estimation for person data using SUDAAN and the NHIS public-use person data tapes, 1987–92

Design information is available on the NHIS public-use basic health and demographic and current health topic data tapes.

All of the following variables are not used for some methods of variance approximation. Field locations may change on some tapes; the user should check file documentation.

Variable name	*Location*	*Field label*	*Values*
Stratum	179–81	Full sample stratum identifier	
CSTRATUM	187–8	"Pseudo PSU codes," first two columns	1, 2, . . ., 62
CPSU	189	"Pseudo PSU codes," last column	1, 2, 3, 4
SUB	178	Type of substratum	0, 1, 2
SSU	5–12	Concatenation of "processing quarter," "random recode of PSU number," and "week-census code," and "segment number"	
TYPE_PSU	185	"Type of PSU," self-representing of PSU, and non-self-representing PSU	1, 4 3, 6
WTF	207–12	"Final basic weight"	

Method 1—Single-stage PSU's sampled with replacement within strata design for 1985–94 NHIS

This method is statistically less efficient than the method described below but is more flexible. This method requires no recoding of design variables, may be applicable to many complex survey sample design computer programs, and covers the 1985–94 NHIS survey years. Using the variables CSTRATUM, CPSU, and WTF, the PSU unit CPSU is treated as being sampled with replacement within stratum unit CSTRATUM. The data file needs to be sorted only by CSTRATUM and PSU prior to SUDAAN.

For the above simplification of the NHIS sample design structure, use the following SUDAAN design statements:

PROC . . . DESIGN = WR;
NEST CSTRATUM CPSU;

Method 2—Multistage stratified sampling design for the 1987–94 NHIS

This design provides for more statistically efficient variance estimation than Method 1, since it makes fewer simplifications of the NHIS sample design structure but is only applicable to SUDAAN. This method also requires recodes of the design variables and is only applicable to survey years 1987–94 NHIS person data.

Prior to use of this method, the following recoding must be done on the HIS file. This example is in SAS but other programming languages may be used.

```
If (TYPE_PSU = 1 or TYPE_PSU = 4) then do:
    PSU = 1;
    POPPSU = 0;
  END.

If (TYPE_PSU = 3 or TYPE_PSU = 6) then do:
    PSU = CPSU;
    POPPSU = -1;
  END.
```

On the record for each person, this recode creates two new variables PSU and POPPSU for use by SUDAAN's NEST and TOTCNT statements. For more information on the purpose of these statements refer to SUDAAN documentation. With these additional variables, the following describes SUDAAN code for NHIS data sets assuming a multistage stratified sampling design.

Before running SUDAAN against the data file, however, sort the input file by the NEST variables (STRATUM, PSU, SUB, and SSU).

For SUDAAN describe the NHIS sampling plan as follows:

```
PROC... DESIGN = WOR;
NEST STRATUM PSU SUB SSU /MISSUNIT;
TOTCNT POPPSU _ZERO_ _MINUS1_ _ZERO_.
```

Caution. This method assumes that all records on the basic health and demographic (BHD) or current health topic (CHT) tape are being used. If, however, you keep only select records on a file, for example, persons aged 65 years and older (which may delete all records from one or more SSU's), care must be taken to preserve the integrity of the sampling design. A methodology for preserving the NHIS sample design integrity on subsetted files, which exploits a feature in SUDAAN 6.XX or later, follows.

All SR SSU's (TYPE_PSU = 1 or 4) listed on the full NHIS tape (BHD or CHT) must have at least one representative on the data file used for input to SUDAAN. Moreover, all NSR PSU's must have at least one record for a person on this data file. The NEST variables (STRATUM, PSU, SUB, and SSU) along with the weight variable must be on each record of the analysis file. All data fields other than the design variables and the weight must be defined as missing ".". This can be achieved by creating a "design" file as follows using SAS or some other programming language:

- Sort the full file by the NEST variables (after making the above recodes).
- Arbitrarily select and save in a separate file (call this the design file), one record from each SR SSU or NSR PSU (either, for example, the first or last record will do). Each record in this file must contain the design variables (STRATUM, PSU, SUB, and SSU) but the remainder of the fields on the design file (except the weight variable) must be set to missing in SAS or "." in text file.
- Set the weight variable(s) in the design file to a very small value, say 10^{-10}.
- To preserve the design integrity, append the "design file" created above to the subsetted analytic file. This is the new analysis file that consists of the subsetted analysis file plus the newly created "design file."
- On the new analysis file, define a new variable, say "DUMMY" that takes the value 1 if the corresponding record corresponds to data from a respondent and takes the value 0 for other records. With this approach, in SUDAAN 6.XX or later, it is important to add the following SUBPOPN statement to the SUDAAN code: "SUBPOPN DUMMY = 1;"
- Finally, prior to running SUDAAN against the new analysis file, sort this file by the new analysis file by the NEST variables (STRATUM, PSU, SUB, and SSU). SUDAAN assumes its input file is sorted by the NEST variables.
- Run SUDAAN against the new analysis file created by the preceding steps.

If subsetted data sets are used without a "design fix-up" like the above, the self-representing component of variance may be biased.

Appendix III
Response rates

Two components comprise the response rates shown in the table that summarizes the characteristics of the current health topic questionnaires: the completion rate for the current health topic questionnaire and the completion rate for the basic health and demographic questionnaire. Multiplying the two rates together yielded the response rate presented for each current health topic in the table. For example, the completion rate for the 1985 child safety and infant feeding questionnaire was 92.7 and the completion rate for the 1985 NHIS basic health and demographic questionnaire was 95.1. The overall response rate for the questionnaire (0.927) × (0.951) was 88.7.

Completion rates were calculated using either numbers compiled by the Bureau of the Census or numbers available on in-house data tapes prepared by the Division of Health Interview Statistics (DHIS), NCHS. Counts were obtained from DHIS tapes if the counts were not available from the Census Bureau or if the Census Bureau did not compile separately the count of respondents and nonrespondents needed to calculate the completion rate for a particular current health topic.

The completion rate for the NHIS basic health and demographic questionnaire was based either on data from the NHIS found in the Current Estimate series report for the particular interview year or on numbers provided by the Census Bureau. A completion rate for the NHIS basic health and demographic questionnaire was based on counts obtained from the Census Bureau if the completion rate for the current health topic was based on Census data. To this extent the response rates are limited and should be used as a gauge.

The completion rate for each current health topic was calculated in one of two ways, either by dividing the number of completed and/or partial interviews by the number of persons eligible for the questionnaire or by dividing the number of dummy records created by the number of persons eligible for the questions. The latter method was sometimes used because not all current health topic questionnaires included information that identified interviews as complete, partial, or noninterviews. Usually, this information was missing when the current health topic was printed and administered as part of the basic health and demographic questionnaire. A dummy record was created when a person responded to questions in the basic health and demographic questionnaire and was eligible for the current health topic questionnaire but for one reason or another he or she did not respond to the current health topic questions.

Appendix IV
Topical index to questionnaire items, by year

Topic	Questionnaire item	Year
Abdominal Pain (see also **Digestive Disorders**)		
	During the past 12 months, have you **had any type** of **pain** or severe discomfort **in** your **abdomen three or more times**	1989
	Have you **ever made** a **visit to** a **doctor for** your **abdominal pain**	1989
	What condition did the doctor say was the **cause of the pain**	1989
	Which of these conditions **caused** the **most pain** during the past 12 months	1989
	What condition do you **think** was the **cause of the pain** during the past 12 months:	1989
	spastic colon	
	functional bowel	
	irritable colon	
	irritable bowel syndrome	
	allergies	
	anxiety	
	appendicitis	
	cancer	
	cirrhosis	
	colitis	
	constipation	
	Crohn's disease	
	depression	
	diarrhea	
	diverticulitis	
	diverticulosis	
	enteritis	
	esophagitis	
	flu	
	food poisoning	
	gallbladder problem	
	gallstones	
	gastritis	
	gastroenteritis	
	growth	
	heartburn	
	hepatitis	
	hernia, other than hiatal	
	hiatal hernia	
	impacted bowels	
	indigestion	
	infection	

Topic	Questionnaire item	Year
Abdominal Pain (continued)		
	influenza	
	lactose intolerance	
	medication side effects	
	nerves	
	obstructed bowels	
	other bowel trouble	
	other liver trouble	
	other stomach trouble	
	peritonitis	
	stress	
	tension	
	trouble swallowing	
	tumor	
	ulcer	
	ulcerative colitis	
	virus	
	arthritis	
	back problems	
	bladder	
	kidneys	
	menstruation	
	other female trouble	
	pregnancy	
	prostate	
	other (specify)	1989
How **many different doctors** have you **visited for this pain:**		
	none	
	one	
	two	
	three or more	1989
During the past 12 months, **how many doctor visits** did you have **because of this pain**		1989
Were any of the **following tests done** (to diagnose) your (condition):		
	upper GI series	
	barium enema	
	upper endoscopy or gastroscopy	
	lower endoscopy or colonoscopy	
	sonogram or ultrasound	1989
Show where the pain from the (condition) was **located**		1989
Was the **pain above** the waistline, **below** the waist, **or around** the **waistline**		1989
Was the **pain** on the **right** side, the **left** side, **or down the middle**		1989
When you **get this pain, how long** does it usually **last:**		
	number of minutes	
	number of hours	
	number of days	
	constant, all the time	
	varies too much for a usual duration	1989
During **how many days** in the **past year** did you **have this pain**		1989
Did **all of this pain occur** during **one 2-week period**		1989

Topic	Questionnaire item	Year
Abdominal Pain (continued)		
	During **how many different months** in the past year did you **have this pain**	1989
	On a scale from 1 to 10, where 1 is mild and 10 is severe, **how would you rate this pain at its worst**	1989
	Have you **ever taken** any **medication** for the **pain**	1989
	Was **any of** the **medication** you took **prescribed** for you **by a doctor**	1989
	When this **pain starts,** do you **have to stop what** you are **doing** because it hurts	1989
	When you **have this pain do you usually have bowel movements**	1989
	When you **have this pain,** are your **bowel movements usually looser** than normal	1989
	When you **have this pain,** are your **bowel movements usually more frequent** than normal	1989
	Is the **pain usually relieved or lessened by having a bowel movement**	1989
	Is the **pain relieved by passing gas**	1989
	When you **have this pain,** is your **abdomen usually swollen or bloated**	1989
	When you **have this pain,** are you **ever awakened from sleep**	1989
	In the past 30 days, has this **pain caused you to cut down on the things you usually do**	1989
	In the past 30 days, **how many days did you cut down** for more than half the day	1989
	How often do you **usually have bowel movements**	1989
	During the past 12 months, **how often** (always, most of the time, some of the time, rarely, never, don't know) **have your bowel movements been:**	
	hard	
	accompanied by mucus	
	accompanied by pain	
	accompanied by swelling or bloating	
	accompanied by straining to move bowels	
	followed by a feeling of not being finished after moving bowels	1989
	During the past 12 months, **how often** have you been **constipated:**	
	always	
	most of the time	
	some of the time	
	rarely	
	never	1989
	How often have you **had diarrhea:**	
	always	
	most of the time	
	some of the time	
	rarely	
	never	1989
	During the past 12 months, **have** you **seen** a **doctor about** your **diarrhea**	1989
	How many times in the past 12 months **have** you **seen a doctor about** your **diarrhea**	1989

Topic	Questionnaire Item	Year
Abdominal Pain (continued)		
	What did the **doctor say caused** the **diarrhea:**	
	enteritis	
	diverticulitis	
	Crohn's disease	
	intestinal flu or virus	
	spastic colon, functional bowel, irritable bowel syndrome, irritable colon	
	colitis	
	ulcerative colitis	
	infection	
	lactose intolerance	
	travelers diarrhea	
	"something I ate"	
	dysentery	
	medication	
	nerves or stress	
	something else	
	doctor didn't say	
	don't know	1989
	In the past 30 days, did you **take any laxatives** or **stool softeners** such as Ex-lax, Metamucil, or Fiberall **to help move your bowels**	1989
	How many times have you taken laxatives or stool softeners **in the past 30 days**	1989
	How often do you think a person **should have bowel movements**	1989
	In the past 12 months, **have** you **had a lot of trouble with:**	
	dizziness	
	nausea	
	diarrhea	
	feeling sickly	
	abdominal pain	
	abdominal gas	
	chest or heart pain	
	fainting spells	
	pain in the joints	
	pain in your arms and legs, other than in the joints	
	vomiting	
	weakness	
	backaches	
	headaches	
	nervousness or anxiety	
	feeling tense or keyed up	
	feeling sad, blue or depressed	
	pain when you urinate or pass your water	1989
Access to Care (see **Health Insurance and Usual Source of Care**)		
Adoption		
	Anyone in family **ever adopted children**	1987
	Who in family **adopted** children	1987

Topic	Questionnaire item	Year
Adoption (continued)		
	Number of children **adopted**	1987
	Number of **adopted children living in household**	1987
	Name of **adopted children living in household**	1987
	Relationship of adopted child to adoptive mother	1987
	Adoptive child born in the United States or a foreign country	1987
	When was **adoptive child born**	1987
	Month and year adoptive child began living with adoptive mother	1987
	Adoption arranged through:	
	public agency	
	private agency	
	some other way	
	don't know	1987
AIDS		
	When was the last time you saw, heard or **read something about AIDS:**	
	today	
	number of days ago	
	number of weeks ago	
	number of months ago	
	number of years ago	
	never	
	don't know	1987
	Have you **ever heard of AIDS**	1987
	Compared to most people, how much would you say **you know about AIDS** . . . would you say:	
	a lot	
	some	
	a little	
	nothing	1987
	Tell me (interviewer) whether you think **the statement is definitely true, probably true, probably false, or definitely false or you don't know if it's true or false:**	
	AIDS is a disease caused by a virus	
	AIDS can cripple the body's natural protection against disease	
	AIDS is especially common in older people	
	the AIDS virus can damage the brain	
	AIDS usually leads to heart disease	
	AIDS leads to death	1987
	Where do you get most of your **information about AIDS:**	
	television	
	newspapers	
	brochures/fliers/pamphlets	
	clergy/church	
	doctor/HMO	
	company or industry clinic	
	hospital/emergency room/outpatient clinic	
	other clinic	
	magazines	
	medical journals	
	library	

Topic	Questionnaire item	Year
AIDS (continued)		
	AIDS hot line	
	public health department (local/State)	
	Red Cross/blood bank	
	radio	
	relatives	
	friends	
	school (class/clinic)	
	other source (specify)	
	don't know	1987
	If you wanted more specific information about AIDS, **where would you get it:**	
	television	
	newspapers	
	brochures/fliers/pamphlets	
	clergy/church	
	doctor/HMO	
	company or industry clinic	
	hospital/emergency room/outpatient clinic	
	other clinic	
	magazines	
	medical journals	
	library	
	AIDS hot line	
	public health department (local/State)	
	Red Cross/blood bank	
	radio	
	relatives	
	friends	
	school (class/clinic)	
	other source (specify)	
	don't know	1987
	Tell me (interviewer) whether you think **the statement is definitely true, probably true, probably false, definitely false or you don't know if it is true or false:**	
	a person can be infected with the AIDS virus and not have the disease AIDS	
	you can tell if people have the AIDS virus just by looking at them	
	any person with the AIDS virus can pass it on to someone else through sexual intercourse	
	a pregnant woman who has the AIDS virus can give AIDS to her baby	
	there is a vaccine available to the public that protects a person from getting the AIDS virus	
	there is no cure for AIDS at present	1987
	Tell me (interviewer) if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible or if you don't know **how likely it is that a person will get AIDS** or the AIDS virus infection from:	
	receiving a blood transfusion	
	donating or giving blood	
	living near a hospital or home for AIDS patients	

Topic	Questionnaire item	Year
AIDS (continued)		
	working near someone with AIDS	
	eating in a restaurant where the cook has AIDS	
	kissing, with exchange of saliva, a person who has AIDS	
	shaking hands with or touching someone who has AIDS	
	sharing plates, forks, or glasses with someone who has AIDS	
	using public toilets	
	sharing needles for drug use with someone who has AIDS	
	kissing on the cheek a person who has AIDS	
	being coughed or sneezed on by someone who has AIDS	
	attending school with a child who has AIDS	
	mosquitoes or other insects	
	pets or animals	
	having sex with a person who has AIDS	1987
Have you ever had a blood test for **infection with the AIDS** virus		1987
Does this blood test tell whether a person **has the disease AIDS**		1987
If someone has a **positive blood test for infection with the AIDS** virus, does this mean **that they can give someone** else the **AIDS** virus **through sexual intercourse**		1987
Have you had your blood tested for infection with the AIDS virus		1987
Have you thought about having this blood test		1987
Do you **plan to be tested** in the next 12 months		1987
(If you were to be tested) **Where would you go to have a blood test** for the AIDS virus infection:		
	nowhere/wouldn't take test	
	AIDS clinic	
	company or industry clinic	
	doctor/HMO	
	hospital/emergency room/outpatient clinic	
	other clinic	
	public health department	
	Red Cross/blood bank	
	other (specify)	
	don't know	1987
Where would you go to find out where to have this blood **test:**		
	nowhere	
	AIDS hot line	
	AIDS clinic	
	clergy/church	
	doctor/HMO	
	friends	
	hospital/emergency room/outpatient clinic	
	public health department	
	Red Cross/blood bank	
	relatives	
	other (specify)	
	don't know	1987
Have you donated blood since January 1985		1987
Have you **ever personally known anyone who had the blood test** for the AIDS virus infection		1987

Topic	Questionnaire item	Year
AIDS (continued)		
	What are the chances of someone you know getting the AIDS virus, would you say:	
	high	
	medium	
	low	
	none	
	refused to respond	
	don't know	1987
	What are your chances of getting the AIDS virus, would you say:	
	high	
	medium	
	low	
	none	
	refused to respond	
	don't know	1987, 1988, 1989
	Here are **methods some people use to prevent getting** the **AIDS** virus through sexual activity; tell me (interviewer) whether you think it is very effective, somewhat effective, not at all effective or if you don't know how effective it is in preventing getting the AIDS virus through sexual activity:	
	using a diaphragm	
	using a condom	
	using a spermicidal jelly, foam, or cream	
	being celibate, that is, not having sex at all	
	two people who do not have the AIDS virus having a completely monogamous relationship, that is, having sex only with each other	1987
	Have you **ever discussed AIDS** with a friend or relative	1987, 1988
	When was the **last time you discussed AIDS** with a friend or relative:	
	today	
	number of days ago	
	number of weeks ago	
	number of months ago	
	number of years ago	
	don't know	1987, 1988, 1989
	Do you **have any children aged 10 through 17**	1987, 1988, 1989
	How many do you have	1987, 1988, 1989
	Have you **ever discussed AIDS** with (your child/ any of these children)	1987
	(Has your child/**have your children) had instruction at school** about AIDS	1987
	Have you **ever personally known anyone with the AIDS virus**	1987, 1988, 1989
	Have you **ever personally known anyone with AIDS**	1987
	Would you **want to know the results of the blood test**	1987
	In the past month, **have you seen any public service announcements about AIDS** on television	1988, 1989
	In the past month, **have you heard any public service announcements about AIDS on the radio**	1988, 1989

Topic	Questionnaire item	Year
AIDS (continued)		
	Were any of those public service announcements **called "America Responds to AIDS"**	1988, 1989
	In the past month, **have you read any brochures** or pamphlets about AIDS (do not include articles in magazines or newspapers)	1988, 1989
	Have you **ever read any brochures** or pamphlets about AIDS (do not include articles in magazines or newspapers)	1988, 1989
	Where did you get the pamphlets or brochures:	
	clinic, other than work clinic	
	doctor's office/HMO	
	drug store	
	public health department	
	received it in the mail without asking for it	
	Red Cross/with Red Cross blood donation	
	with other blood donation	
	school	
	sent/phoned for it myself, requested it	
	the Government—Federal, State or local	
	work, other than clinic or nurse	
	work, nurse or clinic	
	other (specify)	1988, 1989
	The Government is mailing a brochure with basic information **about AIDS** to each household in the country, the brochure is 8 1/2 by 11 inches, white with blue and black printing, and has a picture of Dr. C. Everett Koop, the Surgeon General of the United States, on the cover, with the title, "Understanding AIDS" printed at the top: **Was this brochure received at this household**	1988
	How much of the brochure did you read; would you say:	
	all or almost all	
	about half	
	less than half	
	none of it	
	don't know	1988
	When you read it, **did you read it carefully** or did you just skim through it	1988
	Did the brochure give you any new information or answer any questions you had about AIDS	1988
	Did you discuss the brochure with anyone else in the family	1988
	Did this child/**any of your children aged 10 through 17 read the brochure**	1987, 1988, 1989
	Was the brochure discussed with this child/ any of your children aged 10 through 17	1987, 1988, 1989
	Have you **ever discussed AIDS with this child/** any of your children aged 10 through 17	1987, 1988, 1989
	Has this child/have any or all of your children aged 10 through 17 **had instruction at school about AIDS**	1987, 1988, 1989
	How much would you say **you know about AIDS:** a lot	

Topic	Questionnaire item	Year
AIDS (continued)		
	some	
	a little	
	nothing	1988, 1989
	To the best of your knowledge, is there a	
	difference between having the AIDS virus and having the disease AIDS	1988, 1989
	Tell me (interviewer) whether you think **the statement is definitely true, probably true, probably false, definitely false, or you don't know if it is true or false:**	
	AIDS can reduce the body's natural protection against disease	
	AIDS is especially common in older people	
	AIDS can damage the brain	
	AIDS usually leads to heart disease	
	AIDS is an infectious disease caused by a virus	
	teenagers cannot get AIDS	
	AIDS leads to death	
	a person can be infected with the AIDS virus and not have the disease AIDS	
	looking at a person is enough to tell if he or she has the AIDS virus	
	any person with the AIDS virus can pass it on to someone else through sexual intercourse	
	a person who has the AIDS virus can look and feel well and healthy	
	a pregnant woman who has the AIDS virus can give the AIDS virus to her baby	
	there is a vaccine available to the public that protects a person from getting the AIDS virus	
	there is no cure for AIDS at present	1988, 1989
	After I read each statement, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know **how likely it is that a person will get AIDS** or the AIDS virus infection **that way**, how likely do you think it is that a person will get AIDS or the AIDS virus infection from:	
	living near a home or hospital for AIDS patients	
	working near someone with the AIDS virus	
	eating in a restaurant where the cook has the AIDS virus	
	kissing, with exchange of saliva, a person who has the AIDS virus	
	shaking hands, touching, or kissing on the cheek someone who has the AIDS virus	
	sharing plates, forks, or glasses with someone who has the AIDS virus	
	using public toilets	
	sharing needles for drug use with someone who has the AIDS virus	
	being coughed on or sneezed on by someone who has the AIDS virus	
	attending school with a child who has the AIDS virus	
	mosquitoes or other insects	1988, 1989
	Have you **ever donated blood**	1988, 1989
	Have you **donated blood:**	
	since March 1985	
	in the past 12 months	1988, 1989
	Have you **ever heard of a blood test that can detect** the AIDS virus infection	1988, 1989

Topic	Questionnaire item	Year
AIDS (continued)		
	To the best of your knowledge, are blood donations **routinely tested** now for the AIDS virus infection	1988, 1989
	Have you ever received counseling or had a talk with a health professional about taking the AIDS virus test	1988, 1989
	Was the discussion:	
	with a private doctor	
	at a family planning clinic	
	on an AIDS hotline	
	at a prenatal clinic	
	at an STD or sexually transmitted disease clinic	
	at an AIDS/HIV counseling and testing site	
	with some other health professional	
	with some other counselor	1988, 1989
	During that discussion, **did you receive information about how to avoid** getting or passing on the AIDS virus	1988, 1989
	Have you **ever been advised by a health professional not to have the blood test** for the AIDS virus infection	1988, 1989
	Have you **ever been advised by friends** or relatives **not to have the blood test** for the AIDS virus infection	1988, 1989
	Have you had your blood tested for AIDS virus infection	1988, 1989
	Have you **had your blood tested** for the AIDS virus infection **more than once**	1988, 1989
	Was your blood tested in the **past 12 months**	1988, 1989
	How many times have you had your blood tested for the AIDS virus infection	1988, 1989
	How many times in the past 12 months have you **had** your **blood tested** for the AIDS virus infection	1988, 1989
	Was the test/**were any of the blood tests,** including those you had before the past 12 months:	
	part of a blood donation	
	part of a blood transfusion	
	voluntarily sought from a source such as your doctor, clinic, or HMO	
	part of some other activity that requires a blood sample and includes automatic AIDS testing such as testing for the military or immigration	1988, 1989
	Where did you have your blood tested for AIDS virus infection:	
	STD clinic	
	family planning clinic	
	prenatal clinic	
	drug treatment facility	
	tuberculosis clinic	
	work clinic/health station	
	AIDS counseling/testing site	
	military induction	
	immigration site	
	other (specify)	
	don't know	1988, 1989
	Did you get the results of your test/any of your tests	1988, 1989

Topic	Questionnaire item	Year
AIDS (continued)		
	When you **received your test results, did you receive counseling** or talk with a health professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it to another person	1988, 1989
	Were you referred to a health professional to get counseling about the AIDS virus infection	1988, 1989
	Do you **expect to have a blood test** for the AIDS virus infection **in the next 12 months**	1988, 1989
	Will you have the blood test: as part of a blood donation voluntarily from a source such as your doctor, clinic, or HMO as part of some other activity that requires a blood sample and includes automatic AIDS testing, such as testing for the military or immigration	1988, 1989
	Where would you go to have a blood test for the AIDS virus infection: nowhere, wouldn't take the test AIDS clinic company or industry clinic doctor/HMO hospital/emergency room/outpatient clinic other clinic public health department Red Cross/blood bank other (specify) don't know	1988, 1989
	Did you **have a blood transfusion** at any time **between 1977 and 1985**	1988, 1989
	Do you think the present supply of **blood is safe for transfusions**	1988, 1989
	Here are some methods people use to keep from getting the AIDS virus through sexual activity. After I read each one, tell me whether you think it is very effective, somewhat effective, not at all effective, or if you don't know how effective it is in preventing getting the AIDS virus through sexual activity. **How effective is:** using a diaphragm using a condom using a spermicidal jelly, foam or cream having a vasectomy two people who do not have the AIDS virus having sex only with each other	1988, 1989
	What are **your chances of having the AIDS** virus; would you say: high medium low none refused to respond don't know	1988, 1989

Topic	Questionnaire item	Year
AIDS (continued)		
	People have different meanings when they say a "high," "medium," or "low" chance, if "no chance" is zero-out-of-one hundred, **what would you say high/medium/low** is, what number of times-out-of-one hundred	1988, 1989
	Do you say **your chance of getting AIDS is high**/medium **because** you: have had a blood transfusion; have had sexual contact with someone who might have the virus; some other reason (specify)	1988, 1989
	In the past 12 months, **have you received services** or care at: a prenatal health clinic; a maternal and infant health clinic; a family planning clinic; a hospital, as an inpatient; a hospital emergency room; a tuberculosis clinic; a drug treatment facility or clinic; an STD, sexually transmitted disease, clinic; an alcohol treatment facility or clinic; an AIDS counseling and testing clinic; a community health clinic; a public health clinic	1988, 1989
	In the past 12 months, have you: been in the job corps; had a physical examination to join the military; been in prison	1988, 1989
	Have you ever **personally known anyone** with AIDS or the AIDS virus	1988
	How long has it been **since you saw this person:** within the past 2 weeks; 2 weeks to less than 1 month; 1 month to less than 3 months; 3 months to less than 6 months; 6 months or more; don't know	1988, 1989
	How well do you know this person, would you say: very well, it is a close relationship; fairly well, but it is not a close relationship; not very well, it is only an acquaintance or casual relationship; you don't really know them personally, such as a friend of a friend; other (specify)	1988, 1989
	Please tell me (interviewer) if **any of these statements is true for you,** do not tell me which statement or statements are true for you, just if any of them are: you have hemophilia and have received clotting factor concentrates since 1977; you are a native of Haiti, Central or East Africa who has entered the United States since 1977; you are a man who has had sex with another man at some time since 1977, even one time; you have taken illegal drugs by needle at any time since 1977; since 1977, you are or have been the sex partner of any person who would answer "yes" to any of the items listed above; you have had sex for money or drugs at any time since 1977	1988, 1989

Topic	Questionnaire item	Year
AIDS (continued)		
	The U.S. Public Health Service has said that AIDS is one of the major health problems in the country but exactly how many people it affects is not known. The Surgeon General has proposed that a study be conducted and blood samples be taken to help find out how widespread the problem is. **If you were selected in this national sample** of people to have their blood tested **with assurances of privacy of tests results, would you have the test**	1987, 1988, 1989
	Why wouldn't you take part in the test:	
	don't want to know if I have AIDS	
	don't want any counseling about AIDS	
	fear I'll get AIDS	
	don't like to give blood	
	don't trust Government programs	
	it is a waste of money	
	don't believe AIDS can really be cured anyway	
	other (specify)	
	don't know	1988, 1989
	If it were not possible to provide you with **the results** of the test, **would you still take part** in the study	1988, 1989
	If the results of the test were not provided to you, then **would you take part** in the study	1988, 1989
	When Federal Public Health officials give information about AIDS, **do you believe what they say** or are you doubtful about the information they give	1988, 1989
	When they give advice about how to help keep from getting AIDS, do you believe their advice or are you doubtful about what they say	1988, 1989
Alcohol (see also **Drinking**)		
	In your entire life, have you **had at least 12 drinks** of any kind of **alcoholic beverage**	1985, 1988
	In the past 12 months did you **have at least 12 drinks** of any kind of **alcoholic beverage**	1988
	In any one year of your entire life did you **have at least 12 drinks** of any kind of **alcoholic beverage**	1985, 1988
	Have you **had at least 1 drink** of beer, wine, or liquor **during the past year**	1985
	What are your (main) **reasons for not drinking:**	
	no need/not necessary	
	infrequent drinker	
	don't socialize very much	
	don't care for it or dislike it	
	am an alcoholic	
	thought I might become an alcoholic	
	had problems with my drinking	
	have a responsibility to my family	
	family member an alcoholic or problem drinker	
	medical or health reasons	
	religious or moral reasons	
	brought up not to drink	

Topic	Questionnaire item	Year
Alcohol (continued)		
	makes me sick	
	can't control my drinking	
	costs too much or can't afford it	
	dieting or too fattening	
	other	
	don't know	1985, 1988
Of the reasons you have told me (interviewer), which of these is your **most important reason for not drinking:**		
	don't socialize very much	
	don't care for it or dislike it	
	am an alcoholic	
	thought I might become an alcoholic	
	had problems with my drinking	
	have a responsibility to my family	
	family member an alcoholic or problem drinker	
	medical or health reasons	
	religious or moral reasons	
	brought up not to drink	
	makes me sick	
	can't control my drinking	
	costs too much or can't afford it	
	dieting or too fattening	
	other	
	don't know	1988
In your opinion, **how often must a person drink** in order **to be considered a heavy drinker:**		
	every day	
	days per week	
	days per month	
	days per year	
	don't know	1988
On those days, how many drinks must a person have in order **to be considered a heavy drinker**		1988
In your opinion, **how often must a person drink** in order **to be considered a moderate drinker:**		
	every day	
	days per week	
	days per month	
	days per year	
	don't know	1988
On those days, how many drinks must a person have in order **to be considered a moderate drinker**		1988
In your opinion, **how often must a person drink** in order **to be considered a light drinker:**		
	every day	
	days per week	
	days per month	
	days per year	
	don't know	1988
On those days, how many drinks must a person have in order **to be considered a light drinker**		1988

Topic	Questionnaire item	Year
Alcohol (continued)		
	When you were growing up, that is, **during your first 18 years, did you live with anyone who was a problem drinker** or alcoholic	1988
	Was this your biological (natural), adoptive, step, or foster (**mother/father**)	1988
	Was this your full, half, adoptive, step, or foster (**brother/sister**)	1988
	For **how long did you live with** (person) while (person) was a **problem drinker** or alcoholic: days weeks months years	1988
	Have any of your other blood relatives ever been a problem drinker or alcoholic	1988
	Who was this: biological mother biological father biological brother(s) biological sister(s) half brother(s) half sister(s) biological son(s) biological daughter(s) grandmother(s) grandfather(s) aunt(s) uncle(s) niece(s) nephew(s) cousin(s) other blood relative(s) don't know	1988
	Have you **ever been married to,** or lived with someone as if you were married, who was **a problem drinker** or alcoholic	1988
	Please tell me (interviewer) which category best **describes (each adult family member's) drinking during the past year:** heavy moderate light very light or occasional quit drinking never drank don't know	1988
	Tell me (interviewer) whether or not you have **had any of the following conditions** even if you have mentioned them before: hypertension or high blood pressure (excluding during pregnancy) hardening of the arteries any heart disease arthritis or rheumatism an ulcer, not including skin ulcers	

Topic	Questionnaire item	Year
Alcohol (continued)		
	diabetes	
	any disease of the liver, such as yellow jaundice, hepatitis or cirrhosis	
	cancer, other than skin cancer	
	alcoholism	1988
	Not counting small tastes, **how old were you when you started drinking alcoholic beverages**	1988
	In the past 12 months about **how many drinks** of any kind **of alcoholic beverages** did you have	1988
	When did you have your last drink of any kind of alcoholic beverage	1988
	What type of alcoholic beverage (do/did) you **prefer to drink:**	
	beer	
	wine	
	liquor	
	no preference	
	don't know	1988
	When you (drink/drank) **who** (do/did) you **usually drink with:**	
	friends	
	relatives	
	people from work	
	other people	
	self	
	don't know	1988
	What are your **reasons for not drinking very much:**	
	don't socialize very much	
	don't care for it or dislike it	
	am an alcoholic	
	thought I might become an alcoholic	
	had problems with my drinking	
	have responsibility to my family	
	family member an alcoholic or problem drinker	
	medical or health reasons	
	religious or moral reasons	
	brought up not to drink	
	makes me sick	
	can't control my drinking	
	costs too much or can't afford it	
	dieting or too fattening	
	other	
	don't know	1988
	Of the reasons you have told me (interviewer), which of these is your **most important reason for not drinking very much:**	
	don't socialize very much	
	don't care for it or dislike it	
	am an alcoholic	
	thought I might become an alcoholic	
	had problems with my drinking	
	have responsibility to my family	
	family member an alcoholic or problem drinker	
	medical or health reasons	

Topic	Questionnaire item	Year
Alcohol (continued)		
	religious or moral reasons	
	brought up not to drink	
	makes me sick	
	can't control my drinking	
	costs too much or can't afford it	
	dieting or too fattening	
	other	
	don't know	1988
On the average, **how often do you drink** any alcoholic beverage:		
	every day	
	days per week	
	days per month	
	days per year	
	don't know	1988
On the average, **on the days that you drink** alcohol, **how many drinks do you have a day**		1988
Did you have a drink during the 2-week period (outlined on the calendar) beginning Monday and ending Sunday		1988
During that period, **when did you last have a drink**		1988
When was your last drink prior to that 2-week period		1988
During that 2-week period, **on how many days did you drink any beer**		1988
On the day(s) **when you drank beer, about how many beers did you drink a day**		1988
About **how many ounces** were **in a typical** can or bottle or glass of **beer that you drank** during that period		1988
During that 2-week period, **on how many days did you drink any wine**		1988
On the day(s) when you drank wine, about **how many glasses of wine did you drink a day**		1988
About **how many ounces of wine** were **in a typical glass that you drank** during that period		1988
During that 2-week period, **on how many days did you drink** any liquor, such as whiskey, rum, gin, or vodka		1988
On the day(s) when you drank liquor, about **how many drinks did you have a day**		1988
About **how many ounces of liquor** were **in a typical drink** that you had during that period		1988
During the 2-week period (outlined on the calendar/ beginning Monday and ending Sunday), on **how many days altogether did you drink alcoholic beverages**, that is, beer, or wine, or liquor		1988
During that 2-week period, did you **have more than largest number reported**		1988
On how many days did you **have more than (largest number) drink(s)** of beer, or wine, or liquor		1988
What was the largest number of drinks you had on **any one of those days**		1988
On how many days during that 2-week period did you **have (number of) drinks**		1988

Topic	Questionnaire item	Year
Alcohol (continued)		
	How many drinks did you have on that day	1988
	Was the amount of your drinking during that 2-week period **typical of your drinking during the past 12 months**	1988
	Was the amount of your drinking during that 2-week period **more or less than your drinking during the past 12 months**	1988
	For **how many years has this been typical of your drinking**	1988
	During that 2-week period (ending the day of last drink), **on how many days did you drink any beer**	1988
	During that 2-week period (ending the day of last drink), **on how many days did you drink any wine**	1988
	During that 2-week period (ending the day of last drink), **on how many days did you drink any liquor**	1988
	During that 2-week period, **did you drink more or less than usual**	1988
	Do you think you will probably drink again or have you stopped drinking permanently: will probably drink again stopped permanently other don't know	1988
	Did you **have at least one drink in every month** (in the 12 months before last drink/last year/of that year)	1988
	In **how many months did you have at least one drink**	1988
	During (that month/those months), **on how many days did you** have 9 or more drinks of any **alcoholic beverage**	1988
	During (that month/those months), **on how many days did you have 5 or more drinks of any alcoholic beverage**	1988
	Do you now **consider yourself to be a heavy, moderate, light, very light, or occasional drinker**	1988
	In your entire life, when you **drank the most,** about **how often did you drink:** every day days per week days per month days per year don't know	1988
	On these days, about how many drinks did you have **a day**	1988
	For how long a period did you drink this amount: number of days number of weeks number of months number of years don't know	1988
	Before you stopped drinking, **what type of alcoholic beverage** (do/did) you **prefer to drink:** beer wine liquor no preference don't know	1988

Topic	Questionnaire item	Year
Alcohol (continued)		
	In the past 12 months about **how many drinks of any kind of alcoholic beverage** did you have	1988
	When did your have you last drink of any kind of alcoholic beverage	1988
	In your entire life, when you drank the most, about **how often did you drink**	1988
	On those days, about how many drinks did you have **a day**	1988
	For how long a period did you drink this amount: number of days number of weeks number of months number of years don't know	1988
	What are your **reasons for drinking less than 12 drinks** in the past year: don't socialize very much don't care for it or dislike it am an alcoholic thought I might become an alcoholic had problems with my drinking have responsibility to my family family member an alcoholic or problem drinker medical or health reasons religious or moral reasons brought up not to drink makes me sick can't control my drinking costs too much or can't afford it dieting or too fattening other don't know	1988
	Of the reasons you have told me (interviewer), which of these is your **most important reason for drinking less than 12 drinks in the past year:** don't socialize very much don't care for it or dislike it am an alcoholic thought I might become an alcoholic had problems with my drinking have responsibility to my family family member an alcoholic or problem drinker medical or health reasons religious or moral reasons brought up not to drink makes me sick can't control my drinking costs too much or can't afford it dieting or too fattening other don't know	1988
	In your **entire life, have you ever:** had a strong desire or urge to drink started drinking even though you hadn't intended to	

Topic	Questionnaire item	Year
Alcohol (continued)		
	ended up drinking much more than you intended to	
	found it difficult to stop drinking once you had started	
	driven a car after having had too much to drink	
	been sick or vomited after drinking, or the morning after	
	done things when drinking that could have caused you to be hurt	
	felt the effects of alcohol sooner than you used to	
	kept on drinking for a longer period of time than you intended to	
	found that the same amount of alcohol had less effect than before	
	felt depressed, irritable, or nervous after drinking, or the morning after	
	felt powerless over your drinking	
	sought help from family, friends, professionals,	
	or self-help groups about your drinking	
	had a spouse or someone you lived with threaten	
	to leave you because of your drinking	
	gone on benders or binges that lasted two or more days	
	tried to cut down or stop drinking and found you couldn't do it	
	found yourself sweating heavily or shaking after drinking,	
	or the morning after	
	given up or cut down on activities or interests like sports	
	or associations with friends, in order to drink	
	been unable to remember some of the things you did while drinking	
	needed a drink so badly you couldn't think of anything else	
	found that you had to drink more than you once	
	did to get the same effect	
	stayed away from work or gone to work late because of	
	drinking or a hangover	
	spent money on drinks that was needed for essentials like food, or bills	
	lost ties with or drifted apart from a family member or	
	friend because of your drinking	
	gotten drunk instead of doing the things you were supposed to do	
	had a doctor suggest that you cut down or stop drinking alcohol	
	continued to drink alcohol even though it was a threat to your health	
	lost a job, or nearly lost one, because of drinking	
	had family, friends or co-workers suggest that you stop or	
	cut down on your drinking	
	done things when drinking that could have caused someone else to be hurt	
	felt uneasy if alcohol was not around in case you wanted a drink	
	spent a lot of time drinking, or getting over the effects of drinking	
	been so hungover that it interfered with doing	
	things you were supposed to do	
	kept drinking even though it caused you emotional problems	
	had your chances for promotion, raises, or better	
	jobs hurt by your drinking	
	heard or seen things that weren't really there after drinking, or the morning after	
	taken a drink to keep yourself from shaking or feeling sick either	
	after drinking, or the morning after	
	kept drinking even though it caused you problems	
	at home, work, or school	
	attended a meeting of Alcoholics Anonymous (AA)	
	because of your drinking	
	been arrested or had trouble with the police because of your drinking	
	wanted to cut down or stop your drinking and	
	found you couldn't do it	1988

Topic	Questionnaire item	Year
Alcohol (continued)		
	In the **last 12 months, how many times** have you:	
	(See previous list)	1988
Birth (see also **Child Health**)		
	Have given birth to live infant **in the past 5 years**	1985
	In what month and year was your last child born	1985
Birth Control Pills (see also **Cancer**)		
	If a woman takes **birth control pills** is she more likely to have a stroke if she smokes than if she does not smoke	1985
	If a woman takes **birth control pills** is she much more likely or somewhat more likely to have a stroke	1985
Blood Pressure/Hypertension (see also **Stress/Stroke**)		
	Which of the following definitely **increases**, probably increases, probably does not, or definitely **does not increase a person's chance of getting heart disease:**	
	cigarette smoking	
	worry or anxiety	
	high blood pressure	
	diabetes	
	being very overweight	
	overworked	
	drinking coffee with caffeine	
	eating a diet high in animal fat	
	family history of heart disease	
	high cholesterol	1985
	Which one of the following **substances in food is most often associated with high blood pressure:**	
	sodium	
	cholesterol	
	sugar	
	other (specify)	
	don't know	1985
	Have you ever been **told by a doctor** or **other health professional that you had hypertension**, sometimes called high blood pressure	1985
	About **how long** has it been **since** you **last** had your **blood pressure taken** by doctor or other health professional:	
	number of days	
	number of weeks	
	number of months	
	number of years	
	don't know	
	never	1985
	Blood pressure is usually given as one number over another. Were you told **what your blood pressure was, in numbers**	1985
	What was your **blood pressure, in numbers**	1985
	At that time, **was** your **blood pressure:**	
	high	

Topic	Questionnaire item	Year
Blood Pressure/Hypertension (continued)		
	low	
	normal	
	other	
	don't know	1985
	Is this condition **(high blood pressure/hypertension)** completely cured or **under control**	1985
	Do you **still have high blood pressure or hypertension**	1985
	Were you **told two or more** different **times** that you **had hypertension** or **high blood pressure**	1985
	Are you now **taking any medicine** prescribed by a doctor **for** your **hypertension** or high blood pressure	1985
	Was any **medicine ever prescribed** by a doctor **for** your **hypertension** or high blood pressure	1985
	Did **doctor advise** you **to stop taking medicine**	1985
	Because of your hypertension or high blood pressure, has a **doctor** or other health professional ever **advised you to:**	
	diet to lose weight	
	cut down on salt or sodium in your diet	
	exercise	1985
	Have you **ever followed this advice** to:	
	diet to lose weight	
	cut down on salt or sodium in your diet	
	exercise	1985
	Are you **now following this advice** to:	
	diet to lose weight	
	cut down on salt or sodium in your diet	
	exercise	1985
Breastfeeding (see **Child Health**)		
Cancer (see also **Smoking**)		
Cancer Control		
	Acculturation	
	Respondent speaks Spanish	1987
	Respondent speaks English	1987
	Respondent speaks mostly Spanish, mostly English **or** both Spanish and English **about the same**	1987
	Language respondent prefers	1987
	Can **respondent read Spanish**	1987
	Can **respondent read English**	1987
	Respondent reads better in **Spanish** or **English**	1987
	Can respondent write in **Spanish**	1987
	Can **respondent write** in **English**	1987
	Respondent writes better in Spanish or **English**	1987
	What is **your ethnic identification:** (see list below)	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Acculturation (continued)		
What is **respondent mother's ethnic identification:** (see list below)		1987
What is **respondent father's ethnic identification:**		1987
Puerto Rican		
Cuban		
Mexican/Mexicano		
Mexican American		
Chicano		
other Latin American		
other Spanish		
other (specify)		1987
What **country or State respondent born in**		1987
What **country or State respondent's mother born in**		1987
What **country or State respondent's father born in**		1987
Medical Care		
Needed medical care or advice in past 12 months		1987
During past 12 months, **did not get needed medical care or advice**		1987
Why **didn't you get the care** that you **needed:**		
procrastinated/put it off		
did not have health insurance		
care was not available when needed		
cost too much		
didn't know where to go		
didn't know what kind of doctor to see		
didn't have a way to get there		
hours not convenient		
fear of being treated rudely or unkindly		
other reason (specify)		
don't know		1987
Is there **a particular doctor's office, clinic, health center, or place**		
you usually go to for medical care or advice		1987
What **kind of place** is it:		
doctor's office		
hospital emergency room		
hospital outpatient clinic		
health center or private neighborhood health clinic		
public health clinic		
health clinic at work		
HMO/prepaid group practice/"Group Health"		
other (specify)		
don't know		1987
Where do you go when you are **sick or need advice**		
about **your health:**		
doctor's office		
hospital emergency room		
hospital outpatient clinic		
health center or private neighborhood health clinic		
public health clinic		
health clinic at work		
HMO/prepaid group practice/"Group Health"		

Topic	Questionnaire item	Year
Cancer Control (continued)		
Medical Care (continued)		
	haven't needed a doctor	
	don't go anywhere	
	have two or more doctors or usual places depending on what is wrong	
	other (specify)	
	don't know	1987
	Where do you get most useful information about how to prevent illness and improve your health:	
	telephone information—public service or hotline	
	family	
	friends	
	doctor	
	work	
	television	
	radio	
	books	
	newspaper	
	magazines	
	pamphlets in doctor's office	
	other source	
	nowhere/don't get information	
	don't know	1987
Food Knowledge		
	Ever made any lasting and major changes in what you eat and drink for health reasons	1987
	If foods changed, what **foods you eat less of**	1987
	If foods changed, what **foods you eat more of**	1987
	Have **you made changes in what you eat or drink in past** 5 years	1987
	Have **you made changes in what you eat or drink in the past year**	1987
	Are **following statements true or false for respondent:**	
	everything you eat is bad for you so why bother changing	
	respondent enjoys the things eaten and don't want to change	
	there are so many different recommendations, it's hard for respondent to know which ones to follow	
	respondent eats out so much that making changes would be hard	
	making changes in the kind of food respondent eats would be expensive	
	respondent would like to change but rest of family won't change	
	the things respondent eats are healthy so there is no reason to make changes	1987
	Respondent agrees most with one of the following two statements:	
	what people eat or drink has little effect on whether they will develop major diseases	
	by eating the right kinds of food, people can reduce their chances of developing major diseases	1987
	Which **major diseases** you think **may be related to what people eat and drink:**	
	cancer	
	heart disease	
	obesity/overweight	
	diabetes	

Topic	Questionnaire item	Year
Cancer Control (continued)		
Food Knowledge (continued)		
	hypertension or high blood pressure	
	other	
	none	1987
	Do you think **cancer** may **be related to what people eat and drink**	1987
	What foods should people eat or drink MORE of to help prevent cancer	1987
	What **foods should people eat or drink LESS of to help prevent cancer**	1987
	What kinds of cancer do you think may be related to things people eat and drink:	
	all kinds of cancer	
	breast cancer	
	bladder cancer	
	cancer of the mouth/throat/esophagus	
	cancer of the colon/bowel/intestines/rectum	
	stomach cancer	
	prostate cancer	
	cancer of the uterus	
	lung cancer	
	liver cancer	
	other	
	don't know	1987
	Have you **heard or read ANYTHING about how eating more of some foods and less of other** foods can help **prevent some major diseases**	1987
	Which major diseases have you heard may be related to what people eat and drink:	
	cancer	
	heart disease	
	obesity/overweight	
	diabetes	
	hypertension or high blood pressure	
	other	
	none	
	don't know	1987
	Have you **heard of foods containing fiber**	1987
	Diet high, medium, or low in fiber	1987
	Tell me (interviewer) which **of the foods listed is high in fiber:**	
	bran flakes	
	corn flakes	
	hamburgers	
	lettuce	
	baked beans	
	carrots	
	white rice	
	raw apples	
	none	
	don't know	1987
	Diet high, medium, or low in fat	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Food Knowledge (continued)		
	Tell me (interviewer) which **of the foods listed is high in fat:**	
	fried chicken	
	white bread	
	soda or soft drinks	
	peanut butter	
	broiled fish	
	bananas	
	cold cuts or lunch meats	
	doughnuts	
	none	
	don't know	1987
	Thinking about **what you eat and drink,** which of the following are **important concerns for you:**	
	avoiding foods with too much salt or sodium	
	avoiding foods with too much sugar	
	eating foods to lower cholesterol	
	not having enough money to buy food	
	being overweight	
	being too thin	1987
General Knowledge and Attitudes		
	Which do you think **increases a person's chances of getting cancer:**	
	stress	
	inherited make-up or heredity	
	exposure to x-rays	
	poor eating practices	
	using chewing tobacco, snuff, pipes or cigars	
	air pollution	
	water pollution	
	some cloth dyes	
	exposure to toxic waste dumps	
	exposure to toxic substances on the job	
	exposure to people with cancer	
	excessive drinking of alcoholic beverages	
	exposure to the sun	
	cigarette smoking	
	exposure to nuclear waste	
	some strong soaps and detergents	
	viruses	
	some medicines	
	medical procedures using radiation	
	don't know	1987
	In your opinion, of the things you just mentioned (see **list above**), **which two are responsible for the most cases of cancer in this country**	1987
	Do **you strongly agree, agree, disagree, or strongly disagree with this statement, or if you have no opinion:**	1987
	there is very little a person can do to reduce his or her chances of getting cancer	1987

Topic	Questionnaire item	Year

Cancer Control (continued)

General Knowledge and Attitudes (continued)

What do you think are **warning signs or symptoms of cancer:**	
weight loss/loss of appetite	
change in bowel or bladder habits	
unusual bleeding or discharge	
lump in breast or elsewhere	
indigestion	
difficulty in swallowing	
change in a wart or mole	
nagging cough or hoarseness	
chest pain	
shortness of breath	
sores that don't heal	
tired/fatigued	
changes on skin/rash/blemish/sunspots/blotches	
other	
don't know	1987
Would you attend, if convenient, **a free 2 hour class on how to reduce your chances of getting cancer**	1987
Which of these **places** would be **most convenient for you to attend class:**	
church	
local school	
hospital	
club meeting	
workplace	
home	
senior center	
community center	
other place	
don't know	1987

Screening Knowledge and Practice

Ever **heard of Pap smear test**	1987
Ever had a Pap smear	1987
When had **last Pap smear**	1987
Was **Pap smear done:**	
within past year	
a year or more ago	1987
Was **Pap smear:**	
less than 3 months	
3 or more months ago	1987
Was **Pap smear:**	
3 years ago or less	
between 3 and 5 years	
5 or more years ago	1987
Where was Pap smear done:	
in a doctor's office	
a clinic	
a hospital	
some other place	1987
Did you **have Pap smear because of health problem**	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
What was **problem for Pap smear:**		
follow-up tests/treatment		
bleeding		
pain		
discharge		
itching		
burning		
infection		
unrelated medical problem		
other		
don't know		1987
How were you told results of Pap smear:		
in person		
telephone		
through the mail		
combination of methods		
never told; meaning results normal		
never told; don't know if there is a problem		
other		1987
What was **health problem for Pap smear:**		
follow-up tests/treatment		
bleeding		
pain		
discharge		
itching		
burning		
infection		
unrelated medical problem		
other		
don't know		1987
Have you ever had **Pap smear and results not normal**		1987
Because of **abnormal results, did you have additional tests**		1987
Because of abnormal results, did you have any surgery or other treatment		1987
Did **Pap smear/additional tests/surgery or other treatment indicate cancer**		1987
When were you diagnosed as having cancer		1987
What is **most important reason (why you have never had/not had a Pap smear in the past few years):**		
procrastinated/put it off		
had a hysterectomy		
didn't know I should		
not needed/not necessary		
cost too much		
no insurance coverage		
don't go to doctors		
don't have a doctor		
not recommended by doctor/Dr. never said it was needed		
doctor said it wasn't needed		
too embarrassing		
haven't had any problems		

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
	fear	
	other	
	don't know	1987
Do **you have menstrual periods**		1987
Menstrual periods stopped due to surgery		1987
Know how to **examine breasts for lumps**		1987
How often you examine breasts for lumps:		
	day	
	week	
	month	
	year	
	never	
	other (specify)	
	don't know	1987
Who taught you how **to examine breasts:**		
	doctor	
	nurse	
	other health professional	
	learned in a class/meeting	
	read in a book, pamphlet, magazine, etc.	
	television	
	other (specify)	
	don't know	1987
Ever heard of a breast physical examination		1987
Have you ever had breast physical exam		1987
When did **you have last breast physical exam:**		1987
	days ago	
	weeks ago	
	months ago	
	years ago	
	don't know	1987
Was **breast exam:**		
	within the past year	
	1 year or more ago	1987
Was **breast exam:**		
	less than 3 months	
	3 or more months ago	1987
Was **breast exam:**		
	3 years ago or less	
	between 3 and 5 years	
	5 or more years ago	1987
Where was breast exam done:		
	doctor's office	
	clinic	
	hospital	
	other place (specify)	
	don't know	1987
Did **you go for last breast exam because of health problem**		1987
What was **health problem:**		
	follow-up tests/treatment	
	soreness	

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
	swelling	
	lumps	
	pain	
	discharge	
	complications related to breast feeding	
	unrelated medical problem	
	other	
	don't know	1987
	How were you **told results of breast exam:**	
	in person	
	telephone	
	through the mail combination of methods	
	never told; meaning results normal	
	never told; don't know if problem	
	other	1987
	Ever had a breast physical exam because of health problem	1987
	What was **health problem:**	
	follow-up tests/treatment	
	soreness	
	swelling	
	lumps	
	pain	
	discharge	
	complications related to breast feeding	
	unrelated medical problem	
	other	
	don't know	1987
	Ever had a breast physical exam where the results were not normal	1987
	Because of abnormal results, did **you have additional tests**	1987
	Because of abnormal results, did **you have surgery** or other treatment	1987
	Did breast physical exam/additional tests/surgery or other treatment indicate cancer	1987
	When were you **diagnosed as having cancer:**	
	days ago	
	weeks ago	
	months ago	
	years ago	
	don't know	1987
	Most important reason you have not/never had a breast physical exam	
	in the past few years by a doctor or other health professional:	
	procrastinated/put it off	
	didn't know I should	
	not needed/not necessary	
	cost too much	
	no insurance coverage	
	don't go to doctors	
	don't have a doctor	
	not recommended by doctor/Dr. never said it was needed	
	doctor said it wasn't needed	
	too embarrassing	
	haven't had any problems	
	fear	
	examined own breast	

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
	other	
	don't know	1987
Ever heard of a mammogram		1987
Ever had a mammogram		1987
When was last mammogram:		
	days ago	
	weeks ago	
	months ago	
	years ago	
	don't know	1987
Was **last mammogram:**		
	within past year	
	1 year or more ago	1987
Was **last mammogram:**		
	less than 3 months	
	3 or more months ago	1987
Was **last mammogram:**		
	3 years ago or less	
	between 3 and 5 years	
	5 or more years ago	1987
Where was mammogram test **done:**		
	doctor's office	
	clinic	
	hospital	
	imaging center/x-ray lab	
	other place (specify)	
	don't know	1987
Did you **go for** last **mammogram because of health problem**		1987
What was **health problem:**		
	thickening	
	soreness	
	swelling	
	lumps	
	pain	
	discharge	
	unrelated medical problem	
	other	
	don't know	1987
How were you **told results of mammogram:**		
	in person	
	telephone	
	through the mail	
	combination of methods	
	never told; meaning results normal	
	never told; don't know if problem	
	other	1987
Ever had mammogram because of health problem		1987
What was **health problem:**		
	thickening	
	soreness	
	swelling	
	lumps	

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
	pain	
	discharge	
	unrelated medical problem	
	other	
	don't know	1987
	Ever had mammogram where the **results were not normal**	1987
	Because of abnormal results, did you have additional tests	1987
	Because of abnormal results, did you have any surgery or other treatment	1987
	Did **mammogram/additional tests/surgery or other treatment indicate cancer**	1987
	When were **you diagnosed as having cancer:**	
	days ago	
	weeks ago	
	months ago	
	years ago	
	don't know	1987
	What is **most important reason why you have not had/ never had a mammogram in the past few years:**	
	procrastinated/put it off	
	didn't know I should	
	not needed/not necessary	
	cost too much	
	no insurance coverage	
	don't go to doctors	
	don't have a doctor	
	not recommended by doctor/Dr. never said it was needed	
	doctor said it wasn't needed	
	too embarrassing	
	haven't had any problems	
	fear	
	fear of radiation	
	painful procedure	
	unpredictable results	
	other	
	don't know	1987
	Ever heard of digital rectal exam	1987
	Ever had a digital rectal exam	1987
	When did you have your last digital rectal exam:	
	days ago	
	weeks ago	
	months ago	
	years ago	
	don't know	1987
	Was rectal exam:	
	within the past year	
	1 year or more ago	1987
	Was rectal exam:	
	less than 3 months	
	3 or more months ago	1987
	Was rectal exam:	
	3 years ago or less	
	between 3 and 5 years	
	5 or more years ago	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
Where was rectal exam done:		
doctor's office		
clinic		
hospital		
other place (specify)		1987
Did you go for **your last digital rectal exam because of a health problem**		1987
What was health problem:		
pain		
constipation		
bowel trouble		
blood in stool		
difficulty urinating		
prostate enlargement		
bleeding		
hemorrhoids		
diverticulitis		
unrelated medical problem		
other		
don't know		1987
How were you **told the results of the test:**		
in person		
telephone		
through the mail		
combination of methods		
never told; meaning results normal		
never told; don't know if problem		
other		1987
Ever had digital rectal exam because of health problem		1987
What was health problem:		
pain		
constipation		
bowel trouble		
blood in stool		
difficulty urinating		
prostate enlargement		
bleeding		
hemorrhoids		
diverticulitis		
unrelated medical problem		
other		
don't know		1987
Ever had digital rectal exam where results were not normal		1987
Because of abnormal results, did you have additional tests		1987
Because of abnormal results, did you have surgery or other treatment		1987
Did digital rectal exam/additional tests/surgery or other treatment indicate you had cancer		1987
When were you **diagnosed as having cancer:**		
days ago		
weeks ago		
months ago		
years ago		
don't know		1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
What is **most important reason why you have** (never had/**not had a digital rectal exam in the past years):**		
	procrastinated/put it off	
	didn't know I should	
	not needed/not necessary	
	cost too much	
	no insurance coverage	
	don't go to doctors	
	don't have a doctor	
	not recommended by doctor/Dr. never said it was needed	
	Dr. said it wasn't needed	
	too embarrassing	
	haven't had any problems	
	fear	
	painful procedure	
	unpredictable results	
	other	
	don't know	1987
Ever **heard** of **blood stool test**		1987
Ever **had a blood stool test**		1987
When **had last blood stool test:**		
	month/year	
	days ago	
	weeks ago	
	months ago	
	years ago	1987
Was **blood stool test:**		
	within the past year	
	1 year or more ago	1987
Was **blood stool test:**		
	less than 3 months	
	3 or more months ago	1987
Was **blood stool test:**		
	3 years ago or less	
	between 3 and 5 years	
	5 or more years ago	1987
Blood stool test done by self, done by doctor or other medical person		1987
Last blood stool test done because of **health problem**		1987
What was **problem:**		
	hemorrhoids	
	bleeding	
	pain	
	constipation	
	bowel trouble	
	blood in stool	
	ulcers	
	unrelated medical problem	
	other	
	don't know	1987
How were you **told results of test:**		
	in person	
	telephone	

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
	through the mail	
	combination of methods	
	never told; meaning results normal	
	never told; don't know if problem	
	other	1987
	Ever had a blood stool test because of health problem	1987
	What was problem:	
	hemorrhoids	
	bleeding	
	pain	
	constipation	
	bowel trouble	
	blood in stool	
	ulcers	
	unrelated medical problem	
	other	
	don't know	1987
	Ever had blood stool test where results not normal	1987
	Because of **abnormal results,** did you **have additional tests**	1987
	Because of **abnormal results,** did you **have surgery** or **treatment**	1987
	Did blood stool test/additional tests/surgery or other treatment indicate you had **cancer**	1987
	When was **cancer diagnosed:**	
	days ago	
	weeks ago	
	months ago	
	years ago	
	don't know	1987
	What is **most important reason why you have (never had/not had a blood stool test** in the past few years):	
	procrastinated/put if off	
	didn't know I should	
	not needed/not necessary	
	cost too much	
	no insurance coverage	
	don't go to doctors	
	don't have a doctor	
	not recommended by doctor/Dr. never said it was needed	
	Dr. said it wasn't needed	
	too embarrassing	
	fear	
	haven't had any problems	
	painful procedures	
	unpredictable results	
	other	
	don't know	1987
	Ever heard of a **proctoscopic exam**	1987
	Ever had a proctoscopic exam	1987
	When was last proctoscopic exam:	
	days ago	
	weeks ago	
	months ago	
	years ago	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
Was the **proctoscopic exam:**		
within past year		
1 year or more ago		1987
Was the **proctoscopic exam:**		
less than 3 months		
3 or more months ago		1987
Was the **proctoscopic exam:**		
3 years ago or less		
between 3 and 5 years		
5 or more years		1987
Where was proctoscopic exam done:		
in a doctor's office		
a clinic		
a hospital		
other place (specify)		
don't know		1987
Did you go for **last proctoscopic exam because** of **health problem**		1987
What was **problem:**		
bleeding		
pain		
constipation		
bowel trouble		
blood in stool		
unrelated medical problem		
other		
don't know		1987
How were you **told results of proctoscopic exam:**		
in person		
telephone		
through the mail		
combination of methods		
never told; meaning results normal		
never told; don't know if problem		
other		1987
Ever had proctoscopic exam because of health problem		1987
What was problem:		
bleeding		
pain		
constipation		
bowel trouble		
blood in stool		
unrelated medical problem		
other		
don't know		1987
Ever had proctoscopic exam where results not normal		1987
Because of **abnormal results,** did you **have**		
additional **tests**		1987
Because of **abnormal results,** did you **have surgery** or **treatment**		1987
Did proctoscopic exam/additional tests/surgery		
or other treatment indicate you had **cancer**		1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
When was **cancer diagnosed:**		
days ago		
weeks ago		
months ago		
years ago		
don't know		1987
What is most important reason why you have (never had/not had **proctoscopic exam** in the past few years):		
procrastinated/put if off		
didn't know I should		
not needed/not necessary		
cost too much		
no insurance coverage		
don't go to doctors		
don't have a doctor		
not recommended by doctor/Dr. never said it was needed		
Dr. said it wasn't needed		
too embarrassing		
fear		
haven't had any problems		
painful procedures		
unpredictable results		
other		
don't know		1987
Ever heard of:		
a breast physical exam		
a mammogram		
a digital rectal exam		
a blood stool test		
a proctoscopic exam		1987
How **often** you think **women** should **have a Pap smear:**		
number of week(s)		
number of month(s)		
number of year(s)		
never		
other (specify)		
only if problem/symptoms		
don't know		1987
How **often women age 50 and over** should **have breast physical exam** by a doctor or health professional:		
number of week(s)		
number of month(s)		
number of year(s)		
never		
other (specify)		
only if problem/symptoms		
don't know		1987
How **often women age 50 and over** should **have a mammogram:**		
number of week(s)		
number of month(s)		
number of year(s)		

Topic	Questionnaire item	Year
Cancer Control (continued)		
Screening Knowledge and Practice (continued)		
	never	
	other (specify)	
	only if problem/symptoms	
	don't know	1987
	How **often person age 40 and over** should **have digital rectal exam:**	
	number of week(s)	
	number of month(s)	
	number of year(s)	
	never	
	other (specify)	
	only if problem/symptoms	
	don't know	1987
	How **often person age 40 and over** should **have blood stool test:**	
	number of week(s)	
	number of month(s)	
	number of year(s)	
	never	
	other (specify)	
	only if problem/symptoms	
	don't know	1987
	How **often person age 40 and over** should **have a proctoscopic exam:**	
	number of week(s)	
	number of month(s)	
	number of year(s)	
	never	
	other (specify)	
	only if problem/symptoms	
	don't know	1987
	Ever told by doctor or other health professional that you **have cancer**	1987
	Kind of **cancer**	1987
	Part of body affected by cancer	1987
	Age when **cancer first diagnosed**	1987
	Doctor told you **about other cancer**	1987
	Kind of **other cancer**	1987
	Part of body affected by **other kind of cancer**	1987
	Age when **other kind of cancer first diagnosed by doctor**	1987
Smoking Habits and Tobacco Use		
	Ever **smoked 100 cigarettes in entire life**	1987
	Age when **first started smoking cigarettes** fairly regularly	1987
	Do you **smoke now**	1987
	When you are **inside public places** that have no rules about smoking and someone lights up a cigarette, **what are you most likely to do:**	
	ask the person not to smoke	
	move away from the person	
	do nothing	
	something else	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Smoking Habits and Tobacco Use (continued)		
About **how long** has it been **since** you **last smoked cigarettes** regularly		1987
On the average, **how many cigarettes** did you **usually smoke** a day		1987
How many minutes or hours **after awakening** did you usually have your first **cigarette**		1987
Before you quit, did you **make any other serious attempts to stop smoking**		1987
Including the last time you quit smoking, **how** many **times** did you make a serious **attempt to stop smoking cigarettes**		1987
Before you quit smoking, **what was the longest period you stayed off cigarettes**		1987
For **how many years** were you a regular smoker (do not include the times when you stayed off cigarettes)		1987
(When you quit smoking, did you ever/**In any of your quit attempts**, did you **ever**):		
switch to lower tar or nicotine cigarettes		
use special filters or cigarette holders to regulate the amount of smoke inhaled		
gradually decrease the number of cigarettes you smoked in a day		
use prescription chewing gum called "nicorette"		
participate in the Great American Smoke-out		
stop smoking along with friends or relatives who were also trying to quit		
stop by following instructions in a book or pamphlet		
stop "cold turkey," that is, stopping all at once without cutting down		
use some other method		1987
Thinking of the methods you just mentioned (see previous list), **which ones** did you **use the last time you quit smoking**		1987
Thinking of the time(s) you tried to quit smoking, please tell me the **reasons you had for trying to quit:**		
health symptom/problem		
present health		
future health		
both present and future health		
cost of cigarettes		
pressure from family and friends		
advice from my doctor		
setting a good example for children		
effect my smoking had on others		
pregnancy		
lost desire		
dirty habit		
other		
don't know		1987
Was that **concern** for your **health at the time or** concern for your **future health**		1987
Did you **ever try to quit smoking because** of a **health condition** you had at the time		1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Smoking Habits and Tobacco Use (continued)		
What was the **health condition:**		
heart trouble/problem		
high blood pressure		
cancer		
emphysema		
cough		
shortness of breath		
cold/flu/virus		
other respiratory problem		
sore throat		
pregnancy		
other		
don't know		1987
Did a **doctor ever advise you to quit** smoking		1987
Do you **believe** your **smoking affected your health** in any way		1987
How did **smoking affect your health:**		
heart trouble/problem		
high blood pressure		
cancer		
emphysema		
cough		
shortness of breath		
cold/flu/virus		
other respiratory problem		
sore throat		
other		
don't know		1987
In order to get an accurate record of the **brand** of **cigarette** you smoke most often, I'd like to see the cigarette package (do you have the pack handy)		1987
What brand or type of cigarette do you **smoke most often**		1987
What type of cigarettes are the (brand) that you smoke, are they:		
filter tip		
non-filter tip		
hard pack		
soft pack		
menthol		
plain		
regular		
king-size		
100 millimeter		
120 millimeter		
lights		
ultra lights		
don't know		1987
What are the **reasons you smoke cigarettes:**		
addicted		
relaxes or calms me/nerves/stress/helps me cope		
to keep my weight down		
wakes me up		
gives me something to do with my hands		

Topic	Questionnaire item	Year
Cancer Control (continued)		
Smoking Habits and Tobacco Use (continued)		
	keeps me going/helps me concentrate/excuse to take a break	
	habit	
	I like it/enjoy it	
	social reasons	
	other	
	don't know	1987
	Have you ever made a **serious attempt to stop** smoking **cigarettes**	1987
	Have you **made more than one serious attempt**	1987
	How many times within the **last year** have you made a serious attempt to **stop smoking cigarettes**	1987
	When did you make the serious **attempt to quit smoking**	1987
	When did you **last make** a serious **attempt to quit smoking**	1987
	When you tried to quit, for **how long** did you **stay off cigarettes:**	
	less than a day	
	days	
	weeks	
	months	
	years	
	don't know	1987
	Of all the times you have tried to quit smoking, **what was** the **longest period you stayed off cigarettes:**	
	less than a day	
	days	
	weeks	
	months	
	years	
	don't know	1987
	After your attempt(s) to quit, what were the **reasons you started to smoke again:**	
	fear of gaining weight	
	actual weight gain	
	headaches/irritability/difficulty concentrating/drowsiness	
	bored/blue/depressed	
	nervous/tense/angry/frustrated/stress	
	stressful life event	
	pressure from others to smoke	
	no support from others	
	habit/situation where used to smoke regularly	
	addiction/craving	
	pleasure of smoking/enjoy it	
	others smoking around me	
	not ready to quit/didn't want to quit	
	didn't try hard enough/no will power	
	any mention of alcohol	
	other	
	don't know	1987
	Of the reasons you have told me (see previous list), which of these was the **most important** to you as a **reason for starting** to **smoke again**	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Smoking Habits and Tobacco Use (continued)		
	Have you **ever switched** to a **lower tar and nicotine cigarette** just to reduce your health risk	1987
	Do you **believe** your **smoking has affected** your **health** in any way	1987
	How has your **smoking affected your health:**	
	heart trouble/problem	
	high blood pressure	
	cancer	
	emphysema	
	cough	
	shortness of breath	
	cold/flu/virus	
	other respiratory problem	
	other	
	don't know	1987
	Has a **doctor ever advised you to quit** smoking	1985, 1987
	For **how many years** have you been a **regular smoker** (do not include the times when you stayed off cigarettes)	1987
	Could you **quit** smoking **permanently** if you **wanted** to	1987
	How hard do you think it would be **to quit** smoking cigarettes entirely:	
	very hard	
	somewhat hard	
	not hard at all	1987
	Have you **ever used chewing tobacco,** such as Redman, Levi Garrett, or Beechnut	1987
	Have you **used chewing tobacco at least 20 times**	1987
	How old were you **when** you first **used chewing tobacco**	1987
	Do you **use chewing tobacco now**	1987
	Altogether, **about how long** (did you use/**have you** used) chewing tobacco	1987
	On the average, **how many days per month** (did/do) you **use chewing tobacco**	1987
	On the days that you use(d) chewing tobacco, **how** many times (did/do) you **use it**	1987
	Have you **ever used snuff,** such as Skoal, Skoal Bandits, or Copenhagen	1987
	Have you **used snuff at least 20 times**	1987
	How old were you **when** you first **used snuff**	1987
	Do you **use snuff now**	1987
	Altogether, about **how long** (did you use/**have you used) snuff**	1987
	On the average, **how many days per month** (did/do) you **use snuff**	1987
	On the days you use(d) snuff, **how many times** (did/do) you **use it**	1987
	(Did/Do) you **use snuff by sniffing it** or by placing it in your mouth	1987
	Have you **ever smoked a pipe**	1987
	Have you **smoked a pipe at least 50 times**	1987
	How old were you **when you first smoked a pipe**	1987

Topic	Questionnaire item	Year
Cancer Control (continued)		
Smoking Habits and Tobacco Use (continued)		
	Do you **smoke a pipe now**	1987
	Altogether, about **how long** (did you smoke/have you smoked) a pipe	1987
	On the average, **how many days per month** (did/do) you smoke a pipe	1987
	On the days you smoke(d) a pipe, **how many pipefuls** of tobacco (did/**do**) **you smoke**	1987
	Have you **ever smoked cigars**	1987
	Have you **smoked at least 50 cigars** in your entire life	1987
	How old were you **when you** first **smoked cigars**	1987
	Do you **smoke** cigars **now**	1987
	Altogether, about **how long** (did you smoke/**have you** smoked) cigars	1987
	On the average, **how many days per month** (did/do) you smoke cigars	1987
	On the days you smoke(d) cigars, **how many** (did/do) **you smoke**	1987
	Do you **believe cigarette smoking is related to:**	
	emphysema	
	gallstones	
	lung cancer	
	chronic bronchitis	
	diabetes	
	cancer of the mouth and throat	
	heart disease	1987
	Do you think that using **chewing tobacco** on a regular basis can **increase a person's chances of getting mouth and throat cancer**	1987
	What about using **snuff by mouth**	1987
	What about **smoking a pipe**	1987
	What about **smoking cigars**	1987
	Do you think there is a strong, moderate, slight **connection between mouth and throat cancer and:**	
	using chewing tobacco	
	using snuff by mouth	
	smoking a pipe	
	smoking cigars	1987
	Please tell me (interviewer) whether you strongly agree, agree, disagree, or strongly disagree, or if you have no opinion on each of the following **statements about cigarette smoking:**	
	everything causes cancer anyway so it really doesn't matter if you smoke	
	smoking by a pregnant woman may harm the baby	
	the smoke from someone else's cigarette is harmful to you	
	most deaths from lung cancer are caused by cigarette smoking	
	people who smoke low tar and nicotine cigarettes are less likely to get cancer than people who smoke high tar and nicotine cigarettes	

Topic	Questionnaire item	Year
Cancer Control (continued)		
Smoking Habits and Tobacco Use (continued)		
	if people want to smoke, they should not do so inside public places where it might disturb others	1987
	How long since last smoked	1987
Occupational Exposure		
	Exposed to any substances that would be harmful if you breathed them or got them on your skin on current job	1987
	Knowledge of how substances affect your health	1987
	Where did you **learn** that substances could affect your health:	
	employer	
	union	
	health clinic at work	
	magazines	
	newspapers	
	notices posted at work	
	doctor	
	television	
	read container label	
	other	
	don't know	1987
	Work at least **half day in office building or work mostly outside**	1987
	Are there **at least five other people working in building**	1987
	Smoking allowed at work	1987
	Smoking and **non-smoking areas at work**	1987
	Employer restricts smoking to certain areas for **health reasons**	1987
	Work area:	
	very smoky	
	somewhat smoky	
	not smoky at all	
	don't know	1987
	Smoke from other people's cigarettes:	
	very annoying	
	somewhat annoying	
	not at all annoying	1987
Height and Weight		
	Height without shoes	1985, 1987
	Weight without shoes	1985, 1987
	When you **weighed the most, how much** did you weigh	1987
Cancer Epidemiology		
Acculturation (see **Cancer Control**)		
Food Frequency		
	How often usually ate/drank during past year or so:	
	orange juice or grapefruit juice	

Topic	Questionnaire item	Year
Cancer Epidemiology (continued)		
Food Frequency (continued)		
	other fruit juices or fortified fruit drinks	
	oranges	
	grapefruit	
	cantaloupe in season	
	apples or applesauce	1987
	How often usually ate during the past year or so:	
	beans	
	carrots	
	tomatoes	
	green salad	
	salad dressing or mayonnaise	
	broccoli	
	spinach	
	mustard greens, turnip greens, or collards	
	coleslaw, cabbage, or sauerkraut	
	french fries or fried potatoes	
	potatoes, baked, boiled, or mashed	
	sweet potatoes or yams	
	rice	1987
	How often usually ate during the past year or so:	
	hamburgers, cheeseburgers or meatloaf	
	beef, such as steaks or roast	
	beef stew or potpie with vegetables	
	liver, including chicken liver	
	pork, such as pork chops or roasts	
	fried chicken	
	chicken or turkey, baked, stewed or broiled	
	fried fish or fish sandwiches	
	spaghetti, lasagna or pasta with tomato sauce	1987
	How often **usually ate during past year** or so:	
	cooked cereals like oatmeal	
	high fiber cereals like bran, granola, or shredded wheat	
	highly fortified cereals like Product 19, Total, or Most	
	other cold cereals like Rice Krispies or corn flakes	
	eggs	
	bacon	
	sausage	1987
	How often **usually ate during past year** or so:	
	vegetable soup, vegetable beef, minestrone or tomato soup	
	hot dogs	
	ham or lunch meats	
	white breads, rolls or crackers	
	dark breads	
	corn bread, corn muffins, corn tortillas, or grits	
	butter on bread, rolls or vegetables	
	margarine on bread, rolls or vegetables	
	cheese or cheese spreads, not including cottage cheese	
	peanuts or peanut butter	
	salty snacks like chips or popcorn	1987
	How often **usually ate during past year** or so:	
	ice cream	
	pie	
	doughnuts, cookies, cake or pastry	

Topic	Questionnaire item	Year
Cancer Epidemiology (continued)		
Food Frequency (continued)		
	chocolate candy	
	sugar in coffee or tea or on cereal	
	whole milk or drinks made with whole milk	
	2% milk or drinks made with 2% milk	
	skim milk or 1% milk or buttermilk	
	milk or cream in coffee or tea	
	soda or soft drinks with sugar	1987
	How **often drank beer during past year** or so:	
	every day/daily	
	number of weeks	
	number of months	
	number of years	
	never	1987
	Days you drank beer, **how many cans, bottles or glasses dranked**	1987
	Cans, bottles, or glasses of beer small, medium, or large	1987
	How often drank wine during past year or so:	
	every day/daily	
	number of weeks	
	number of months	
	number of years	
	never	1987
	Days you drank wine, how many glasses dranked	1987
	Glasses of wine **small, medium, or large**	1987
	How often you drank liquor during the past year or so:	
	every day/daily	
	number of weeks	
	number of months	
	number of years	
	never	1987
	Days drank liquor, how many drinks did you have	1987
	Liquor drinks small, medium, or large	1987
	Any **period in life** when you **drank five or more** drinks of any **alcoholic beverage** almost **every day**	1987
	How long did **period last:**	
	number of days	
	number of weeks	
	number of months	
	number of years	
	don't know	1987
	How often **eat chicken** or other **poultry with skin on:**	
	often or always	
	sometimes	
	rarely	
	never	
	don't eat chicken or poultry	1987
	When **eating red meat,** how **often eat the fat:**	
	often or always	
	sometimes	
	rarely	
	never	
	don't eat red meat	1987
	On **most weekdays, how many meals eaten each day**	1987

Topic	Questionnaire item	Year
Cancer Epidemiology (continued)		
Food Frequency (continued)		
	On **most weekdays, how many snacks eaten each day**	1987
	On **most Saturdays or Sundays, number of meals** eaten each day	1987
	On **most Saturdays or Sundays, number of snacks** eaten each day	1987
	In a typical **week, number of meals eaten in** restaurants, cafeterias, or fast food places	1987
Vitamin and Mineral Intake		
	Took **vitamin** or **mineral** supplements during past 12 months	1987
	Multiple vitamins taken during past 12 months	1987
	Brand name of multiple vitamin	1987
	Brand name taken most often during past 12 months	1987
	Vitamin therapeutic type, stress-tab type or one-a-day type	1987
	How many **of the past 12 months did you take multiple vitamins**	1987
	Days per month took multiple vitamins	1987
	Day you took multiple vitamins, how many **pills taken per day**	1987
	Multiple vitamins taken during past month	1987
	Took **vitamin A during past 12 months**	1987
	How many **of the past 12 months did you take vitamin A**	1987
	How many days per month took vitamin A	1987
	How many **vitamin A pills you usually take per day**	1987
	Units of vitamin A in each pill taken	1987
	Vitamin A taken during past month	1987
	Took **vitamin C during past 12 months**	1987
	How many **of the past 12 months did you take vitamin C**	1987
	How many **days per month took vitamin C**	1987
	On the days you took **vitamin C, how many pills** did you **usually take per day**	1987
	Milligrams of vitamin C in each pill taken	1987
	Vitamin C taken during past month	1987
	Took **vitamin E during past 12 months**	1987
	How many **of the past 12 months did you take vitamin E**	1987
	How many **days per month took vitamin E**	1987
	How many **vitamin E pills did you take per day**	1987
	Units of vitamin E in each pill taken	1987
	Vitamin E taken during past month	1987
	Took **calcium during past 12 months**	1987
	How many **days per month took calcium**	1987
	On the days you took calcium, how many pills did you **usually take per day**	1987
	Milligrams of calcium in each pill taken	1987
	Calcium taken during past month	1987

Topic	Questionnaire item	Year
Cancer Epidemiology (continued)		
Food Knowledge		
	Made **lasting and major changes in eating and** drinking for **health reasons**	1987
	In making changes, what **foods eat more of**	1987
	In making changes, what **foods eat less of**	1987
	Changes in eating and drinking made in the **past 5 years**	1987
	Did you make these **changes in the past year**	1987
	What were **changes** (in way **food** is **cooked**) more or less:	
	baking	
	boiling	
	broiling	
	steaming	
	frying	
	stir-frying/wok	
	sauteing	
	grilling/barbecuing	
	salting	
	microwaving	
	pressure-cooking	
	using non-stick pans	
	other	
	don't know	1987
	Agree most with **what people eat or drink has little effect on whether they will develop major diseases or** by **eating certain kinds of foods, people can reduce their chances of developing major diseases**	1987
	Which **major diseases you think are related to what people eat and drink**	
	cancer	
	heart disease	
	obesity/overweight	
	diabetes	
	hypertension/high blood pressure	
	other	
	none	
	don't know	1987
	Cancer related to what people **eat and drink**	1987
	Ever heard of foods containing fiber	1987
	Diet high, medium, or low in fiber	1987
	Diet high, medium, or low in fat	1987
	Gone on **diet for weight loss or any other** medical reason during past 12 months	1987
Smoking Habits and Other Tobacco Use (see Smoking Habits and Tobacco Use in **Cancer Control**)		
	How old were you when you stopped smoking **cigarettes**	1987
	For **how many years** (have you been/were you) a **regular smoker** (do not include the times you may have stayed off cigarettes)	1987

Topic	Questionnaire item	Year
Cancer Epidemiology (continued)		
Reproduction and Hormone Use		
	Given birth to a **live born infant**	1987
	How many live births	1987
	Age when **first child was born:**	
	20 years or younger	
	older than 20 years	
	21 to 24	
	25 to 29	
	30 to 34	
	35 or older	
	don't know	1987
	Had **other pregnancies lasting 6 months or more**	1987
	How many other pregnancies lasting 6 months or more	1987
	How old were you at end of pregnancies lasting 6 months or more:	
	20 years or younger	
	older than 20 years	
	21 to 24	
	25 to 29	
	30 to 34	
	35 or older	1987
	Breast-fed any children	1987
	Age menstrual cycle began:	
	younger than 10	
	10	
	10 to 12	
	13 to 15	
	16 or older	
	don't know	1987
	Menstrual cycles stopped permanently	1987
	Age when **menstrual cycle stopped** permanently:	
	younger than 20	
	20 to 29	
	30 to 39	
	40 to 44	
	45 to 49	
	50 to 54	
	55 or older	
	don't know	1987
	Menstrual periods stopped due to surgery	1987
	Ever had **operation** to **remove NONCANCEROUS lump from breast**	1987
	How many operations to **remove NONCANCEROUS lump from breast**	1987
	Age when you had **first operation to remove NONCANCEROUS lump from breast**	1987
	Ever use birth control pills	1987
	Age when **started using birth control pills**	1987
	younger than 25	
	25 or older	
	18 or younger	
	19 to 21	
	22 to 24	
	25 to 29	

Topic	Questionnaire item	Year
Cancer Epidemiology (continued)		
Reproduction and Hormone Use (continued)		
	30 to 34	
	35 or older	
	don't know	1987
How long respondent **took birth control pills:**		
	number of days	
	number of months	
	number of years	
	less than 1 month	
	less than 1 year	
	1 year or more	
	3 years or less	
	more than 3 but less than 5 years	
	5 or more years	
	don't know	1987
Ever taken estrogen pills		1987
Age when started taking **estrogen pills:**		
	younger than 2020 to 29	
	30 to 39	
	40 to 44	
	45 to 49	
	50 to 54	
	55 or older	
	don't know	1987
How long respondent **took estrogen pills:**		
	number of days	
	number of months	
	number of years	
	less than 1 month	
	less than 1 year	
	1 year or more	
	3 years or less	
	more than 3 but less than 5 years	
	5 or more years	
	don't know	1987
Brand name of **estrogen pills**		1987
Family History of Cancer		
Year of **natural mother's/father's birth**		1987
Mother/father still **living**		1987
Age when **mother/father died**		1987
Mother/father diagnosed by doctor as having **cancer**		1987
Kind of **cancer** mother/father had		1987
Part of mother's/father's **body affected by cancer**		1987
Other **type** of **cancer mother/father had** diagnosed by doctor		1987
Type of cancer first diagnosed for mother/father		1987
Part of mother's/father's **body affected** when first diagnosed with **cancer**		1987
Mother's/father's age when **cancer** first **diagnosed** by doctor		1987
Number of sisters respondent have (dead or alive)		1987
Number of brothers respondent have (dead or alive)		1987
Any **sisters/brothers diagnosed** by doctor as having **cancer**		1987

Topic	Questionnaire item	Year
Cancer Epidemiology (continued)		
Family History of Cancer (continued)		
	Kind of **cancer** sisters/brothers have	1987
	Part of sisters'/brothers' **body affected** by cancer	1987
	Did sister/brother have **any other kind of cancer** that was diagnosed by a doctor	1987
	The **first time** sister/brother was diagnosed with cancer, **what kind of cancer was it**	1987
	What **part of the body was affected**	1987
	Age of sisters/brothers when **cancer first diagnosed** by doctor	1987
	Year sisters/brothers born	1987
	Sisters/brothers alive	1987
	Age sisters/brothers died	1987
	How many **natural daughters** respondent has (dead or alive)	1987
	How many **natural sons** respondent has (dead or alive)	1987
	Any of respondent's **natural children diagnosed** by doctor as having **cancer**	1987
	Kind of **cancer natural children have**	1987
	Part of children's **body affected** by **cancer**	1987
	Children have any **other type of cancer** diagnosed by doctor	1987
	Type of cancer when first **diagnosed** by doctor	1987
	Part of children's body **affected** when first diagnosed with cancer	1987
	Age of children when **first diagnosed** by doctor	1987
	Year of birth for children **diagnosed** with **cancer**	1987
	Children still **living**	1987
	At what age did child die	1987
	Natural father/mother of children ever been **diagnosed** by a doctor as having **cancer**	1987
	Is **father/mother natural parent** of **all children**	1987
	Kind of cancer natural father/mother have	1987
	Part of natural father's/mother's **body affected by cancer**	1987
	Natural father/mother have any other cancer diagnosed by doctor	1987
	Type of cancer natural father/mother have when **first diagnosed by doctor**	1987
	Part of natural father's/mother's **body affected** when first diagnosed by doctor as having **cancer**	1987
	Age of natural father/mother when **cancer first diagnosed** by doctor	1987
	How many children are sons and how many are daughters (of natural father/mother)	1987
Cancer Survivorship		
	Ever **told by doctor** or other health professional you **had cancer**	1987
	Kind of **cancer**	1987
	Part of **body affected by cancer**	1987
	Age when **cancer first diagnosed** by a doctor	1987

Topic	Questionnaire item	Year

Cancer Epidemiology (continued)

Cancer Survivorship (continued)

Respondent ever told by doctor had any **other kind** of **cancer**	1987
Kind of **other cancer**	1987
Part of **body affected** by **other cancer**	1987
Age when **other cancer** was **first diagnosed** by doctor	1987

Occupational Exposure

Kind of **work** done the **longest** (including Armed Forces)	1987
Most **important activities** or duties when doing **longest kind of work**	1987
How long respondent **did work**	1987
How old was respondent **when respondent started** doing this **kind of work**	1987
Kind of business or industry respondent did **longest work** in:	
an employee of a private company, business or individual for wages, salary, or commission	
a member of the Armed Forces	
a Federal government employee	
a State government employee	
a local government employee	
self-employed in own business, professional practice, or farm	
is business incorporated	
working without pay in family business or farm	1987

Height and Weight (see Height and Weight in **Cancer Control**)

Relationships and Social Activities

Excluding spouse, **how many friends** can you **talk** to about private matters or can call on for help	1987
Excluding spouse, how many **relatives** can you **talk to** about private matters or can call on for help	1987
How many friends/relatives does respondent **talk** to at least once a month	1987
How often attend or **participate** in group meetings or activities, such as social clubs, PTA, sporting events, church groups or other community service groups	1987
How often respondent **goes to church,** temple, or other religious services	1987

Car Safety Seats

Have you **heard about child safety seats,** sometimes called car safety carriers, which are designed to carry children while they are riding in a car	1985
Did a doctor or other health professional **ever tell** you about the importance of using car **safety** seats for your children	1985
When child was **brought home** from the **hospital** following birth, was child buckled **in a car safety seat**	1985
Does child now **have** a **car safety seat**	1985

Topic	Questionnaire item	Year
Car Safety Seats (continued)		
	When riding in a car, **is child** buckled **in** a car **safety seat:**	
	all or most of the time	
	some of the time	
	once in a while	
	never	1985
	When riding in a car, **is seat belt worn:**	
	all or most of the time	
	some of the time	
	once in a while	
	never	1985
Child Health (see also **Car Safety Seats and Poisoning**)		
	Month and year your **last child born**	1985
	Was **child ever breastfed**	1985
	How old was **child when breastfeeding** completely **stopped:**	
	still breastfed	
	age in days	
	age in weeks	
	age in months	
	age in years	1985
	Was (child) born in a hospital or some other place	1988
	How many nights was (child's **biological mother) in** the (**hospital**/birthing center) during this stay	1988
	How many nights was (child) in the (**hospital**/ birthing center) during this stay	1988
	How much did (child) weigh at birth	1988
	Did (child) weigh more than 5 1/2 pounds or less	1988
	Did (child) weigh more than 9 pounds or less	1988
	How many months pregnant was (child's **biological** mother) when (child) was born	1988
	Was (child) born about **when expected,** or was it earlier or later	1988
	About **how many weeks** (earlier/later) **than expected** was (child) born	1988
	How many weeks pregnant were you when you **first** thought you were pregnant with (child)	1988
	Did you see or talk to a doctor to find out if you were pregnant	1988
	About **how many weeks pregnant were you when you** first found out from a doctor that you were pregnant:	
	4 weeks or less	
	5–13 weeks	
	14–27 weeks	
	28 weeks or more	
	don't know	1988
	Did you see or **talk to a doctor about your pregnancy** at any other time during that pregnancy	1988
	How many weeks or months pregnant were you **when** you **first saw a doctor** about your pregnancy	1988
	Altogether, how many **pounds did you either gain** or lose during that pregnancy	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	Did (child) receive any newborn care in an intensive care unit, premature nursery, or any other type of special care unit	1988
	How many nights did (child) stay in the special care unit	1988
	Do you **now have diabetes or sugar diabetes**	1988
	At any time during your pregnancy with (child), **did you have:** sugar in the urine high sugar in the blood diabetes	1988
	When did you first notice it—was it during your pregnancy with (child) or before	1988
	Did you **have the (condition) for at least 3 months** after (child) was born	1988
	Is child currently attending either **kindergarten** or first grade	1988
	At what time of day does the (kindergarten/first grade) **start**	1988
	At what time does the (kindergarten/first grade) **end**	1988
	Does the kindergarten have a day care or extended day program that child also takes part in	1988
	How many hours per week does child spend in this program	1988
	During the past 4 weeks has child attended nursery or preschool	1988
	Did the (nursery school/preschool) **have a day care** or extended day program **that child also took part** in	1988
	How many hours per week did **child spend** in the nursery school/preschool (with day care)	1988
	Have you/she worked at a job or business **for** pay in the last 4 weeks	1988
	How many hours a week do you **usually work**	1988
	Does she/do you **work only while child is in** school or does she/do you work other hours	1988
	Other than the (nursery school/preschool), in the past 4 weeks, **has child been cared for in any** kind of regular child care arrangement such as a day care center, playgroup, by a babysitter, relative, or some other regular arrangement	1988
	How was child usually cared for during the hours that chid care was used: day care center babysitter in child's home babysitter's home father cares for child mother cares for child while working at home mother cares for child while working outside of home child cares for self other relative cares for child day camp other (specify)	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	Other than (kindergarten/first grade/nursery school/preschool), **how was child usually cared** for while you worked:	
	day care center	
	babysitter in child's home	
	babysitter's home	
	father cares for child	
	mother cares for child while working at home	
	mother cares for child while working outside of home	
	child cares for self	
	other relative cares for child	
	day camp	
	other (specify)	1988
	How is this person related to child:	
	sibling	
	grandparent	
	other relative	
	don't know	1988
	Where does this person usually care for child, in child's home or somewhere else	1988
	About how many hours per week was child usually cared for by/at (arrangements)	1988
	Besides nursery or preschool and during the past 4 weeks, **has child been cared for in** any other regular child care **arrangement**	1988
	Other than nursery or preschool during the past 4 weeks, has child been cared for in any other regular **child care arrangement:**	
	day care center	
	babysitter in child's home	
	babysitter's home	
	father cares for child	
	mother cares for child while working at home	
	mother cares for child while working outside of home	
	child cares for self	
	other relative cares for child	
	day camp	
	other (specify)	1988
	Were any other child care **arrangements used** on a regular basis	1988
	How many additional hours a week was child care used	1988
	Now I would like to ask you about **main child care** arrangement. Including (child), **how many children** are usually **cared for together,** in the same group, at the same time (Do not include children in entire school or program.)	1988
	How many adults usually supervise the children in the same group as (child)	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	Has the main person responsible for caring for (child) **received education** or training specifically related to young children, such as early childhood or elementary education, or child psychology	1988
	Was (child) **ever cared for in any regular** child care **arrangement**	1988
	When did (child) last receive care in a **regular** child care **arrangement**	1988
	How many times has **main** child care **arrangement** been changed in the past year	1988
	What was the last type of care used before (child) changed to the type of care is using **now:**	
	nursery school or preschool	
	nursery school or preschool with day care	
	day care center	
	babysitter in child's home	
	in babysitter's home	
	father cares for child	
	mother cares for child while working at home	
	mother cares for child while working outside of home	
	summer day camp	
	child cares for self	
	other relative cares for child	
	other (specify)	1988
	How is this person related to (child):	
	sibling	
	grandparent	
	other relative	
	don't know	1988
	How old was (child) **when regular child care was begun**	1988
	What type of child care arrangement was **first used** for (child):	
	nursery school or preschool	
	nursery school or preschool with day care	
	day care center	
	babysitter in child's home	
	in babysitter's home	
	father cares for child	
	mother cares for child while working at home	
	mother cares for child while working outside of home	
	summer day camp	
	child cares for self	
	other relative cares for child	
	other (specify)	1988
	How old was child's biological mother when (child) was **born**	1988
	Including (child), **how many children has** (child's biological mother) ever had, do not count miscarriages or stillbirths	1988
	Was (child) the first born (or) second born (or third, etc.)	1988
	How old was (child's **biological mother) when** the first child was born	1988
	Has (child) **ever lived with** (child's) **biological mother** for at least 4 consecutive months	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	In what month and year did (child) **last live with her**	1988
	Is she now living or deceased	1988
	How often does (child) see her:	
	every day	
	almost every day	
	several times a week	
	about once a week	
	two or three times a month	
	about once a month	
	several times a year	
	once a year or less	
	never	
	don't know	1988
	Is (child's biological mother) now married, widowed, divorced, separated, or has (child's biological mother) never been married	1988
	How many times altogether **has** (child's **biological mother) been married**	1988
	Was (child's **biological mother) ever married** to (child's **biological father)**	1988
	In what month and year was (child's biological mother) married to (child's **biological father)**	1988
	Was (child's **biological mother's) marriage** to (biological father) ended by:	
	death	
	divorce	
	separation	
	annulment	
	don't know	1988
	In what **month and year did** (child's **biological)** mother) stop living with (biological father)	1988
	In what **month and year did the marriage** to (child's biological father) **legally end**	1988
	In what **month and year did** (child's biological mother's) **current marriage begin**	1988
	Has (child) ever lived with (child's **biological** father) for at least 4 consecutive months	1988
	In what **month and year did (child) last** live with him	1988
	Is he now living or deceased	1988
	How often does (child) see him:	
	every day	
	almost every day	
	several times a week	
	about once a week	
	two or three times a month	
	about once a month	
	several times a year	
	once a year or less	
	never	
	don't know	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	In what **month and year did (child) move to this address** or has (child) lived here since birth	1988
	About **how far from here is the home (child)** lived in before (child) **moved** to this home: less than 1 mile 1 to 50 miles more than 50 miles don't know	1988
	Altogether, **how many times has (child) ever moved**	1988
	In what **month and year did (child) begin** living with you	1988
	During the past 12 months, **did (child) have** an accident, injury, or poisoning that **required medical attention**	1988
	How many accidents, injuries, or poisonings did (child) have in the last 12 months that required medical attention	1988
	(Beginning with the most recent,) **what caused** the accident, injury, or poisoning; for example, was (child) hit by a car while riding a bike, or burned by hot liquid or did (child) swallow an object or pills	1988
	Which of the conditions on this list or any other conditions **resulted from** the (cause of **accident**): broken or dislocated bones sprain, strain, or pulled muscle cuts, scrapes, or puncture wounds head injury, concussion bruise, contusion, or internal bleeding burn, scald poisoning from chemicals, medicines, drugs respiratory problem such as breathing, cough, pneumonia other don't know type of condition none	1988
	Were there **any other conditions** that **resulted from this accident,** injury or poisoning	1988
	Where did this **accident** or injury or poisoning **happen:** home (not necessarily child's) day care location (preschool/nursery) school (including grounds and athletic areas) street or highway public building or space (other than street or school) farm or agricultural area, except farm home place of recreation or sports, except at school other don't know	1988
	In **what month and year** did the **accident,** injury, or poisoning **occur**	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	Does (child) **now have:**	
	a missing finger, hand, arm, toes, foot, or leg (which is it) is (child) missing one or both/more than one body part	
	permanent impairment, stiffness or any deformity of the back, foot, or leg (which is it) is one both/more than one body part affected	
	permanent impairment, stiffness or any deformity of the fingers, hand, or arm (which is it) is one or both/more than one body part affected	1988
	Did (child) **ever have:**	
	repeated tonsillitis or enlargement of the the tonsils or adenoids	
	frequent or repeated ear infections	
	any kind of food or digestive allergy	
	frequent or repeated diarrhea or colitis	
	any other persistent bowel trouble (specify)	
	diabetes	
	sickle cell anemia	
	anemia	
	asthma	
	mononucleosis	
	hepatitis	
	meningitis or spinal meningitis	
	bladder infection or urinary tract infection	
	rheumatic fever	
	pneumonia	
	hay fever	
	any (other) kind of respiratory allergy	
	deafness or trouble hearing with one or both ears; is it one or both ears	
	blindness in one or both eyes; is it one or both eyes	
	crossed eyes	
	any other trouble seeing with one or both eyes, even when wearing glasses	
	eczema or any kind of skin allergy	
	epilepsy or repeated convulsions or seizures not associated with fever	
	seizures associated with fever	
	frequent or severe headaches, including migraines	
	stammering or stuttering	
	any other speech defect (specify)	
	enuresis or bedwetting problem	
	arthritis or any other joint disease or joint problem (specify)	
	any other condition affecting the bone, cartilage, muscle, or tendon (specify)	
	cerebral palsy	
	congenital heart disease	
	any other heart disease or condition	
	any other condition that required surgery in past 12 months (specify)	
	any other condition that lasted 3 months or more (specify)	1988
	Did (child) have condition in the last 12 months	1988
	Has (child) had condition for at least 3 months in lifetime	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	Is it an **obviously permanent condition that began less than 3 months ago**	1988
	How old was (child) **when** condition or AIP accident, injury and poisoning (happened/was **first noticed**)	1988
	Including nursery or preschool **did (child) attend school** at all during the past 12 months	1988
	During the past 12 months, **did (condition/AIP) cause** (child) **to miss** any time from **school**	1988
	How many days in the past 12 months **did (child) miss** all or part of the **day**	1988
	During the past 12 months, did **(condition/AIP)cause child to stay in bed more than half of the day**	1988
	How many **days** in past 12 months did **(child) stay in bed more than half of the day**	1988
	During the past 12 months, **did (condition/AIP) limit** or prevent **(child)** from **doing usual childhood activities,** such as playing with other children or participating in games or sports	1988
	During the past 12 months, about **how many nights** did **(child) spend in the hospital** because of (condition/AIP)	1988
	During the past 12 months, about **how many times did (child/anyone) see** or talk to a **medical doctor** or assistant about this (condition/AIP) (do not count doctors seen while an overnight patient in a hospital)	1988
	During the past 12 months, **did** this **(condition/AIP) make it necessary** for **(child)** to **use any medicine,** other than vitamins, that a doctor prescribed or told (child) to take	1988
	During the past 12 months **did (child) have any surgery** performed, including bone settings and stitches for this (condition/AIP)	1988
	In the last 12 months, **how often did** (this **condition**/the conditions) resulting from the (AIP) cause (child) **pain** or discomfort or upset: all of the time often once in a while never	1988
	When this condition did **bother** (child), was (child) bothered: a great deal some very little	1988
	Did the **(condition) result from an accident,** injury, or poisoning	1988
	Did this **occur within the last 12 months**	1988
	Which accident, injury, or poisoning was it	1988
	What kind of accident or injury or poisoning was it	1988
	Does (child) wear glasses or contact lenses	1988

Topic	Questionnaire item	Year
Child Health (continued)		
About **how long** has it been **since (child) last saw someone for dental care:**		
6 months ago or less		
over 6 months to 12 months		
over 12 months to 2 years		
over 2 years to 5 years		
more than 5 years		
never		
don't know		1988
When riding in a car, **does (child) wear a seat belt** or restraint:		
all or most of the time		
some of the time		
once in a while		
never		
don't know		1988
Did you smoke cigarettes at all during the year **before (child) was born**		1988
Did you continue to smoke during the **entire pregnancy**		1988
Did you stop during the **first 3 months** of the pregnancy or later		1988
About **how many cigarettes a day** did you usually **smoke**		1988
Do you **now smoke**		1988
How long ago did you **stop:**		
number of days		
number of months		
number of years		
never smoked		1988
During most of your pregnancy, would you say you were in contact with persons who smoked cigarettes such as friends, co-workers or family members:		
occasionally		
often		
always		
never		1988
Has anyone in your **household smoked** regularly **since (child) was born**		1988
Is **anyone in** the **household currently smoking cigarettes**		1988
How long has it been **since anyone in the household smoked cigarettes**		1988
Please tell me (interviewer) whether each of the following **statements about (child's) health** is mostly true or mostly false:		
health is excellent		
seems to resist illness very well		
seems less healthy than other children I know		
when there is something going around (child) usually catches it		
is somewhat clumsy		
seems accident-prone		
when (child) is sick or injured, (child) usually recovers quickly		1988

Topic	Questionnaire item	Year
Child Health (continued)		
	Has (child) **ever been seriously ill**	1988
	Was (child) **ever so sick that you thought (child) might die**	1988
	On weeknights, (if over 4, during the school year), does **(child)** usually **go to bed at about the same time each night,** or does (child's) bedtime vary a lot from night to night	1988
	About **what time does (child)** usually **go to bed**	1988
	What is the **latest time that (child) goes to bed** on weekdays	1988
	Does (child) usually sleep in one room or in different rooms	1988
	Does **(child) usually sleep alone** in a room or share a room	1988
	Who usually **sleeps in the room** with (child): brother(s) sister(s) other child(ren) father mother other adult(s) anyone else don't know	1988
	Has (child) **ever attended school**	1988
	Is (child) **now either going to school** or on vacation from school	1988
	What grade (is child in now/will child be in)	1988
	Overall **what kind of student** would you say (child) is now, is (child): one of the best above the middle in the middle below the middle near the bottom	1988
	Why did (child) **stop going to school:** never went—health reasons never went—other reasons graduated health problem dropped out other (specify)	1988
	How long ago did (child) **stop going to school:** less than 12 months 12 months-less than 2 years 2 or more years	1988
	During the past 12 months, that is, since (date) a year ago, about how many days was (child) absent from school because of illness	1988
	Has (child) repeated any **grades** for any reason	1988
	What grade or grades did (child) **repeat**	1988
	Why did (child) **repeat** the grade(s): academic failure immature/acted too young frequent absence moved into more difficult school other (specify)	

Topic	Questionnaire item	Year
Child Health (continued)		
	any other reasons	
	don't know	1988
Has (child) ever been suspended, excluded, or		
	expelled from school	1988
How many times has this happened		1988
Was it for health or behavior **reasons**		1988
Not counting routine conferences, **has anyone from (child's)**		
	school ever asked someone to come in to	
	talk about problems (child) was having	1988
How long ago was the **last time:**		
	number of days	
	number of weeks	
	number of months	
	number of years	1988
Has (child) **ever had:**		
	a delay in growth or development	
	a learning disability	
	an emotional or behavioral problem that	
	lasted 3 months or more	1988
How old was (child) when the **(condition)** was		
	first **noticed**	1988
Has (child) ever **received treatment** or counseling		
	for the (condition)	1988
Has (child) received any such **treatment** or **counseling**		
	during the **past 12 months**	1988
During the past 12 months, about **how many times** did		
	anyone **see** or talk to a **doctor,** psychologist, or	
	counselor about this problem	1988
During the past 12 months, **did** the **(condition)**		
	cause (child to miss any time from **school)**	1988
On **how many days** in the past 12 months, did (child) miss part or		
	all of the **school day** because of this problem	1988
During the past 12 months, **did** the **(condition)**		
	make it necessary for (child) **to attend special classes,**	
	or a special school, or get special help at school	1988
During the past 12 months, **has (child) been taking**		
	any medicine for the (condition)	1988
Has (child) ever seen a psychiatrist, psychologist, doctor,		
	or counselor about any emotional, mental, or behavior problem	1988
When was the **last time (child) saw** this **person**		1988
During the past 12 months, **have** you **felt,** or has		
	anyone suggested, **that (child) needed help for**	
	any **emotional,** mental, or behavorial **problem**	1988
How long has it been since (child's) **last visit** to		
	a clinic, health center, hospital, doctor's office	
	or other place for routine health care:	
	less than 6 months	
	6 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 or more years	

Topic	Questionnaire item	Year
Child Health (continued)		
	don't know	
	never	1988
	Is there a particular clinic, health center, hospital, doctor's office or other place that (child) usually **goes to for routine health care**	1988
	What kind of place is it:	
	clinic:	
	private	
	hospital	
	outpatient	
	company or school	
	migrant	
	some other kind of health clinic	
	health center:	
	community health center	
	neighborhood health center	
	family health center	
	walk-in/emergency clinic	
	rural health center	
	HMO/prepaid group	
	some other kind of health center	
	hospital:	
	outpatient clinic	
	emergency room	
	doctor's office or private clinic	
	other place (specify)	1988
	Is there a particular clinic, health center, hospital, doctor's office or other place that **(child) usually goes to when** (child) is **sick** or injured	1988
	Is this the same kind of place (see above list) or is it **somewhere else**	1988
	Is there a particular medical person (child) **usually sees** at the (place) when (child) is sick	1988
	Is there **someone at the (place),** that **knows about** (child's) **health history** who will give you advice over the telephone	1988
	Many people do not have a particular place they usually go to when they are sick. (Could you please give me (interviewer) the number of the statement) which is the **main reason** (child) **does not have a particular place** (child) usually goes:	
	has two or more usual doctors or places depending on what is wrong	
	has not needed a doctor	
	previous doctor no longer available	
	have not been able to find the right doctor	
	recently moved to area	
	other reason	1988
	During the past 12 months, that is since (12-month date) a year ago, **did** (child) **receive any health care** which has been or will be **paid for by Medicaid**	1988
	During the past 12 months, was (child) covered at any time by Medicaid	1988

Topic	Questionnaire item	Year
Child Health (continued)		
	During the past 12 months, did (child) receive assistance through "Aid to Families with Dependent Children" program, sometimes called **AFDC** or ADC	1988
	Is **(child) now covered by a health insurance** plan which **pays any part** of a **hospital,** doctor's or surgeon's **bill**	1988
	Has (child) **ever been enrolled** in the **"Head Start"** program	1988
	In **which "Head Start" program** was (child) enrolled, the Center based or the Home based program	1988
	Please tell me (interviewer) whether **each** of the **following statements** are often **true,** sometime **true,** or **not true of (child)** during the **past 3 months:**	
	has sudden changes in mood or feelings	
	feels or complains that no one loves (child)	
	is rather high strung, tense, or nervous	
	cheats or tells lies	
	is too fearful or anxious	
	argues too much	
	has difficulty concentrating, cannot pay attention for too long	
	is easily confused, seems to be in a fog	
	bullies, or is cruel or mean to others	
	is disobedient at home	
	is disobedient at school	
	does not seem to feel sorry after (child) misbehaves	
	has trouble getting along with other children	
	has trouble getting along with teachers	
	is impulsive, or acts without thinking	
	feels worthless or inferior	
	is not liked by other children	
	has a lot of difficulty getting (child's) mind off certain thoughts, has obsessions	
	is restless or overly active, cannot sit still	
	is stubborn, sullen, or irritable	
	has a very strong temper and loses it easily	
	is unhappy, sad or depressed	
	is withdrawn, does not get involved with others	
	breaks things on purpose, deliberately destroys (child's) own or others' things	
	clings to adults	
	cries too much	
	demands a lot of attention	
	is too dependent on others	
	feels others are out to get (child)	
	hangs around with kids who get into trouble	
	is secretive, keeps things to (himself/herself)	
	worries too much	1988
	How is (name of person) related to (child)	1988
	Is (name of sibling)—full, half, adoptive, step or foster (brother/sister)	1988
	Which **family member know the most about the health** related matters **of (child)**	1988

Topic	Questionnaire item	Year
Cholesterol		
	Have you **ever been told by a doctor** or other health professional that you **had high cholesterol**	1985
Dental Care		
	Have you ever **heard of dental sealants**	1985
	Which of the following best **describes the purpose of dental sealants:**	
	to prevent gum disease	
	to prevent tooth decay	
	to hold dentures in place	1985
	Tell me (interviewer) if **you think it is** definitely **important,** probably important, probably not, or definitely not important **in preventing tooth decay:**	
	seeing dentist regularly	
	drinking water with fluoride from early childhood	
	regular brushing and flossing of the teeth	
	using fluoride toothpaste or fluoride mouth rinse	
	avoiding between-meal sweets	1985
	In your **opinion, how important** or not important **is** each of the following **in preventing gum disease:**	
	seeing dentist regularly	
	drinking water with fluoride from early childhood	
	regular brushing and flossing of the teeth	
	using fluoride toothpaste or fluoride mouth rinse	
	avoiding between-meal sweets	1985
	In **your opinion which** of the following **is the main cause of tooth loss in children:**	
	tooth decay	
	gum disease	
	injury to the teeth	1985
	In **your opinion which** of the following **is the main cause of tooth loss in adults:**	
	tooth decay	
	gum disease	
	injury to the teeth	1985
	What is the **purpose of adding fluoride to** the **public drinking water**	1986
	Does the **water** that you drink **at home come from a public water** system **or another source,** such as a well	1986
	Does this **drinking water have fluoride in it**	1986
	During the **2 weeks** (outlined on calendar) did **anyone** in the family **go to a dentist** (include all types)	1986
	During those **2 weeks, how many times** did person **go to a dentist**	1986
	During the **past 12 months, how many visits** did person make **to a dentist**	1986
	How long since last went to a dentist:	
	over 2 weeks, less than 6 months	
	6 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	

Topic	Questionnaire item	Year
Dental Care (continued)		
	5 years or more	
	never	1986
What was the **main reason** person last **went to the dentist:**		
	went in on own for check-up, examination, or cleaning	
	was called in by the dentist for check-up, examination, or cleaning	
	something was wrong, bothering, or hurting	
	went for treatment of a condition that dentist discovered at earlier check-up or examination	
	other (specify)	
	don't know	1986
Anyone in family lost all of his or her **natural teeth**		1986
What does person use when brushing teeth, toothpaste, tooth powder, or something else		1986
What brand did persons **use most often** during the past 2 weeks		1986
Anyone in family now use a fluoride mouthrinse at home		1986
What brand did person **use most often** in the past 2 weeks		1986
Does person now take part in a fluoride mouthrinse program at school		1986, 1989
Does **anyone in the family now take vitamins with fluoride** in them or any other kind of fluoride drops, pills, or tablets at home or school		1986
Anyone in family had dental sealants placed on their teeth		1986
During those 2 weeks did **anyone** in the family **go to a dentist** (include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists)		1989
Who was this		1989
During those 2 weeks, did **anyone else** in the family **go** to a **dentist**		1989
During those 2 weeks, **how many times did** (name) go to a **dentist**		1989
During the past 12 months (that is, since (12-month date) a year ago), about **how many visits** did (name) **make to a dentist** (include the number of visits you already told me about)		1989
About **how long** has it been since (name) **last went to a dentist:**		
	2 weeks	
	over 2 weeks, less than 6 months	
	6 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years or more	
	never	1989
What are the **reasons** (name) has **(not visited the dentist** in over 12 months/never gone to the dentist):		
	afraid	
	nervous	
	needles	
	cost	
	don't know dentist	
	dentist too far	

Topic	Questionnaire item	Year
Dental Care (continued)		
	can't get there	
	no problems	
	no teeth	
	not important	
	didn't think of it	
	other (specify)	
	don't know	1989
Is there **anyone** in the family **who has lost all** of upper (permanent) natural **teeth**		1989
Who is this		1989
Does (name) **have** an **upper denture or plate**		1989
Is there **anyone** in the family who has **lost all** of his or her **lower** (permanent) natural **teeth**		1989
Who is this		1989
Does (name) have a lower denture or plate		1989
Dental sealants are special plastic coatings that are painted on the tops of the back teeth to prevent tooth decay, they are different from fillings, caps, crowns, and fluoride treatments, **has anyone** in the family ever **had dental** sealants painted on their teeth		1989
Who is this		1989
In the past 2 weeks has **anyone** in the family **used a mouthwash** or mouthrinse at home		1989
Who is this		1989
What brand did (name) **use most often** during the past 2 weeks:		
	Act	
	Flurigard	
	Kolynos	
	Listermint	
	Reach	
	StanCare	
	Prescription fluoride rinse	
	PLAX	
	Scope, Listerine, Lavoris	
	other (specify)	
	don't know	1989
Does this **mouthrinse contain fluoride**		1989
Does (name) now **take vitamins with fluoride** in them or any other kind of fluoride tablets, drops, or supplements		1989
During the 2-week period, did **anyone** in the family **miss any time from work** or school **because** of a **dental problem** or dental visit		1989
Who was this		1989
How much time did (name) miss because of a dental problem or dental visit:		
	less than 1 hour	
	1 hour, less than 3 hours	
	3 hours, less than 5 hours	

Topic	Questionnaire item	Year
Dental Care (continued)		
	5 hours, less than 7 hours 7 hours or more	1989
	During that 2-week period, did **anyone** in the family **miss any time from work** or school to **assist a relative or friend with a dental problem** or dental visit	1989
	Who was this	1989
	How much time did (name) miss because (name) was assisting a relative or friend with a dental problem or visit: less than 1 hour 1 hour, less than 3 hours 3 hours, less than 5 hours 5 hours, less than 7 hours 7 hours or more	1989
	Was there any (other) time during those 2 weeks	1989
	Did **anyone** in the family **cut down on normal** activities for more than **half of the day because of a dental problem** or dental visit	1989
	Who was this	1989
	During that period, **how many** (other) **days did** (name) **cut down for more than half of the day** because of a dental problem or dental visit	1989
Diabetes		
	Do you **now have diabetes** or sugar diabetes	1985
	Has any **adult** in this family **ever been told by** a doctor that they **had diabetes** (do not include pre, potential, or borderline diabetes)	1989
	Who is this	1989
	Has **any other adult** in this family **been told** they **have diabetes** (do not include pre, potential, or borderline diabetes)	1989
	How old were you **when you got diabetes** (do not include pre, potential, or borderline diabetes)	1989
	Are you **now diabetic**	1989
	When you first learned that you **might have diabetes,** were you sick or feeling diabetic symptoms, or was the diabetes **discovered by chance**	1989
	Were you at: doctor's office patient in hospital somewhere else don't know	1989
	Was the diabetes discovered while getting: routine physical screening test for diabetes treated for something else other don't know	1989

Topic	Questionnaire item	Year
Diabetes (continued)		
	When your diabetes was first diagnosed, did you have:	
	blood test	
	urine test	
	both	
	don't know	1989
	Was the blood test an oral glucose tolerance test	1989
	Were you pregnant when you were first told	
	that you **had diabetes**	1989
	Other than during pregnancy, did a doctor	
	ever **tell you** that you **had diabetes**	1989
	Are you now taking insulin	1989
	For **how long** have you been **taking insulin:**	
	less than 1 month	
	number of months	
	number of years	
	don't know	1989
	Currently, about **how often** do you **use insulin:**	
	times per day	
	times per week	
	use insulin pump	
	don't know	1989
	On an **average day**, about **how many units of**	
	insulin do you take	1989
	Have you **ever used an insulin pump**	1989
	Are you **now taking diabetes pills** to lower your blood sugar	1989
	For **how long** have you been **taking them:**	
	less than 1 month	
	number of months	
	number of years	
	don't know	1989
	About **how often** do you **take them:**	
	times per day	
	times per week	
	don't know	1989
	Has a **doctor** or other health professional **ever**	
	given you a diet or instructions on what foods	
	you should eat as a diabetic	1989
	In the past 12 months, have you **tried to follow**	
	the diet or instructions	1989
	In the past 12 months, about **how often** have you	
	been **able to follow the diet** or instructions:	
	always	
	most of the time	
	some of the time	
	rarely	
	never	
	don't know	1989
	Is it difficult for you to **stay on** your **diet:**	
	when you eat in restaurants	
	when you go to parties or social events	
	when you are busy with other activities	
	when you go on a trip	

Topic	Questionnaire item	Year
Diabetes (continued)		
	when you are feeling upset or angry when you are feeling sad, depressed, or blue when you are feeling bored	1989
	Do you (also) **find it difficult to stay on** your **diet:** because foods you should eat do not taste good because you crave foods not on your diet because you have to prepare food separately for yourself because of lack of help or support from your family or friends because you are unsure about what foods you should eat	1989
	How important do you think what you **eat or drink is in controlling your diabetes:** very important somewhat important not important don't know	1989
	Is there one doctor you **usually see** for your diabetes	1989
	How many times have you **seen this doctor** in the past 12 months	1989
	Which of the following did you see in the past 12 months **for any reason:** a cardiologist or heart doctor an opthalmologist, that is, a medical doctor who specializes in eye care an obstetrician or gynecologist a podiatrist or foot doctor a psychologist or psychiatrist a dietitian or nutritionist any other medical doctor (specify)	1989
	About **how many times** in the past 6 months **has a health professional checked** your **urine for glucose or sugar** (do not count times when an overnight patient in the hospital)	1989
	On your own, about **how often** do you **check** your **urine for glucose or sugar** (include times when checked by a family member or friend): never number of times per day number of times per week number of times per month number of times per year don't know	1989
	Based on all your urine tests during the past 6 months, **how often** would you say you have **had glucose or sugar in** your **urine:** always most of the time some of the time rarely never don't know	1989
	Have you **been tested for ketones** in the past 6 months	1989
	Were **any** of these **tests positive**	1989

Topic	Questionnaire item	Year
Diabetes (continued)		
	About **how many times** in the past 6 months **has a** health professional checked your **blood** for **glucose or sugar** (do not count times when an overnight patient in a hospital)	1989
	On your own, about **how often** do you **check** your **blood** for **glucose or sugar** (include times when checked by a family member or friend): never number of times per day number of times per week number of times per month number of times per year don't know	1989
	Based on all your blood sugar tests during the past 6 months, **how often** would you say your **blood** sugar level has been **too high:** always most of the time some of the time rarely never don't know	1989
	Have you **ever heard of glycosylated hemoglobin or hemoglobin "A one C"**	1989
	About how many times in the past 6 months **has a doctor, nurse, or other health professional checked** you for **glycosylated hemoglobin "A one C"**	1989
	About **how many times** in the past 6 months **has a health professional checked** your **feet** for any **sores or irritations**	1989
	About **how often** do you **check** your **feet** for **sores or irritations:** never number of times per day number of times per week number of times per month don't know	1989
	During the past 6 months have you **had any sores or irritations on your feet or ankles** that did not heal normally	1989
	When was the **last time** you had an **eye exam** in which the **pupils were dilated** (this would have made you temporarily sensitive to bright light): less than 1 month 1 to 12 months 13 to 24 months more than 2 years never don't know	1989
	Have you **had any kind of eye exam by a doctor** within the past **2 years**	1989
	Have you **had any kind of eye exam by a doctor** within the past **12 months**	1989

Topic	Questionnaire item	Year
Diabetes (continued)		
	Have you **ever been told** that **diabetes has affected** the **back of your eyes,** that is, the **retina**	1989
	How old were you **when the doctor** first told you this	1989
	Have you **ever had laser or photocoagulation treatment** for this problem (do not include treatment for cataracts)	1989
	Did you **receive** this **treatment within** the **past 12 months**	1989
	Was this the **first time** you **had this treatment**	1989
	Have you **ever had photographs** taken **of** the **retina or inside of your eyes**	1989
	Do you **have serious trouble seeing with one** or both eyes even when **wearing glasses**	1989
	About **how many times** in the past 12 months **has a doctor** or other health professional **checked your blood pressure** (do not count times when an overnight patient in a hospital)	1989
	Has a **doctor ever told** you that you **had high blood pressure or hypertension**	1989
	Are you **doing any of the following** (for your/to **prevent) high blood pressure:** taking prescribed medication losing weight or controlling weight cutting down on salt or sodium getting physical activity or exercise	1989
	The **last time** you **had** your **blood pressure checked,** were you told it was: high borderline low normal were you not told	1989
	Has a **doctor ever told** you that you had: glaucoma angina any other heart trouble a stroke cataracts protein or albumin in your urine periodontal or gum disease	1989
	Are you now taking any medication for any of these (glaucoma, angina, other heart trouble)	1989
	Has a **doctor ever told** you that **you had:** protein or albumin in your urine kidney disease (do not include kidney stone or bladder infection) polycystic kidney disease periodontal or gum disease	1989
	Not counting times while an overnight patient in a hospital, about **how many times** in the past 12 months has a **doctor or other health professional:** checked you for diabetes checked your blood pressure	1989

Topic	Questionnaire item	Year
Diabetes (continued)		
	About **how many different times** in the past 12 months have you **had a bladder or urinary tract infection**	1989
	Have you **ever had symptoms of a bladder infection** that lasted more than 3 months, such as frequent urination and pain in your bladder	1989
	When you **had these symptoms,** were you **told that** you had painful bladder syndrome or interstitial cystitis	1989
	How old were you **when** you **first told that you** had painful bladder syndrome or interstitial cystitis	1989
	When you urinate: do you usually have trouble starting do you usually feel like you have not completely emptied your bladder	1989
	Do you **usually** have to **get up at night** to go to the **bathroom to urinate** (exclude nights when you drink a lot of liquids)	1989
	About **how many times each night** do you have to **get up**	1989
	During the **past 3 months have you had:** numbness or loss of feeling in your hands or feet other than from your hands or feet falling asleep a painful sensation or tingling in your hands or feet (do not include normal foot aches from standing or walking for long periods) decreased ability to feel hot or cold in things you touch	1989
	Have you **tried to lose weight** in the past year	1989
	Is your **weight now more, less,** or about the same as a year ago	1989
	In the past year, about **how much weight** have you **(gained/lost)**	1989
	About **how much did** you **weigh when** you were **25 years old** (if pregnant, weight just before becoming pregnant)	1989
	What is the **most you have ever weighed** (except when you were pregnant)	1989
	About **how old** were you **when** you first **weighed that** much	1989
	Do you have serious trouble seeing with one or both eyes even when wearing glasses	1989
	Where have you **obtained information about diabetes:** nowhere doctor's office—doctor doctor's office—nurse dietitian or nutritionist doctor or nurse in a hospital relative or friend another diabetic health department diabetes organization National Diabetes Information Clearinghouse diabetes support group library newspapers diabetes education class other (specify)	1989

Topic	Questionnaire item	Year
Diabetes (continued)		
	Which three of these **sources** have **provided** you with the **most useful information about diabetes:**	
	doctor's office—doctor	
	doctor's office—nurse	
	dietitian or nutritionist	
	doctor or nurse in a hospital	
	relative or friend	
	another diabetic	
	health department	
	diabetes organization	
	National Diabetes Information Clearinghouse	
	diabetes support group	
	library	
	newspapers	
	diabetes education class	
	other (specify)	1989
	Have you **ever taken a course** or class **in how to manage your diabetes** yourself	1989
	About **how many hours of instruction** did you **receive** on how to manage your diabetes	1989
	Did this **course include any** of the **following subjects:**	
	how to inject insulin	
	how to change the insulin dose	
	how to manage your diabetes when you are sick	
	how to test your blood or urine for sugar	
	how to plan meals	
	how to take care of your feet	1989
	Have you **ever attended** any (other) **education program** or class **about** your **diabetes**	1989
	Were either of your **parents ever told** that **they had diabetes** (do not include pre, potential, or borderline diabetes or step, adoptive, or foster parents) Which one	1989
	How many children have you had, including any that may have died (do not include step, adoptive, or foster children/stillbirths or miscarriages)	1989
Digestive Disorders (see also **Abdominal Pain**)		
	During the past 12 months, did you **have gallstones**	1989
	During the past 12 months, did you **have any other gallbladder trouble**	1989
	Have you **ever had gallstones**	1989
	Have you **ever had any other gallbladder trouble**	1989
	When did **a doctor first tell you** that you **had (gallstones/gallbladder trouble):**	
	less than 3 months ago	
	3 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years, less than 10 years	
	10 years or more	

Topic	Questionnaire item	Year
Digestive Disorders (continued)		
	doctor never seen	
	don't know when	1989
Have you **ever had gallbladder surgery**		1989
When did you **last have gallbladder surgery:**		
	less than 3 months ago	
	3 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years, less than 10 years	
	10 years or more	
	don't know when	1989
Have you **ever had** any of the **following tests to help diagnose** your (gallstones/**gallbladder**) condition:		
	an X-ray of your gallbladder or abdomen	
	a sonogram or ultrasound of your gallbladder	
	an upper GI series	1989
During the past 12 months, did you **have an** ulcer		1989
Have you **ever had an ulcer**		1989
When did **a doctor first tell you** that you **had an ulcer:**		
	less than 3 months ago	
	3 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years, less than 10 years	
	10 years or more	
	doctor never seen	
	don't know when	1989
Did the **doctor say** you **had a gastric, duodenal, or peptic ulcer,** some other type, or were you not told:		
	skin	
	gastric	
	duodenal	
	peptic	
	stomach	
	not told	
	other (specify)	
	don't know	1989
Have you **ever had any** of the **following tests** to help **diagnose your ulcer:**		
	an upper GI series	
	an upper endoscopy or gastroscopy	1989
During the past 12 months, did you **have diverticulitis**		1989
Have you **ever had diverticulitis**		1989
When did **a doctor first tell** you that **you had diverticulitis:**		
	less than 3 months ago	
	3 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years, less than 10 years	
	10 years or more	
	doctor never seen	
	don't know when	1989

Topic	Questionnaire item	Year
Digestive Disorders (continued)		
	Have you **ever been in** the **hospital overnight for diverticulitis**	1989
	When were you **last in** the **hospital overnight for diverticulitis:**	
	less than 3 months ago	
	3 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years, less than 10 years	
	10 years or more	
	don't know when	1989
	Have you **ever had a barium enema to help diagnose** your **diverticulitis**	1989
	During the past 12 months, **have** you **had** a **spastic colon, functional bowel, irritable colon** or **irritable bowel syndrome**	1989
	Which one:	
	spastic colon	
	functional bowel	
	irritable colon	
	irritable bowel syndrome	
	other similar condition mentioned (specify)	1989
	Have you **ever had:**	
	spastic colon	
	functional bowel	
	irritable colon	
	irritable bowel syndrome	
	other similar condition mentioned (specify)	1989
	Which one:	
	spastic colon	
	functional bowel	
	irritable colon	
	irritable bowel syndrome	
	other similar condition mentioned (specify)	1989
	When did **a doctor first tell** you that you **had (condition):**	
	less than 3 months ago	
	3 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years, less than 10 years	
	10 years or more	
	doctor never seen	
	don't know when	1989
	Have you **had hemorrhoids** in the past 12 months	1989
	Has **a doctor ever told you** that you **had hemorrhoids**	1989
	When did you **last talk to** a **doctor about** your **hemorrhoids:**	
	less than 3 months ago	
	3 months, less than 1 year	
	1 year, less than 2 years	
	2 years, less than 5 years	
	5 years, less than 10 years	

Topic	Questionnaire item	Year
Digestive Disorders (continued)		
	10 years or more	
	doctor never seen	
	don't know when	1989
	Have you **ever had surgery in a doctor's office,** clinic, or hospital for **hemorrhoids**	1989
Doctor Visit (see **Usual Source of Care**)		
	Is there **one particular doctor** you **usually see**	1985
	When visiting a **doctor** or other health professional **for routine care, are proper foods discussed:**	
	often	
	sometimes	
	rarely	
	never	1985
Drinking (see also **Alcohol**)		
	Tell me (interviewer) 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:**	
	throat cancer	
	cirrhosis of the liver	
	bladder cancer	
	cancer of the mouth	
	arthritis	
	blood clots	1985
	Have you **had** at **least one drink** of **beer, wine,** or **liquor during the past year**	1985
	What is your **main reason for not drinking** (in the past year):	
	no need/not necessary	
	don't care for/dislike it	
	medical/health reasons	
	religious/moral reasons	
	brought up not to drink	
	costs too much	
	family member an alcoholic or problem drinker	
	infrequent drinker	
	other (specify)	1985
	In the **past 2 weeks** beginning Monday and ending this past Sunday, on **how many days** did you **drink** any **alcoholic beverages,** such as beer, wine, or liquor	1985
	On the **days** that you **drank alcoholic beverages,** how many drinks did you **have per day,** on the average	1985
	Was the **amount** of your **drinking** during that **2-week period typical** of your drinking during **the past 12 months**	1985
	Was the **amount** of your **drinking** during that 2-week **period more or less than** your drinking during **the past 12 months**	1985

Topic	Questionnaire item	Year
Drinking (continued)		
	During the **past 12 months,** in **how many months** did you **have** at least one **drink** of any **alcoholic beverage**	1985
	During (that month/those months) on **how many days** did you have **9 or more drinks** of any **alcoholic beverage**	1985
	During (that month/those months) on **how many days** did you have **5 or more drinks** of any **alcoholic beverage**	1985
	During the past year, **how many times** did you drive **when** you had perhaps **too much to drink**	1985
	Do 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:	
	throat cancer	
	cirrhosis of the liver	
	bladder cancer	
	cancer of the mouth	
	arthritis	
	blood clots	1985
	Does **heavy drinking during pregnancy** definitely increase, probably increase, probably not, or definitely not **increase the chances of:**	
	miscarriage	
	mental retardation of the newborn	
	low birth weight of the newborn	
	birth defects	1985
	Have you **ever heard of Fetal Alcohol Syndrome**	1985
	In your opinion, which one of the following best describes **Fetal Alcohol Syndrome:**	
	a baby is born drunk	
	born addicted to alcohol	
	born with certain birth defects	1985
Eating Habits (see also **Cancer**)		
	How often do you **eat breakfast:**	
	almost every day	
	sometimes	
	rarely	
	never	1985
	How often do you **eat between meals:**	
	almost every day	
	sometimes	
	rarely	
	never	1985
	When you visit a doctor or other health professional **is eating proper foods discussed:**	
	often	
	sometimes	
	rarely or never	
	don't visit for routine care	1985

Topic	Questionnaire item	Year
Emotional/Personal Problems (see also Cancer and Mental Health)		
	In the **past year,** did you **think about seeking help** for any personal or **emotional problems** from family or friends	1985
	In the **past year,** did you **think about seeking help** for any personal or **emotional problems from** a helping professional or **a self-help group**	1985
	Did **you actually seek** any **help** (for **emotional** problems)	1985
	From whom did you **seek help** (for **emotional problems):**	
	family member or relative	
	friend	
	psychologist	
	psychiatrist	
	psychiatric social worker	
	other mental health professional	
	medical doctor	
	religious counselor	
	Alcoholics Anonymous	
	Gamblers Anonymous	
	Weight Watchers	
	counselor at work	
	counselor at school	
	probation officer	
	other (specify)	1985
Employment (see also **Work Injuries and Work Risk**)		
	The **kind of work** you have done the longest, not counting work around the house. **What kind of work did you do the longest** (include work done while in the Armed Forces)	1986, 1988
	When you were doing this **kind of work, what were your most important activities or duties**	1988
	How long did you **do this kind of work**	1986, 1988
	How old were you when you started doing this kind of work	1988
	In **what kind of business or industry did you do this** kind of work the longest, were you:	
	an employee of a private company, business or individual for wages, salary, or commission	
	a member of the Armed Forces	
	a Federal government employee	
	a State government employee	
	a local government employee	
	self-employed in own business, professional practice or farm	
	working without pay in family business or farm	1986, 1988
	Was the worker's compensation claim for your injury awarded, denied, or is it still in process	1988
	Was the worker's compensation claim for your skin condition awarded, denied, or is it still in process	1988

Topic	Questionnaire item	Year
Employment (continued)		
	Was the worker's compensation claim for your condition awarded, denied, or is it still in process	1988
	In the industry **where you worked the longest as a** (name of occupation) **were you:**	
	an employee of a private company, business or individual for wages, salary, or commission	
	a member of the Armed Forces	
	a Federal government employee	
	a State government employee	
	a local government employee	
	self-employed in own business, professional practice or farm	
	is the business incorporated	
	working without pay in family business or farm	1988
	During the **past 12 months,** that is, since (12-month date) a year ago, **did you work at any time** at a **job** or business, not counting work around the house (include unpaid work in the family business or farm)	1988
	How long has it been since you last worked at a job or business:	
	number of weeks	
	number of months	
	number of years	1988
	For whom did you work at your last job or business	1988
	What **kind of business** or industry is this	1988
	What **kind of work** were you doing	1988
	What were your most important activities or duties at that job	1988
	Were you:	
	an employee of a private company, business or individual for wages, salary, or commission	
	a member of the Armed Forces	
	a Federal government employee	
	a State government employee	
	a local government employee	
	self-employed in own business, professional practice or farm	
	is business incorporated	
	working without pay in family business or farm	1988
	How long did you work as a (name of occupation) for (name of employer):	
	number of weeks	
	number of months	
	number of years	1988
	Considering all of your employers, **for how many years altogether did you do this kind of work**	1988
	Which of these statements describe the **reason** or reasons you **stopped working:**	
	stopped working because of own illness, injury, disability or other health problem that was job-related	
	stopped working because of own illness, injury, disability or other health problem that was not job-related	
	retired	
	child/family care	

Topic	Questionnaire item	Year
Employment (continued)		
	on layoff from job some other reason (specify) don't know	1988
	Was a **worker's compensation claim filed** for your illness, injury, disability, or other health problem	1988
	Have you **received any money** or other benefits **from worker's compensation** since you stopped working (number of weeks, months, years) ago	1988
	Was a **claim filed for any other income** or benefits because your health problem was job-related	1988
	Earlier I was told that you had **a job during the 2 weeks** (outlined on the calendar/beginning Monday (date) and ending Sunday (date)). **For whom did you work**	1988
Exercise		
	In the **past 2 weeks** beginning Monday (date) and ending this past Sunday (date), have you **done any** (of the following exercises, sports, or physically active hobbies): walking for exercise jogging or running hiking gardening or yard work aerobics or aerobic dancing other dancing calisthenics or general exercise golf tennis bowling biking swimming or water exercises yoga weight lifting or training basketball baseball or softball football soccer volleyball handball, racquetball, or squash skating skiing	1985
	Have you done any other **exercises,** sports, or physically active hobbies in the past 2 weeks	1985
	In the **past 2 weeks** beginning Monday (date) and ending this past Sunday (date), have you **done any** exercises, sports, or physically active hobbies	1985
	What were the (exercises, sports, or physically active hobbies)	1985
	Knowledge of strengthening heart and lungs through exercise	1985
	How many days a week do you think **a person should exercise** to strengthen the heart and lungs	1985
	For **how many minutes** do you think **a person should exercise** on each occasion so that the heart and lungs are strengthened	1985

Topic	Questionnaire item	Year
Exercise (continued)		
	During those minutes (of exercise), how fast do you think a **person's heart rate and breathing should be** to strengthen the heart and lungs	1985
	Do you **think** that the **heart and breathing rate** (for **exercise) should be:** no faster than usual a little faster than usual a lot faster but talking is possible so fast that talking is not possible don't know	1985
	Do you **exercise** or play sports **regularly**	1985
	For **how long** have you **exercised** or played sports **regularly:** number of days number of weeks number of months number of years	1985
	How much hard **physical work** is **required on your job:** a great deal a moderate amount a little none	1985
	About **how many hours** per **day do** you perform **hard physical work** on your job	1985
	How much hard physical work is required in your **main daily activity:** a great deal a moderate amount a little none	1985
Functional Limitations		
	Because of a health or physical problem, do you have any **difficulty** (by yourself and without using special equipment): bathing or showering dressing eating getting in and out of bed or chairs walking getting outside using the toilet, including getting to the toilet	1986
	If **doesn't do activity** listed above, is it **because** of a health or **physical problem**	1986
	By yourself and without using special equipment, **how much difficulty do you have** (in activity): some a lot unable	1986
	Do you receive help from anyone in (activity)	1986
	Who gives this help:	

Topic	Questionnaire item	Year
Functional Limitations (continued)		
	household member	
	relative	
	nonrelative	
	non-household member	
	relative	
	nonrelative	1986
Is **this help paid for**		1986
Which helpers are **paid**		1986
Do you use any special equipment or aids in (activity)		1986
What special equipment or aids do you use		1986
Do you **have difficulty controlling your bowels**		1986
How frequently do you **have this difficulty:**		
	daily	
	several times a week	
	once a week	
	less than once a week	
	don't know	1986
Do you **have a colostomy or a device** to help control bowel movements		1986
Do you **need help** from anyone **in taking care of** this device		1986
Do you **have difficulty controlling urination**		1986
How frequently do you **have this difficulty:**		
	daily	
	several times a week	
	once a week	
	less than once a week	
	don't know	1986
Do you **have a urinary catheter or a device** to help control urination		1986
Do you **need help** from anyone **in taking care of** this **device**		1986
Because of a health or physical **problem, do you usually:**		
	stay in bed all or most of the time	
	stay in a chair all or most of the time	1986
Because of a health or physical **problem, do you have any difficulty:**		
	preparing your own meals	
	shopping for personal items (such as toilet items or medicines)	
	managing your money (such as keeping track of expenses or paying bills)	
	using the telephone	
	doing heavy housework (such as scrubbing floors or washing windows)	
	doing light housework (such as doing dishes, straightening up, or light cleaning)	1986
If doesn't do activity listed above, **is this because of a health** or physical **problem**		1986
By yourself and without using special equipment, **how much difficulty** do you have (in activity):		
	some	
	a lot	
	unable	1986

Topic	Questionnaire item	Year
Functional Limitations (continued)		
	Do you **receive help** from anyone in (activity)	1986
	Who gives this help:	
	household member	
	relative	
	nonrelative	
	non-household member	
	relative	
	nonrelative	1986
	Is **this help paid for**	1986
	Which helpers are **paid**	1986
	Is it **necessary to go up or down a step to get into** this **(house/apartment)** from the outside:	
	1 step	
	more than 1 step	1986
	Counting basements and stepdown living areas as separate levels, **does this (house/apartment) have more than one floor** or level	1986
	Does this (house/apartment) have a bathroom, bedroom, and **kitchen all on the same floor** or level	1986
	Does this (house/apartment) have a walk-in shower, that is, where you don't step over the side of the tub to get into the shower	1986
	Because of a health or physical **problem do you need a bathroom, bedroom, and kitchen all on the same floor** or level	1986
	Because of a health or physical **problem do you need a walk-in shower**	1986
Health Insurance/Health Care Coverage		
	Now **covered** by the part of Social Security **Medicare** which **pays for hospital bills**	1986, 1989
	Now **covered** by that part of **Medicare** which **pays for** doctor bills	1986, 1989
	Social Security Medicare card (s) seen to determine type of **coverage**	1986
	Now **covered** by **health insurance** plan which **pays for** any part of a **hospital, doctor's, surgeon's, or dentist's bill**	1986, 1989
	Is plan a Health Maintenance Organization (HMO)	1986, 1989
	Was **plan (HMO) obtained through an employer or union**	1986, 1989
	Is **(HMO) plan now carried through an employer or union**	1986, 1989
	Does plan **(HMO) pay** any part of a **hospital expense**	1986, 1989
	Does this plan **(HMO) pay** any part of **doctor's or surgeon's bills for operations**	1986, 1989
	Does plan **(HMO) pay for any dental services other than oral surgery**	1986, 1989
	Who is covered under this plan **(HMO)**	1986, 1989
	Main reason not covered by health insurance (or Medicare)	1986
	Is **anyone in this family,** that is (read names), now **covered by Medicare**	1986, 1989

Topic	Questionnaire item	Year
Health Insurance/Health Care Coverage (continued)		
	Is **(names) now covered**	1986, 1989
	May I please see the **Social Security Medicare card**(s) for (names) to determine the type of coverage and to record the health insurance claim number	1989
	It's important that we have the complete and accurate **name of your health insurance plan.** What is the complete **name of the plan**	1986, 1989
	Is **anyone** in the family **now covered** by any **other health insurance plan** (again, do not include plans that pay for only one service)	1986, 1989
	Does it **pay** for any **prescription drugs** other than those administered during a hospital stay	1989
	Does it **pay** for any **mental health,** alcoholism, or drug abuse services	1989
	Is **anyone** in the family **now covered** by an **insurance plan** that **pays** for only **one type** of **health care service,** such as nursing, home care, eye care, or prescriptions	1989
	Is (name) **covered** by this **type of plan**	1989
	What type of service does (name) **plan pay** for: prescriptions eyecare cancer treatment catastrophic nursing home care accidents dental care other (specify)	1989
	Is **(name) now covered by any other insurance plan** that pays for only one service	1989
	Which of these statements describes why (name) is **not covered** by **any health insurance (or Medicare):** job layoff, job loss, or any reasons related to unemployment can't obtain insurance because of poor health, illness, or age too expensive, can't afford health insurance dissatisfied with previous insurance don't believe in insurance have been healthy, not much sickness in the family, haven't needed health insurance covered by some other health plan some other reason	1989
	What is the **main reason** (name) is **not covered** by **any health insurance** (or Medicare)	1989
	Does **anyone** in the family **now receive assistance through** the "Aid to Families with Dependent Children" program, sometimes called **"AFDC"** or "ADC"	1986, 1989
	Does (name) **now receive AFDC** or ADC	1989
	Does **anyone** in the family **now receive** the "Supplemental Security Income" or **"SSI" check**	1986, 1989
	Does (name) **now receive this check**	1989

Topic	Questionnaire item	Year
Health Insurance/Health Care Coverage (continued)		
	During the past 12 months, has **anyone** in this family **received health care** which has been or will be **paid for by Medicaid**	1989
	Has (name) **received** this **care** in the **past 12 months**	1989
	Does **anyone** in the family **now have** a **Medicaid card**	1989
	Does **(name)** now **have this card**	1989
	May I please **see** (name(s)) **card**(s)	1989
	Is **anyone** in the family **now covered** by **any other public assistance program** that pays for health care	1986, 1989
	Is **(name)** now **covered**	1989
	Is **anyone** in this family **now covered by health care benefits from** the Armed Forces or **Veterans' Administration**	1989
	Does **anyone** in the family **now receive military retirement payments** from any branch of the Armed Forces or a pension from the Veterans' Administration (do not include VA disability compensation)	1986, 1989
	Does **(name) now receive military retirement** or a VA pension	1989
	Which does (name) **receive:** The Armed Forces retirement, the VA pension, or both	1989
	Is **anyone** in the family **now covered** by **CHAMPUS,** which is a program of medical care for dependents of military personnel	1986, 1989
	Is (name) **now covered** by **CHAMPUS**	1986, 1989
	Is **anyone** in the family **now covered** by **CHAMP-VA,** which is medical insurance for dependents or survivors of disabled veterans	1986, 1989
	Is **(name) now covered** by **CHAMP-VA**	1986, 1989
	Is **anyone** in the family **now covered** by **any other program** that **provides health care** for **military dependents** or survivors of military persons	1986, 1989
	Is **(name) now covered**	1986, 1989
	Does **(name) have a disability** related to (name's) service in the Armed Forces of the United States	1986, 1989
	Does (name) **now receive compensation for** this **disability** from the Veterans' Administration	1986, 1989
	Has (name) **ever applied for a service-connected** disability rating from the Veterans' Administration	1986, 1989
	Was it approved or denied	1986, 1989
	During the past 12 months, that is since (12-month date) a year ago, **have (names) been laid off** from a job or lost a job	1986, 1989
	Who was this	1986, 1989
	How many times has (name) been **laid off** or lost a job during the past 12 months	1986, 1989
	In **what month and year** was (name) **laid off** or did (name) lose a job (the last time/the time before that)	1986, 1989
	For **any time during** that/those **job layoff**(s) or job loss(es), did (name) **receive unemployment insurance benefits**	1986, 1989

Topic	Questionnaire item	Year
Health Insurance/Health Care Coverage (continued)		
	Because of (name(s)) **job layoff**(s) or job loss(es), **did anyone** in the family **lose any health insurance coverage** that had been carried through that/those job(s)	1986, 1989
	Who was this	1986, 1989
	Was **(name) covered** by some **other health insurance** plan at any time **during** that/those **job layoff**(s) or job loss(es) (do not count military insurance or health programs such as Medicaid or AFDC)	1989
	Was **(name) covered** by **another plan** for the entire time (name(s)) was/were off work	1989
	For **how long** was **(name) not covered** by any kind of health insurance plan	1986, 1989
	At any time **during** that/those **job layoff**(s) or job loss(es), **was (name) covered** by a military program or by a health program such as **Medicaid or AFDC**	1986, 1989
	For **how long** was **(name) covered** by this kind of program	1986, 1989
	Does the **employer** or union **pay any part of the cost** for **this (name) plan**	1989
	Does the **employer** or union **pay for all or just part** of the **cost**	1989
	In whose **name is the (name) plan**	1989
Health Insurance (Conducted only in California)		
	Female respondents (15–45 years of age) have **health care coverage** for **prenatal care**	1989
	Children respondents (under 15 years of age) have **health care coverage** for **check-ups,** that is visits when not sick	1989
	Place respondent **goes to when in need of professional medical care**	1989
	Kind of place respondent goes to **for professional medical care:**	
	doctor's office or private clinic	
	company or school clinic	
	community/neighborhood, or migrant/rural clinic	
	county clinic	
	private hospital clinic or emergency room	
	county hospital clinic or emergency room	
	other hospital clinic or emergency room	
	HMO/prepaid group	
	some other place (specify)	1989
	Particular person respondent usually sees when respondent goes there	1989
	During past 12 months, did **respondent need or thought** he/she **needed medical care or surgery but did not get it**	1989
	The last time this happened, what was the **main reason** respondent **didn't get medical care:**	
	could not afford it	

Topic	Questionnaire item	Year
Health Insurance (Conducted only in California) (continued)		
	no insurance	
	not serious enough	
	wait too long in clinic/office	
	difficulty getting an appointment	
	don't like/trust/believe in doctors	
	didn't know where to go	
	no way to get there	
	hours not convenient	
	other reason (specify)	1989
Was **lack of insurance or lack of money a reason** why **respondent didn't get medical care** respondent needed		1989
Was **respondent self-employed** at job worked at **during past 2 weeks**		1989
How many hours per week respondent worked at job during past 2 weeks		1989
How long respondent worked at current job:		
	number of weeks	
	number of months	
	number of years	
	don't know	1989
Is **respondent paid by the hour** at current job		1989
How much respondent earns per hour		1989
How much does respondent usually earn per week at this job before deductions		1989
At **respondent's work place, are there:**		
	fewer than 25 full and part-time employees	
	less than 10 or 10 to 24 full and part-time employees	
	less than 50, 50 to 99, or 100 or more full and part-time employees	1989
Respondent employer has **additional employees working** in other locations		1989
(Asked only of sample persons)		
Has **sample person heard or read about** large number of **people without health insurance**		1989
Has **sample person heard or read about proposals to deal with issue** of people who don't have **health insurance**		1989
Does **sample person believe government should give tax breaks to encourage employers to provide health insurance to** their **employees:**		
	strongly favor	
	somewhat favor	
	somewhat oppose	
	strongly oppose	
	no opinion/don't know	1989
Does **sample person believe government should require employer to provide health insurance to all employees** who work full or part-time:		
	strongly favor	
	somewhat favor	
	somewhat oppose	

Topic	Questionnaire item	Year
Health Insurance (Conducted only in California) (continued)		
	strongly oppose	
	no opinion/don't know	1989
	Does **sample person believe that government should develop some form of national health insurance that would cover everyone:**	
	strongly favor	
	somewhat favor	
	somewhat oppose	
	strongly oppose	
	no opinion/don't know	1989
	Does **sample person believe that government should develop health insurance for people who are uninsured:**	
	strongly favor	
	somewhat favor	
	somewhat oppose	
	strongly oppose	
	no opinion/don't know	1989
Heart Disease		
	Do you have **any kind of heart condition** or heart trouble	1985
	List of **things which may or may not affect** a person's **chances of** getting **heart disease.** Tell me (interviewer) if you think it definitely increases, probably increases, probably does not or definitely does not increase a person's chances of getting heart disease:	
	cigarette smoking	
	worry or anxiety	
	high blood pressure	
	diabetes	
	being very overweight	
	overworked	
	drinking coffee with caffeine	
	eating a diet high in animal fat	
	family history of heart disease	1985
Height and Weight (see also **Cancer**)		
	About **how much** do you **weigh** without shoes	1985
	In your opinion which of these are the **two best ways to lose weight:**	
	don't eat at bedtime	
	eat fewer calories	
	take diet pills	
	increase physical activity	
	eat no fat	
	eat grapefruit with each meal	1985
	Are you **now trying to lose weight**	1985
	Are you **eating fewer calories to lose weight**	1985
	Have you **increased your physical activity to lose weight**	1985
	Do you **consider yourself overweight, underweight,** or just about right	1985

Topic	Questionnaire item	Year
Heiqht/Weight (continued)		
	Could you say you are very **overweight,** somewhat overweight, or only a little overweight	1985
Hot Water Temperature		
	Do you **know** about what the **hot water temperature** is in this **home**	1985
	About what temperature is the **hot water**	1985
	How did you **estimate** the **hot water temperature:** the setting on the hot water heater tested with thermometer guessed other (specify)	1985
	In the past 12 months, have you (or has anyone in your household) **used a thermometer to test** the **temperature** of the **hot water** here	1985
	About what temperature will **hot water** cause **scald** injuries	1985
Immunization		
	During the past 12 months, that is, since (12-month date) a year ago, have **any adults** in this family **received a flu shot**	1989
	Who was this	1989
	Have **any adults** in the family **ever received a pneumonia vaccination**	1989
	Who was this	1989
	Did (name) **receive the pneumonia shot** within the past 12 months	1989
	During the past 5 years, have **any adults** in the family **had a tetanus shot**	1989
	Who was this	1989
	About **how long ago** did **(name(s)) have** the **last tetanus shot**	1989
Injuries (see **Child Health, Poisoning, Work Injuries, and Work Risks**)		
Medical Device Implant		
	Does **anyone in the family now have an artificial joint,** such as an artificial hip, knee or finger joint	1988
	Who is this	1988
	Does **anyone in the family now have any implants,** such as pins, screws, nails, wires, rods or plates that have been surgically inserted in the body	1988
	Who is this	1988
	Does **anyone in the family now have an artificial heart valve**	1988

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	Who is this	1988
	Does **anyone in the family now have a lens implant** (do not include corneal transplants)	1988
	Who is this	1988
	Does **anyone in the family now have a silicone implant** (do not include silicone injections)	1988
	Who is this	1988
	Does **anyone in the family now have a pacemaker**	1988
	Who is this	1988
	Does **anyone in the family now have ear vent tubes**	1988
	Who is this	1988
	Does **anyone in the family now have an infusion pump**	1988
	Who is this	1988
	Does **anyone in the family now have a shunt** that drains fluid away from the brain or spinal column	1988
	Who is this	1988
	Does **anyone in the family now have any other type of shunt or catheter implanted** in the body	1988
	Who is this	1988
	Does **anyone in the family now have any other kind of medical device** that has been **implanted** in the body during surgery	1988
	Who is this	1988
	What kind of implant does (family member) have	1988
	What kind of artificial joint(s) do you have	1988
	How many artificial joints do you have	1988
	Do you have any other artificial joints	1988
	Was the joint actually replaced with an artificial (joint), or was something else implanted, such as a pin or plate	1988
	Is the artificial finger joint you have now **made out of silicone or** some **other material**	1988
	Is the artificial (joint) you have now **a replacement for a previous artificial** (joint)	1988
	How many times has this artificial (joint) been **replaced**	1988
	Why did you have the artificial (joint) **replaced** (the last time): normal growth defect or malfunction loosening infection pain some other reason (specify)	1988
	How long after that joint was implanted was this (reason for replacement) first noticed: less than 30 days 30 to 90 days more than 90 days	1988

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	How long did you have the artificial (joint) **before it was replaced** with the one you have now:	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what month and year did you **get it**	1988
	How long have you had the artificial (joint) you have now	1988
	In what month and year did you **get this one**	1988
	Since you received the artificial (joint) you have now, would you say your **mobility in that joint is improved,** about the same, or worse than it was before this (last) implant	1988
	Have you **had any of the following problems** or complications with or as a result of the artificial (joint) you have now:	
	any blood clots	
	an infection	
	loosening	
	increased pain over time	
	any defects or failure to operate properly	
	any other problems or complications (specify)	1988
	(For each **problem** or complication) **How long had** you had the **artificial** (joint) **when** the **(problem** or complication) was **first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	Why did you **need to get an artificial** (joint) in the first place:	
	osteoarthritis	
	rheumatoid arthritis	
	arthritis, unspecified	
	injury	
	pain	
	some other reason (specify)	1988
	In **what part of the body is your implant** (such as pins, screws, nails, wires, rods or plates) located	1988
	Do you have any implants anywhere else	1988
	Have you **ever had surgery to replace** or repair the **implant** in your (body part)	1988
	How many times have you had surgery to replace or repair the **implant** in your (body part)	1988
	Why did you **have to have surgery to replace** or repair the **implant** in your (body part) (the last time):	
	normal growth	
	breakage or defect	
	healing problem	
	infection	
	pain or irritation	
	loosening	
	some other reason (specify)	1988

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	How long did you **have the implant before the (problem) was first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	How long has it been since the (surgery for/ last surgery on) the **implant** in your (body part):	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you **have the** (last) **surgery**	1988
	Since the (surgery for/last surgery on) the **implant** in your (body part) have you had **any of the following problems** or complications:	
	infection	
	healing problems	
	pain (other than discomfort generally associated with surgery and healing)	
	loosening	
	a part breaking or wearing out	
	any other problems or complications (specify)	1988
	How long after the (last) **surgery was** the **(problem** or complication) **first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	Why did you **need to get the implant** in your (body part) in the first place:	
	injury	
	deformity	
	infection	
	cancer	
	other (specify)	1988
	How long ago did you **get the first implant** in your (body part):	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you **get it**	1988
	How many artificial heart valves do you now **have**	1988
	There are four different heart valves—the mitral valve, the aortic valve, the tricuspid valve, and the pulmonic valve. Which of these did you **have replaced with (an) artificial** valve(s)	1988
	Is the artificial heart valve (name) you have now a **replacement for a** previous **artificial valve**	1988
	How many times has this artificial valve been **replaced**	1988
	Why did you have **the artificial heart valve (name) replaced (the last time):**	
	normal growth	
	blood clots	
	infection	
	bleeding	

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	defect or malfunction	
	some other reason (specify)	1988
	How long after the heart valve was **implanted was** this **(reason for replacement) first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	How long did you have the artificial heart valve (name) **before it was replaced** with the one you have now:	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you **get it**	1988
	How long have you had the artificial heart **valve** (name) you have now:	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you **get this one**	1988
	What is your artificial heart **valve made from:**	
	manmade substance	
	animal tissue	
	human tissue	
	don't know	1988
	Did you **get a registration card for this artificial heart valve**	1988
	Do you know the **name of the manufacturer**	1988
	Who is the **manufacturer**	1988
	Have you **had any of the following problems** or complications **with** or as a result of the **artificial heart valve** (name) you have now:	
	blood clots	
	an infection or endocarditis	
	bleeding problems related to surgery	
	any defects or reason to believe it is not working properly	
	any other problems or complications (specify)	1988
	(For each problem or complication) **How long had** you had the **artificial** valve **when** the **(problem** or complication) was **first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	Anticoagulants are medications that help prevent blood clots. **Do you take anticoagulants**	1988
	Do you **take aspirin or any other medication to** help **prevent blood clots**	1988
	How many days a week do you **take them**	1988
	Why did you **need to get an artificial** heart valve (name) in the first place:	
	congenital defect	
	rheumatic heart disease	
	heart attack or myocardial infarction	

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	calcification endocarditis other (specify)	1988
	Do you now **have a lens implant** in your right eye, left eye, or both eyes	1988
	Is the **lens implant** you now have in your (right/left) eye **a replacement for a previous lens implant** in that eye	1988
	How many times has the lens implant in your (right/left) eye **been replaced**	1988
	Why did you **have the lens implant** in your (right/left) eye **replaced** (the last time): normal growth injury glaucoma after implant irritation or inflammation trouble reading infection movement or displacement of the lens wrong lens power problem due to corneal transplant some other reason (specify)	1988
	How long after that lens was implanted was this (reason for replacement) first noticed: less than 30 days 30 to 90 days more than 90 days	1988
	How long did you **have the lens implant** in your (right/left) eye **before it was replaced** with the one you have now: less than 6 months 6–11 months number of years	1988
	In what **month and year** did you **get it**	1988
	How long have you had the lens you now have in your (right/left) eye: less than 6 months 6–11 months number of years	1988
	In what **month and year** did you **get this one**	1988
	Did your **doctor tell you that the lens** you now **have** in your (right/left) eye **is an experimental lens**	1988
	Does this **lens have a substance in it that absorbs some types of light**	1988
	Because of the lens implant in your (right/left) eye, **did your doctor advise you to wear sunglasses** when you are in bright light or sunlight	1988

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	Have you **had any of the following problems** or complications **with** or as a result of the **lens you now have** in your (right/left) eye:	
	infection	
	any healing problems	
	pain, irritation, or inflammation of the inner eye	
	glaucoma that started since lens was implanted	
	clouding or blurred vision	
	trouble reading newspaper print	
	problems with glare or light streaks	
	problems due to wrong lens power	
	any other problems or complications (specify)	1988
	(For each **problem** or complication) **How long had** you had the **lens when** the (problem or complication) was **first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	Have you **had problems with** your **eyes feeling tired when you wake up**	1988
	Did this **problem start after the lens was implanted**	1988
	How long had you **had the lens when this trouble** was **first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	Why did you **need to get a lens implant** in your (right/left) eye **in the first place:**	
	cataract	
	injury	
	other (specify)	1988
	Is the **pacemaker you have now a replacement** for a previous pacemaker	1988
	How many times has your **pacemaker been replaced** (the last time):	1988
	normal growth	
	battery failure	
	lead failure	
	other mechanical failure	
	infection	
	healing problem	
	pain	
	some other reason (specify)	1988
	How long after that pacemaker was **implanted was** this (reason for replacement) **first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	How was that pacemaker monitored:	
	not monitored	
	by telephone	
	at a doctor's office	
	at the hospital	
	in some other way (specify)	1988

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	How long did you **have that pacemaker before** it was **replaced** with the one you have now:	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you get it	1988
	How long have you **had the pacemaker you have now:**	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you **get this one**	1988
	How is this pacemaker monitored:	
	not monitored	
	by telephone	
	at a doctor's office	
	at the hospital	
	in some other way (specify)	1988
	Can the pacemaker you have now be **programmed or adjusted without surgery**	1988
	Please tell me if you **have had any of the following problems** or complications **with** or as a result of **the pacemaker you have now:**	
	an infection	
	any healing problems	
	pain, other than discomfort generally associated with surgery and healing	
	any irregular heart beat	
	any mechanical problems (with the pacemaker you have now), such as battery failure or lead failure	1988
	What kind of mechanical problem did it have:	
	battery failure	
	lead failure	
	other mechanical problem (specify)	1988
	Have you **had any other problems** or complications **(with** or as a result of the **pacemaker you have now)**	1988
	What were they	1988
	How long had you had your pacemaker when the (type of problem or complication) was first noticed:	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	Is the infusion pump for chemotherapy, insulin treatment, **or something else**	1988
	Is the pump itself **implanted inside your body,** or is the pump worn on the outside	1988
	In what part of the body is the (other) **device located**	1988
	Do you **have any other device**	1988
	Is the (device) in your (body part) **a replacement** for a previous one	1988
	How many times has the (device) in your (body part) **been replaced**	1988

Topic	Questionnaire item	Year
Medical Device Implant (continued)		
	Why did you **have** the **(device) replaced** (the last time):	
	normal growth	
	infection	
	defect or malfunction	
	healing problem	
	pain	
	blood clots	
	bleeding	
	injury	
	some other reason (specify)	1988
	How long had you had that **(device) when** the (name of **problem) was first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	How long did you **have the (device) before** it was **replaced** with the one you have now:	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you **get it**	1988
	How long have you had the **(device) you have now:**	
	less than 6 months	
	6–11 months	
	number of years	1988
	In what **month and year** did you **get this one**	1988
	Please tell me if you **have had any of the following problems** or complications **with** or as a result of the **(device)** you **now have** in your (body part):	
	an infection	
	any healing problems	
	pain, other than discomfort generally associated with surgery and healing	
	any defects or has it failed to operate properly	
	any other problems or complications with the device what were they	1988
	How long had you had your **(device) when this problem was first noticed:**	
	less than 30 days	
	30 to 90 days	
	more than 90 days	1988
	Why did you **need to get** the **(device) in the first place:**	
	infection	
	injury	
	some other reason (specify)	1988
Mental Health		
	During the past 12 months, did **anyone** in the family **have:**	
	schizophrenia	
	paranoid or delusional disorder, other than schizophrenia	

Topic	Questionnaire item	Year
Mental Health (continued)		
	manic episodes or manic depression, also called bipolar disorder	
	major depression	
	anti-social personality, obsessive compulsive personality, or any other severe personality disorder	
	Alzheimer's disease or another type of senile disorder	
	alcohol abuse disorder	
	drug abuse disorder	
	mental retardation	1989
	During the past 12 months, did anyone else have: (see previous list)	1989
	During the past 12 months, did **anyone** in the family **have any other mental** or **emotional disorders** (Include only those disorders which seriously interfere with a person's ability to work or attend school, or to manage their day-to-day activities.)	1989
	Who is this	1989
	What would you **call the disorder** (person) has	1989
	Does (disorder(s)) now entirely prevent (person) **from working** at a paid job or business	1989
	Because of (this disorder/any of these **disorders**), **is (person) limited** in the **kind** or amount **of work** (person) can do	1989
	Because of this disorder/any of these disorders, **does (person) have trouble finding or keeping a job or doing job tasks**	1989
	For how long has person **(been unable to work/been limited in work/had trouble with work) because of this disorder/any of these disorders:**	
	less than 3 months	
	3 months, less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	don't know	1989
	Does (disorder) now entirely prevent person from attending regular **school or college**	1989
	Because of (this disorder/any of these disorders), does person have trouble with school attendance or school work	1989
	For how long **has person been unable to attend school/had trouble with school because of this disorder/ any of these disorders**	1989
	On own and without help, does **person appropriately take care of own personal care needs,** such as eating, dressing, bathing, and going to the toilet	1989
	Is this **because of disorder/any** of these mental disorders	1989
	For **how long has (person) had trouble taking care of any of these needs:**	
	less than 3 months	
	3 months, less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	don't know	1989

Topic	Questionnaire item	Year
Mental Health (continued)		
	On (person's) **own** and without help, **does (person) adequately handle routine matters** such as:	
	managing money	
	doing every day household chores	
	shopping	
	getting around outside the home	1989
	Are these because of (person's) **(disorder)**/any of these mental disorders)	1989
	For **how long** has (person) **had trouble taking care** of any of these things:	
	less than 3 months	
	3 months, less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	don't know	1989
	Because of (person's) (mental and emotional **disorders**), **how much difficulty** (no difficulty, some difficulty, a lot of difficulty, completely unable, don't know) **does** (person) **now have:**	
	forming friendships	
	keeping friendships	
	concentrating long enough to complete tasks	
	coping with day-to-day stresses	1989
	For how **long** has (person) **had** any of these **difficulties:**	
	less than 3 months	
	3 months, less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	don't know	1989
	When did (person) **last see** or talk to a **mental health professional about** (person's) (mental and emotional **disorders**) (Include psychiatrists, psychologists, social workers, psychiatric nurses, and any other type of mental health professional.):	
	less than 2 weeks	
	2 weeks, less than 1 month	
	1 month, less than 3 months	
	3 months, less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	never	
	don't know	1989
	What type of mental health professional was last seen	1989
	When did (person) **last see** or talk to a **doctor** or other health professional **about** (mental and emotional disorders):	
	less than 2 weeks	
	2 weeks, less than 1 month	
	1 month, less than 3 months	
	3 months, less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	never	

Topic	Questionnaire item	Year
Mental Health (continued)		
	don't know	1989
	When did a doctor or other health professional **first give a diagnosis** of (mental and emotional **disorders**) for (person):	
	less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	never	
	don't know	1989
	Did the **doctor call** the (mental and emotional **disorders**) **by** a more technical or **specific name**	1989
	What did he or she **call it**	1989
	Has a doctor or other health professional **ever given** this **disorder** a technical or **specific name**	1989
	What did he or she call it	1989
	When did a **doctor first call** this **disorder** (name of disorder):	
	less than 1 year	
	1 year, less than 5 years	
	5 years or more	
	never	
	don't know	1989
	Does (person) **now take** any **prescription medication** for (mental and emotional disorders)	1989
	During the past 12 months, **did** (person) **take any prescription medication for** (this **disorder**/any of these disorders)	1989
	How many different medications (does (person) take/did (person) **take**) during the past 12 months for (this disorder/any of these **disorders**)	1989
	(May I (interviewer) see/Would you please bring to the telephone) the **container**(s) for the **medication**(s) you just told me about	1989
	What (is/are) the **name**(s) of the **medication**(s)	1989
	Does (person) **now receive** a **disability payment** through any government program **because of** (mental and emotional disorders)	1989
	Is this **payment through Social Security Disability Insurance**, called "SSDI"; through Supplemental Security Income, called "SSI"; through the Veteran's Administration; or through some other program	1989
Orofacial Pain		
	During the past 6 months, did you **have a toothache more than once,** when biting or chewing	1989
	Did you **first have this pain more than 6 months ago**	1989
	During the past 6 months, **did** you **have painful** sores or **irritations around** the **lips or on** the **tongue, cheeks, or gums more than once**	1989

Topic	Questionnaire item	Year
Orofacial Pain (continued)		
	Did you **first have** the sores or **irritations more than 6 months ago**	1989
	During the past 6 months, did you **have prolonged, unexplained burning sensation in your tongue** or any other part of your mouth more than once	1989
	When you **have this sensation,** does it **come and go or is it continuous** and uninterrupted	1989
	During **how many different months** in the past 6 months did you **have this sensation**	1989
	How many **total days** in the past 6 months did you **have this sensation:** 1–3 days 4–10 days 11–15 days 16–30 days 31–45 days 46 or more days every day don't know	1989
	Did you **first have this sensation more than 6 months ago**	1989
	During the past 6 months, did you **have pain in the jaw joint or in front of the ear** more than once	1989
	When you **have this pain,** does it **come and go or is it continuous** and uninterrupted	1989
	During **how many different months** in the past 6 months, did you **have this pain**	1989
	How many **total days** in the past 6 months did you **have this pain:** 1–3 days 4–10 days 11–15 days 16–30 days 31–45 days 46 or more days every day don 't know	1989
	Did you **first have this pain more than 6 months ago**	1989
	During the past 6 months, did you have a dull, **aching pain across your face** or cheek **more than once** (do not count sinus pain)	1989
	On a scale of 1–10, where 1 is mild and 10 is severe, **how would you rate this pain at its worst**	1989
	In the past 6 months, **did you see** or talk to a **dentist for the pain** we just discussed	1989
	How many times during the last 6 months **did** you **see** or talk to a **dentist about** the **pain**	1989
	In the past 6 months, **did you see** or talk to a **medical doctor about** the **pain**	1989
	How many times (in the past 6 months) **did you see** or talk to **any other type of health professional about** the **pain**	1989

Topic	Questionnaire item	Year
Orofacial Pain (continued)		
	In the past 6 months, **did you see** or talk to **any other type of health professional about the pain**	1989
	What **kind of health professional**	1989
	How many times during the past 6 months did you see or talk to the **(health professional)**	1989
	In the past 6 months, did you **worry about** the **health of** your **teeth and gums because** of the **pain**	1989
	In the past 6 months, did you **worry about** the **health of** your **body because** of the **pain**	1989
	Here is a list of things people do when they have teeth, mouth, or face pain. Please tell me (interviewer) the **things** you **did for** the **pain during the past 6 months:**	
	use a hot or cold compress	
	take a prescription drug	
	take an over-the-counter drug	
	drink some liquor or wine because of the pain	
	take time off work	
	stay home more than usual	
	avoid family and friends	
	anything else (specify)	
	none of the above	
	don't know	1989
Pain (see **Orofacial Pain, Abdominal Pain, and Work Injuries**)		
Physical Activity (see also **Exercise**)		
	How many times in **past 2 weeks** did you (play/go/do) particular **activity**	1985
	On the **average** about how many **minutes** did you actually **spend** doing particular **activity**	1985
	What usually happened to your **heart rate or** breathing when you did (particular **activity**)	1985
	Did **you have a small, moderate,** or **large increase,** or no increase at all in your heart rate or breathing	1985
	Would you say that you are **physically more active, less** active or **about as active** as other **persons your age**	1985
	Is that (a **lot** more or a **little** more/a **lot less** or a **little less**) **active**	1985
Poisoning		
	Have you **ever heard about Poison Control Centers**	1985
	Do you **have** the **telephone number** for a **Poison Control Center** in your area	1985
	Do you now **have any Ipecac Syrup** in this **household**	1985

Topic	Questionnaire item	Year
Poliomyelitis		
	Ever told by doctor or health care professional that **you had poliomyelitis or polio**	1987
	Ever have paralysis caused by polio	1987
	Do you now have paralysis or any health impairment or health problem caused by polio	1987
Pregnancy (see also **Birth, Smoking, Vitamin and Mineral Intake, and Cancer)**		
	Any **women 18–44 years old now pregnant**	1985
	Does cigarette smoking **during pregnancy** definitely increase, probably increase, probably not or definitely not increase the **chances** of:	
	miscarriage	
	stillbirth	
	premature birth	
	low birth weight of the newborn	1985
	Smoke during this **pregnancy**	1985
	On average **how many** cigarettes a **day** did you **smoke before** you **found out** you were **pregnant**/this time	1985
	On average **how many** cigarettes a **day** did you **smoke after** you **found out** you were **pregnant**/this time	1985
	Would you say you **smoked** cigarettes **during most** of that **pregnancy**	1985
Sleep		
	Sleep, number of hours nightly	1985
	On the average, **how many** hours of **sleep** do you get in a 24-hour period	1985
Smoke Detectors		
	How many smoke detectors are installed **in** this **home**	1985
	How many of them **(smoke detectors)** are now **working**	1985
	Is it **(smoking detector) now working**	1985
	How do you **know** (it is/they are) **working (smoke detectors):**	
	tested it/them	
	it/they went off because of smoke	
	it/they went off while cooking	
	changed the batteries	
	the light is on	
	beeps when battery is low	
	other (specify)	1985
	Is/Are any of **smoke detectors next** to a **sleeping area**	1985
Smoking (see also **Cancer and Diabetes)**		
	Have you smoked at least 100 cigarettes in your entire life	1985, 1987, 1988
	About how old were you when you **first started**	

Topic	Questionnaire item	Year
Smoking (continued)		
	smoking cigarettes fairly regularly:	
	number of days	
	number of weeks	
	number of months	
	number of years	
	never smoked regularly	1985, 1988
	Do you smoke cigarettes now	1985, 1988, 1989
	About **how many cigarettes** do you **smoke per day**	1989
	About **how long has it been** since you last smoked cigarettes fairly regularly:	
	never smoked regularly	
	number of days	
	number of weeks	
	number of months	
	number of years	1985, 1988
	Did you smoke cigarettes at all **during the 12 months before your last child was born**	1985
	On the average, about **how many cigarettes a day** do/did you smoke	1985, 1988
	Do 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:**	
	emphysema	
	bladder cancer	
	cancer of larynx or voice box	
	cataracts	
	cancer of the esophagus	
	chronic bronchitis	
	gallstones	
	lung cancer	1985
	Did a **doctor ever advise you to quit** or cut down on **smoking**	1985
	Do you live with anyone who smokes cigarettes	1988
	Do they regularly smoke in the home	1988
	Is smoking allowed in your place of work other than in designated areas	1988
	Do you find that **cigarette smoke in the work place** causes you:	
	no discomfort	
	some discomfort	
	moderate discomfort	
	great discomfort	1988
Social Relationships (see **Personal/Emotional Problems**)		
Stress/Stroke		
	During the past 2 weeks, would you say that you **experienced stress:**	
	a lot	
	moderate	
	relatively little	

Topic	Questionnaire item	Year
Stress/Stroke (continued)		
	almost none don't know what stress is	1985
	In the past year, how much effect has **stress** had **on** your **health:** a lot some hardly any none	1985
	Have you ever **had a stroke**	1985
	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 high cholesterol don't know	1985
Tobacco Use (see **Smoking and Cancer**)		
Usual Source of Care/Place of Care (see also **Cancer Control and Doctor Visit**)		
	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**	1985
	What kind of place is it: a doctor's office hospital outpatient clinic sample person's home hospital emergency room company or industry clinic health center other (specify)	1985
	Which of these is the **main reason** you **don't have** a **particular place** you usually go: have two or more usual doctors or places depending on what is wrong haven't needed a doctor previous doctor no longer available haven't been able to find the right doctor recently moved to area can't afford medical care other reason	1985
Vitamin and Mineral Intake		
	During the **past 2 weeks** (outlined on calendar), **did (child/adult) take** any **vitamin, mineral, or fluoride** products	1986
	How many different vitamin, mineral, or fluoride products **did (child/adult) take** during the **past 2 weeks**	1986
	What is the **product name**	1986

Topic	Questionnaire item	Year
Vitamin and Mineral Intake (continued)		
	What is the **manufacturer's or distributor's name**	1986
	In **what form** did (child/adult) **take this product:**	
	capsules, tablets, or pills	
	wafers	
	teaspoon(s)	
	tablespoon(s)	
	drops/droppers	
	some other form (specify)	
	don't know	1986
	How many (see list above) must (child/adult) **take to obtain the amount** of nutrients **listed on the label**	1986
	During the **past 2 weeks**, on **how many days** did (child/adult) **take the vitamin or mineral**	1986
	On the days when (child/adult) took the vitamin or mineral, **how many did** (child/adult) **take per day**	1986
	For **how long has** (child/adult) been taking this **type of product:**	
	number of days	
	number of weeks	
	number of months	
	number of years	1986
	Did (child/adult) **have a doctor's prescription to obtain** this **product**	1986
	Were you **pregnant during the past 2 weeks**	1986
	Were you **breastfeeding a baby during the past 2 weeks**	1986
Work Injuries (see also **Employment and Work Risks**)		
	During the past 12 months, that is, since a year ago, **have you had:**	
	repeated trouble with neck, back or spine	
	a condition affecting the wrist and hand, called carpal tunnel syndrome	
	a condition affecting the fingers and/or toes, called Raynaud's phenomenon	
	a condition affecting the tendons called tendonitis	
	hepatitis	
	skin cancer	
	lung cancer	
	asthma	
	chronic bronchitis	
	emphysema	
	any dust disease of the lungs, such as silicosis, asbestosis, brown lung, or black lung disease	1988
	Do you now have:	
	deafness in one or both ears	
	any other trouble hearing in one or both ears	1988
	Were you **ever told by a doctor** or other medical person **that your condition was related to any job** you ever had	1988
	Was a worker's compensation claim ever filed for your condition	1988

Topic	Questionnaire item	Year
Work Injuries (continued)		
	Did you **ever report to your employer** or to other company personnel that your condition was related to your job	1988
	Did you **ever tell a doctor** or other medical person that your **condition was related** to any **job** you ever had	1988
	During the past 12 months, **were you told by your doctor or employer to stay home** from work temporarily because of your condition	1988
	During the past 12 months, **did your employer transfer you to another job,** either temporarily or permanently, because of your condition	1988
	During the past 12 months, **did your employer give you lighter work** or excuse you from certain duties at work because of your condition	1988
	Did you **ever stop working at a job** or change jobs because of your condition	1988
	What **kind of work** did you do that was related to your condition	1988
	What were your **most important activities or duties at this job**	1988
	In what **kind** of **business** or **industry** did you **work** the **longest** as:	
	an employee of a private company, business or individual for wages, salary or commission	
	a member of the Armed Forces	
	a Federal government employee	
	a State government employee	
	a local government employee	
	self-employed in own business professional practice, or farm	
	is the business incorporated	
	working without pay in family business or farm	1988
	During the past 12 months, have you had **any on-the-job injuries**	1988
	How many times have you been **injured on the job** during the **past 12 months**	1988
	On what date your (most recent **injury**/injury **before** that) happened	1988
	At the time of your **injury (date) were you working as a (name of occupation)** for (name of employer)	1988
	For **whom did you work when the** injury **happened**	1988
	What **kind of business** or industry is this	1988
	What **kind of work** did you do at that job	1988
	What were your most important activities or duties at that job	1988
	Were you:	
	an employee of a private company, business or individual for wages, salary, or commission	
	a member of the Armed Forces	
	a Federal government employee	
	a State government employee	
	a local government employee	

Topic	Questionnaire item	Year
Work Injuries (continued)		
	self-employed in own business, professional practice or farm	
	is the business incorporated	
	working without pay in family business or farm	1988
	At the time of this **injury, what part of your body was hurt,** what **kind of injury** was it	1988
	Did you **lose consciousness** as a result of the injury	1988
	What were you doing at the time of the injury	1988
	How did the injury happen	1988
	Was the activity you were doing at the time of the injury **a new or unfamiliar job** task	1988
	Was the activity you were doing at the time of the injury **part of your usual** job tasks	1988
	Did you see or talk to a medical doctor, nurse, chiropractor, physician's assistant, nurse practitioner or other medical person as a result of this injury	1988
	Where did you first see or talk to a **medical person** about this injury:	
	work-site health unit	
	doctor's office (group practice or doctor's clinic)	
	emergency room	
	walk-in clinic	
	hospital outpatient clinic	
	other (specify)	1988
	Were you wearing eye protection equipment over your eyes at the time of the injury	1988
	What type of eye protection equipment were you wearing:	
	welding goggles	
	other goggles	
	glasses with side shields	
	glasses without side shields	
	welding helmet	
	face shield	
	other	1988
	Did you **miss more than half of the day from work** on the day of the injury	1988
	Other than the day of the injury, how many full days of scheduled work **did you miss** as a result of the injury	1988
	Did you **miss any other scheduled time** from work (other) than the day of the injury	1988
	How many days did you **miss more than half of the day** from work as a result of the injury	1988
	Were you temporarily transferred to another job because of the injury	1988
	Were you temporarily assigned lighter work or excused from certain duties at work other than the day of the injury	1988
	Did you report this injury to your employer	1988
	Was a worker's compensation claim filed as a result of this injury	1988
	Did you change employers as a result of this injury	1988

Topic	Questionnaire item	Year
Work Injuries (continued)		
	Was your salary lower, higher or the same **after your change of employers**	1988
	Were you as satisfied, less satisfied or more satisfied **with your new employer** as with your employer prior to the injury	1988
	Did you change the kind of work you do as a result of the injury	1988
	Was your salary lower, higher or the same **after your job change**	1988
	Were you as satisfied, less satisfied or more satisfied **with your new job** as with your job prior to the injury	1988
	Did you make a permanent change in your work activities because of this injury	1988
	Did you permanently change your off-the-job activities because of this injury	1988
	During the past 12 months have you had dermatitis, eczema, or any other red, **inflamed skin rash**	1988
	During the past 12 months, on about **how many days altogether** did you **have a skin condition** (include days when you used treatment for the condition)	1988
	What parts of your body were affected by this skin condition: hands arms head, face or neck other body area (specify) don't know	1988
	During the past 12 months, did you **miss at least a full day from work** because of your skin condition	1988
	Did **any skin condition** you **had in the past 12 months result from** chemicals or other **substances which you got on your skin**	1988
	What chemicals or other **substances were these**	1988
	Did you get these **substances on your skin during the past 12 months**	1988
	Was this at your job	1988
	Were you at work at your job or business **when you got these substances** on your skin	1988
	During the past 12 months, did you **use any prescription** medications or other treatments prescribed by a doctor for your skin condition	1988
	Did you **use any over-the-counter** or non-prescription **medications** or treatments for your skin condition	1988
	How long has it been **since you last saw** or talked to a **dermatologist** or skin specialist about your skin condition: number of days number of weeks number of months number of years never	1988

Topic	Questionnaire item	Year
Work Injuries (continued)		
	How long has it been **since you last saw** or talked to any **other type of medical person** about your skin condition:	
	number of days	
	number of weeks	
	number of months	
	number of years	
	never	1988
	During the past 12 months, have you stopped working at a job or changed jobs because of your skin condition	1988
	During the past 12 months did you **make a major change in your work activities because of your skin condition**	1988
	During the past 12 months, did you **report your skin condition to your employer** as a work-related illness or injury	1988
	During the past 12 months, was a worker's compensation claim filed for your skin condition	1988
	During the past 2 weeks, have you had **any episodes** of itchy, irritated or **watery eyes**	1988
	On how many days during the past 2 weeks did you **have** itchy, irritated or **watery eyes**	1988
	Do you wear contact lenses	1988
	What type of contact lenses do you wear:	
	hard lens(es) (include polycon)	
	soft lens(es), daily wear	
	soft lens(es), extended wear	
	intraocular lens(es)	
	other (specify)	
	don't know	1988
	During the past 2 weeks, have you had **any episodes** of stuffy, blocked, itchy, or **runny nose**	1988
	On how many days during the past 2 weeks did you have stuffy, blocked, itchy, or **runny nose**	1988
	During the past 2 weeks, have you had any **episodes** of sore or **dry throat**	1988
	On how many days during the past 2 weeks, did you have sore or **dry throat**	1988
	Were these symptoms due to:	
	cold or flu	
	hay fever	
	allergies (other allergies)	
	something else (specify)	1988
	Did you **have these symptoms while you were at work**	1988
	When you were away from work, did these symptoms:	
	increase	
	decrease	
	stay the same	1988
	During the past 2 weeks when you had these symptoms, did you **also have a fever**	1988
	At any time **during the past 12 months,** that is since (12-month date) a year ago, did you **have back pain every day for a week** or more	1988

Topic	Questionnaire item	Year
Work Injuries (continued)		
	Did you **have back pain only at the time of** your **monthly period**	1988
	During the past 12 months, on about **how many days** altogether did you **have back pain**	1988
	During the past 12 months, how many full days did you miss from work because of back pain	1988
	When you had this back pain, **what part of your back bothered you the most**—the upper back, the middle back or the lower back	1988
	During the past 12 months, did the **back pain ever spread** to your: buttocks thighs lower leg or foot	1988
	Did any of the back pain you had **in the past 12 months result from a single accident** or injury (some examples are slipping, falling, twisting, lifting something, or being in a car accident)	1988
	When did the accident or injury **happen**	1988
	Were you at work at your job or business **when the accident** or injury **happened**	1988
	Was this at your job as a (name of occupation) for (name of employer)	1988
	For **whom did you work when the accident** or injury **happened**	1988
	Was any of the back pain you had **in the past 12 months brought on by repeated activities** such as lifting, pushing, pulling, bending, twisting, or reaching	1988
	Where did you perform the activities that brought on your back pain: at work at home recreational site other (specify)	1988
	Was this at your job as a (name of occupation) for (name of employer)	1988
	What caused your back pain	1988
	Has your **back bothered you today**	1988
	How many days, weeks, or months ago did you last have back pain	1988
	For **how many consecutive days, weeks, or months** (did your back bother you that time/has your **back been bothering you)**	1988
	In **what year** did you first **have an episode of back pain that lasted for a week** or more: 1987 1988 1989 earlier year (specify)	1988
	Counting (reported year), **in how many different years** have you **had episodes of back pain lasting for a week** or more	1988

Topic	Questionnaire item	Year
Work Injuries (continued)		
	What was the longest period of time that you **had back pain** every day: less than 1 month 1 month, less than 3 months 3 months, less than 6 months 6 months, less than 12 months 1 year, less than 5 years 5 or more years	1988
	Have you **ever stopped working** at a job or changed jobs **because of back pain**	1988
	Have you **ever made a major change in your work activities because of back pain**	1988
	Are you left handed, right handed or able to use both hands equally well	1988
	Which hand do you use the most at work: left right use both hands equally	1988
	During the **past 12 months,** that is, since (12 month date) a year ago, have you **had discomfort in** your **hands, wrists, or fingers** (discomfort can mean pain, burning, stiffness, numbness or tingling)	1988
	Was this **discomfort due entirely to an injury,** such as a cut, sprain or broken bone	1988
	During the **past 12 months, on about how many days** altogether did you **have discomfort** in your **hands, wrists, or fingers**	1988
	During the **past 12 months,** did you **have** the **discomfort every day for a week** or more	1988
	In **which hand** did you have **this discomfort:** left right both	1988
	Was your discomfort worse when you were **trying to sleep** or did it awaken you from sleep	1988
	In the past 12 months, did your hands or fingers often feel clumsy, that is, did you often have **difficulty picking up or holding things**	1988
	Has your **hand(s) bothered you today**	1988
	How many days, weeks, or months ago did you **last have this discomfort**	1988
	For **how many consecutive days, weeks, or months** (did your hand(s) bother you that time/has your hand(s) been **bothering you)**	1988
	In what **year** did you **first notice this hand discomfort:** 1987 1988 1989 earlier year (specify)	1988

Topic	Questionnaire item	Year
Work Injuries (continued)		
	Counting (reported year), in **how many different years** has your **hand(s) bothered you**	1988
	During the **past 12 months, were you away from work for more than 1 week** for any reason	1988
	When you were away from work for more than 1 week, did your **hand discomfort:** increase decrease stay the same	1988
	During the past 12 months, did you **miss at least a full day from work because of** your **hand discomfort**	1988
	Have you **ever stopped working** at a job or changed jobs **because of your hand discomfort**	1988
	Have you **ever made a major change in your work** activities **because of your hand discomfort**	1988
	How long has it been **since you last saw** or talked to **a medical doctor,** chiropractor, physical therapist or other medical person **about** your **hand discomfort:** never saw a medical person number of days number of weeks number of months number of years	1988
	What did the medical person call your hand discomfort	1988
	Even if you have mentioned it before, please tell me (interviewer) if you **ever had any of the following conditions:** arthritis of the hand, wrist, or fingers a broken bone in your hand, wrist, or fingers a condition affecting the wrist and hand called carpal tunnel syndrome	1988
Work Risks (see also **Employment, Smoking, and Work Injuries**)		
	In your present job, are you **exposed to any work conditions that** could **endanger** your **health,** such as loud noise, extreme heat or cold, physical or mental stress, or radiation	1985
	What work conditions are you exposed to that could **endanger** your **health**	1985
	How can (work condition) endanger your **health**	1985
	In your present job are you **exposed to any risks of accidents** or injuries	1985
	What **risks of accidents or injuries are you exposed to**	1985
	In your present job are you **exposed to** any **substances that** could **endanger** your **health,** such as chemicals, dusts, fumes or gases	1985
	What substances are you **exposed to** that could endanger your health	1985
	How can (substance) endanger your **health**	1985

Topic	Questionnaire item	Year
Work Risks (continued)		
	Did your **job require you to do repeated strenuous physical activity** such as lifting, pushing, or pulling heavy objects	1988
	During a typical work day, how many minutes or hours altogether did you **spend doing strenuous physical activities**	1988
	Did this **job require you to do repeated bending,** twisting or reaching	1988
	During a typical work day, how many minutes or hours altogether did **you spend bending,** twisting or reaching	1988
	Did this **job require you to bend** or twist your **hands** or **wrists many times** an hour	1988
	During a typical work day, how many minutes or hours altogether did **you spend bending** or twisting your **hands or wrists**	1988
	On this job, **did you work with hand-held or hand-operated vibrating** machinery	1988
	During a typical work day, how many minutes or hours did you **spend working hand-held or hand-operated vibrating** machinery	1988
	I (interviewer) am going to read a list of **substances that people get on their skin at work.** Tell me if you got any of these things on your hands or arms at your job as a (name of occupation) for (name of employer) during the past 12 months:	
	did you get solvents or degreasers on your hands or arms	
	petroleum products other than solvents, for example grease, oil, or fuel	
	soaps, detergents, or cleaning and disinfecting solutions used in performing your job	
	cutting oils, machine coolants, or metal working fluids	
	paints, varnishes, lacquers, or other coatings	
	glues, pastes, or other adhesives	
	acids or alkalines	
	pesticides, insecticides, herbicides, fungicides, or fumigants	
	foods or food products handled as part of your job duties	
	plants, trees or shrubs handled as part of your job duties	
	did you get any other chemicals or substances on your hands or arms that could irritate the skin	1988

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