

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

(Project Title)

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 1  
 Date 11-15-88

Input  
 Validity  Yes  No  
 Output

1989  
 Project Number

(Project Title)

TYPE OF FILE

(File Name)

Punch Card Form \_\_\_\_\_ RECORD SPECIFICATIONS

Magnetic Tape

Disk \_\_\_\_\_ (Record Title)

ISAM \_\_\_\_\_ \*FILE SEQUENCE

Key Tape                      Data                      Positions

Paper Tape                      \_\_\_\_\_                      \_\_\_\_\_  
 \_\_\_\_\_                      \_\_\_\_\_

RECORD DATA

MISCELLANEOUS DATA

Label \_\_\_\_\_  
 Record Length \_\_\_\_\_  
 Blocking Factor \_\_\_\_\_

Volume \_\_\_\_\_ Per \_\_\_\_\_  
 Source \_\_\_\_\_  
 Recipient \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	27	1 - 27	IDENTIFICATION INFORMATION			
	2	1 - 2	FIPS STATE CODE			
	1	3	STRATUM CODE			
	5	4 - 8	PSU NUMBER			
	1	9	RECORD NUMBER			
	6	10 - 15	DATE OF INTERVIEW			
	2	16 - 17	INTERVIEWER IDENTIFICATION			

Sorted Tape - \*If sorted tape, fill in top of this page and refer to basic file in the field data

Data Field Seq. - List sequence from Details of Data Fields.

Type - N = Numeric A = Alpha AN= Alpha/Numeric

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 2  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	8	18 - 25	TELEPHONE NUMBER			
	2	26 - 27	FINAL DISPOSITION OF TELEPHONE CALL			01=Completed Interview 02=Refused Interview 03=Non-Working Number 04=No Answer 05=Business Telephone 06=No Eligible Respondent at this number 07=No Eligible Respondent could be reached during time period 08=Language barrier Prevented Completion of Interview 09=Interview Terminated within Questionnaire 10=Line Busy 11=Selected Respondent Unable to Respond Because of Physical or Mental Impairment
	1	28	NUMBER OF ADULTS IN HOUSEHOLD			(18 Years Plus)
	1	29	NUMBER OF ADULT MEN IN HOUSEHOLD			(18 Years Plus)
	1	30	NUMBER OF ADULT WOMEN IN HOUSEHOLD			(18 Years Plus)
	1	31	SEATBELT USE			1=Always 2=Nearly Always 3=Sometimes 4=Seldom 5=Never 7=Don't Know/Not Sure 8=Never Ride in a Car 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 3  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
1		32	TOLD YOU HAVE HIGH BLOOD PRESSURE			1=No 2=Yes, By a Doctor 3=Yes, By a Nurse 4=Yes, By a Health Professional 7=Don't Know/Not Sure 9=Refused
1		33	TOLD BLOOD PRESSURE HIGH MORE THAN ONCE			1=More Than Once 2=Only Once 7=Don't Know/Not Sure 9=Refused
1		34	MEDICINE PRESCRIBED FOR HIGH BLOOD			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		35	CURRENTLY TAKING MEDICATION			1=Yes, Most of the Time 2=Yes, Occasionally 3=No 7=Don't Know/Not Sure 9=Refused
1		36	BLOOD PRESSURE PRESENTLY NORMAL			1=Normal 2=Under Control 3=Still High 7=Don't Know/Not Sure 9=Refused
1		37	PARTICIPATE IN ACTIVITIES SUCH AS RUN, WALK, GARDENING, GOLF OR CALISTHENICS			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2		38 - 39	TYPE OF PHYSICAL ACTIVITY OR EXERCISE			99=Refused (See Last Page for Activity Code)
		*	NOTE: DATA IS CODED IN COLUMNS 40-42 IF COLUMNS 38-39 ARE CODED 22, 30, 46, or 51			

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 4  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	3	40 - 42	HOW FAR DID YOU WALK/RUN/JOG/OR SWIM			Coded in Miles and Tenths 777=Don't Know/Not Sure 999=Refused
	3	43 - 45	HOW OFTEN TAKE PART IN ACTIVITY?			101-198=# Times Per Week 201-298=# Times Per Month 777=Don't Know/Not Sure 999=Refused
	3	46 - 48	HOW MANY MINUTES OR HOURS TAKE PART IN ACTIVITY?			Coded in Hours and Minutes 777=Don't Know/Not Sure 999=Refused
	1	49	WAS THERE ANOTHER EXERCISE OR ACTIVITY YOU PARTICIPATED IN?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	2	50 - 51	TYPE OF PHYSICAL ACTIVITY, GIVE NEXT MOST EXERCISE			99=Refused (See Last Page for Activity Code)
			* NOTE: DATA IS CODED IN COLUMNS 52-54 if COLUMNS 50-51 ARE CODED 22, 30, 46, or 51			
	3	52 - 54	HOW FAR DID YOU WALK /RUN/JOG/OR SWIM?			Coded in Miles and Tenths 777=Don't Know/Not Sure 999=Refused
	3	55 - 57	HOW OFTEN DID YOU TAKE PART IN ACTIVITY?			101-198=# Times Per Week 201-298=# Times Per Month 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 5  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	3	58 - 60	HOW MANY MINUTES OR HOURS DID YOU TAKE PART IN ACTIVITY?			Coded in Hours and Minutes 777=Don't Know/Not Sure 999=Refused
	1	61	NOW TRYING TO LOSE WEIGHT			1=Yes 2=No 3=No, Trying to Gain Weight 7=Don't Know/Not Sure 9=Refused
	3	62 - 64	WHEN DID YOU BEGIN YOUR CURRENT ATTEMPT TO LOSE WEIGHT?			101-199=# of Days 201-299=# of Weeks 301-399=# of Months 401-499=# of Years 555=Always Trying to Lose Weig 777=Don't Know/Not Sure 999=Refused
	3	65 - 67	HOW MUCH DID YOU WEIGH WHEN YOU BEGAN YOUR CURRENT ATTEMPT TO LOSE WEIGHT?			Coded in Pounds 777=Don't Know/Not Sure 999=Refused
	3	68 - 70	HOW MUCH WOULD YOU LIKE TO WEIGH?			Coded in Pounds 777=Don't Know/Not Sure 999=Refused
	1	71	ARE YOU NOW TRYING TO MAINTAIN YOUR CURRENT WEIGHT?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	72	EATING FEWER CALORIES TO LOSE WEIGHT, OR TO KEEP FROM GAINING WEIGHT?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	4	73 - 76	ABOUT HOW MANY CALORIES ARE YOU EATING PER DAY?			Code # of Calories 7777=Don't Know/Not Sure 9999=Refused 9997=10,000 or Greater

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 6  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	3	77 - 79	HOW LONG HAVE YOU BEEN EATING THIS MANY CALORIES PER DAY?			101-199=# of Days 201-299=# of Weeks 301-399=# of Months 401-499=# of Years 777=Don't Know/Not Sure 999=Refused
	1	80	ARE YOU USING PHYSICAL ACTIVITY OR EXERCISE TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	5	81 - 85	ARE YOU DOING THE FOLLOWING TO LOSE WEIGHT OR TO KEEP FROM GAINING WEIGHT?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	81	TAKING DIET PILLS TO DECREASE YOUR APPETITE?			
	1	82	TAKING SPECIAL PRODUCTS SUCH AS CANNED OR POWDERED SUPPLEMENTS?			
	1	83	FASTING FOR 24 HOURS OR LONGER AS PART OF YOUR DIET?			
	1	84	PARTICIPATING IN AN ORGANIZED WEIGHT CONTROL PROGRAM (SUCH AS WEIGHT WATCHERS, TOPS, OR NUTRI-SYSTEMS?)			
	1	85	CAUSING YOURSELF TO VOMIT AFTER YOU EAT?			

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 7  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
1		86	HAVE YOU BEEN ADVISED BY A DOCTOR OR OTHER HEALTH PROFESSIONAL TO REDUCE YOUR WEIGHT?			1=Yes, by a Doctor 2=Yes, by Nurse/Physician's asst. 3=Yes, by Nutritionist/Dietitian 4=Yes, Other Health Professional 5=No 7=Don't Know/Not Sure 9=Refused
1		87	DO YOU NOW CONSIDER YOURSELF TO BE OVERWEIGHT, UNDERWEIGHT, OR ABOUT AVERAGE?			1=Overweight 2=Underweight 3=About Average 7=Don't Know/Not Sure 9=Refused
1		88	SMOKED 100 CIGARETTES IN LIFE			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		89	DO YOU SMOKE NOW?			1=Yes 2=No 9=Refused
2		90 - 91	NUMBER OF CIGARETTES SMOKE A DAY			01-87=# of Cigarettes 88=Don't Smoke Regularly 99=Refused
1		92	STOPPED SMOKING FOR A WEEK OR MORE IN PAST YEAR			1=Yes 2=No 9=Refused
1		93	HAVE YOU HAD ANY ALCOHOLIC BEVERAGES IN PAST MONTH?			1=Yes 2=No 9=Refused
3		94 - 96	IN PAST MONTH, HOW OFTEN DID YOU DRINK ALCOHOLIC BEVERAGES? (DAYS PER WK/MONTHS)			101-107=# Days Per Week 201-231=# Days Per Month 777=Don't Know/Not Sure 999=Refused
2		97 - 98	ON THE DAYS WHEN YOU DRINK, ABOUT HOW MANY DRINKS DO YOU DRINK ON THE AVERAGE?			01-76=# of Drinks 77=Don't Know/Not Sure 99=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 8  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	2	99 - 100	CONSIDERING ALL TYPES OR ALCOHOLIC BEVERAGES, HOW MANY TIMES DURING THE PAST MONTH DID YOU HAVE 5 OR MORE DRINKS ON AN OCCASION?			01-76=# Times 88=None 77=Don't Know/Not Sure 99=Refused
	2	101 - 102	# TIMES DRIVEN WHEN YOU'VE HAD TOO MUCH TO DRINK			01-76=# Times 88=None 77=Don't Know/Not Sure 99=Refused
	1	103	HOW LONG SINCE LAST VISITED DR. FOR ROUTINE CHECKUP			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 8=Never 9=Refused
	1	104	WHAT TYPE OF DOCTOR DID YOU SEE FOR YOUR LAST ROUTINE CHECK-UP?			1=Family or General Practitioner 2=Internist 3=Special, heart/lung/stomach 4=Other 5=Obstetrician/Gynecologist 7=Don't Know/Not Sure 9=Refused
	1	105	EVER HAD CHOLESTEROL CHECKED?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	106	HOW LONG SINCE LAST HAD CHOLESTEROL CHECKED?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
	1	107	TOLD CHOLESTEROL LEVEL IN NUMBERS			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 9  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	3	108-110	WHAT IS YOUR CHOLESTEROL LEVEL?			Record the Number 777=Don't Know/Not Sure 999=Refused
	1	111	EVER BEEN TOLD BY DR. OR OTHER HEALTH PROFESSIONAL THAT BLOOD CHOLESTEROL IS HIGH?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	112	UNDER DR. ADVICE TO REDUCE CHOLESTEROL OR BLOOD FAT LEVEL?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	3	113 - 115	DID THE DOCTOR:			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	113	PRESCRIBE MEDICINE TO LOWER CHOLESTEROL			
	1	114	PROVIDE A LOW FAT OR LOW CHOLESTEROL DIET			
	1	115	REFER YOU TO A DIETITIAN, NUTRITIONIST, OR NURSE TO REDUCE FAT OR CHOLESTEROL			
	1	116	EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE DIABETES			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	2	117-118	HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?			18-99=All Ages* 07=Don't Know/Not Sure 09=Refused *(99 Is Also Coded For Ages Greater Than 99)

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 10  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	119	RACE			1=White 2=Black 3=Asian or Pacific Islander 4=Aleutian/Eskimo/or Amer.Indian 5=Other 7=Don't Know/Not Sure 9=Refused
	1	120	HISPANIC ORIGIN			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	121	HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED			1=Less Than 9th Grade 2=Some High School 3=High School Grad or GED Cert 4=Some Technical School 5=Technical School Graduate 6=Some College 7=College Graduate 8=Post Grad or Professional Degree 9=Refused
	1	122	EMPLOYMENT STATUS			1=Employed for Wages 2=Self Employed 3=Out of Work For More Than One Year 4=Out of Work For Less Than One Year 5=Homemaker 6=Student 7=Retired 9=Refused
	1	123	MARITAL STATUS			1=Married 2=Divorced 3=Widowed 4=Separated 5=Never Been Married 6=Member of Unmarried Couple 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 11  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
1		124	TOTAL HOUSEHOLD INCOME			1=Less than \$10,000 2=\$10,000 to \$15,000 3=\$15,000 to \$20,000 4=\$20,000 to \$25,000 5=\$25,000 to \$35,000 6=\$35,000 to \$50,000 8=Over \$50,000 7=Don't Know/Not Sure 9=Refused
3		125 - 127	WEIGHT WITHOUT SHOES			Coded in Pounds 777=Don't Know/Not Sure 999=Refused
3		128 - 130	HEIGHT WITHOUT SHOES			Coded in Feet and Inches 777=Don't Know/Not Sure 999=Refused
1		131	SEX			1=Male 2=Female
1		132	HAVE YOU EVER HAD A MAMMOGRAM?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		133	HOW LONG SINCE LAST MAMMOGRAM?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
1		134	WHAT IS THE MOST IMPORTANT REASON THAT YOU DID NOT HAVE A MAMMOGRAM IN THE LAST YEAR, OR HAVE NEVER HAD A MAMMOGRAM?			1=Not Recommended by Doctor/ Never Said It Was Needed 2=Not Needed/Not Necessary 3=Never Heard of a Mammogram 4=Cost 5=No Insurance to Pay for it 6=Other 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 12  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
NOTE: (The coded responses in column 134 were received from persons who have never had a mammogram and those who have not had a mammogram within the past year)						
1		135	WAS YOUR LAST MAMMOGRAM DONE AS PART OF A ROUTINE CHECK-UP, BECAUSE OF BREAST PROBLEM, OR BECAUSE YOU'VE ALREADY HAD BREAST CANCER?			1=Routine Checkup 2=Breast Problem 3=Had Breast Cancer 7=Don't Know/Not Sure 9=Refused
1		136	WHOSE IDEA WAS IT FOR YOU TO HAVE THIS LAST MAMMOGRAM-WAS IT YOUR IDEA, YOUR DOCTOR'S IDEA OR SOMEONE ELSE'S IDEA?			1=Respondent's Idea 2=Doctor's Idea 3=Someone Else's Idea 7=Don't Know/Not Sure 9=Refused
1		137	ARE YOU NOW PREGNANT? (ASK ONLY TO FEMALES 18-45 YEARS OF AGE)			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2		138-139	WHAT MONTH IS YOUR BABY DUE?			Code Month 01 - 12 77=Don't Know/Not Sure 99=Refused
1		140	# OF TELEPHONE NUMBERS			1-5=Total Number of Numbers
		* NOTE	COLUMNS 141 - 171 CONTAIN MODULES 1 - 6			
* MODULE 1: COUNTY OF RESIDENCE:						
3		141-143	WHAT COUNTY DO YOU LIVE IN?			Record County Code: 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 13  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
* MODULE 2: SMOKELESS TOBACCO USE:						
1		144	HAVE YOU EVER USED OR TRIED ANY SMOKE- LESS TOBACCO PRO- DUCTS; SUCH AS, CHEWING TOBACCO OR SNUFF?			1=Yes, Chewing Tobacco 2=Yes, Snuff 3=Yes, Both 4=No, Neither 7=Don't Know/Not Sure 9=Refused
1		145	DO YOU CURRENTLY USE ANY SMOKELESS TOBACCO PRODUCTS; SUCH AS, CHEWING TOBACCO OR SNUFF?			1=Yes, Chewing Tobacco 2=Yes, Snuff 3=Yes, Both 4=No, Neither 7=Don't Know/Not Sure 9=Refused
* MODULE 3: CERVICAL CANCER SCREENING:						
1		146	HAVE YOU EVER HEARD OF A PAP SMEAR TEST?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		147	HAVE YOU EVER HAD A PAP SMEAR?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		148	WHEN DID YOU HAVE YOUR LAST PAP SMEAR?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
NOTE: (The following question is not asked of pregnant females.)						
1		149	HAVE YOU HAD A HYSTERECTOMY?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 14  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
* MODULE 4: COLORECTAL CANCER SCREENING:						
1		150	HAVE YOU EVER HEARD OF A DIGITAL RECTAL EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		151	HAVE YOU EVER HAD A DIGITAL RECTAL EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		152	WHEN DID YOU HAVE YOUR LAST DIGITAL RECTAL EXAMINATION?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
1		153	HAVE YOU EVER HEARD OF A BLOOD STOOL TEST?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		154	HAVE YOU EVER HAD A BLOOD STOOL TEST?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1		155	WHEN DID YOU HAVE YOUR LAST BLOOD STOOL TEST?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 15  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	156	HAVE YOU EVER HEARD OF A PROCTOSCOPIC EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	157	HAVE YOU EVER HAD A PROCTOSCOPIC EXAMINATION?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	158	WHEN DID YOU HAVE YOUR LAST PROCTOSCOPIC EXAMINATION?			1=Within Past Year 2=Within Past Two Years 3=Within Past Five Years 4=More than Five Years ago 7=Don't Know/Not Sure 9=Refused
* MODULE 5: INJURY CONTROL AND CHILD SAFETY:						
	1	159	IS THERE A WORKING SMOKE DETECTOR IN YOUR HOUSEHOLD?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	160	IN THE PAST 12 MONTHS HAVE YOU (OR HAS ANYONE IN YOUR HOUSEHOLD) USED A THERMOMETER TO TEST THE TEMPERATURE OF THE HOT WATER?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	2	161-162	WHAT IS THE AGE OF THE YOUNGEST CHILD IN YOUR HOUSEHOLD?			01-17=Child's Age in Years 89=Age is Less Than One Year 88=No Children in Household 77=Don't Know/Not Sure 99=Refused
	1	163	DO YOU HAVE THE TELEPHONE NUMBER FOR A POISON CONTROL CENTER IN YOUR AREA?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET  
 FOR BRFS - 1989  
 QUESTIONNAIRE

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 16  
 Date 11-15-88

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	164	DO YOU HAVE ANY I P E C A C SYRUP IN YOUR HOUSEHOLD?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	165	WHEN RIDING IN A CAR, HOW OFTEN IS THE YOUNGEST CHILD BUCKLED IN A CAR SAFETY SEAT OR SEAT BELT?			1=All The Time 2=Most of The Time 3=Sometimes 4=Rarely 5=Never 7=Don't Know/Not Sure 9=Refused
* MODULE 6: AIDS:						
	1	166	COMPARED TO MOST PEOPLE, HOW MUCH WOULD YOU SAY YOU KNOW ABOUT A I D S?			1=A Lot 2=Some 3=A Little 4=Nothing 7=Don't Know/Not Sure 9=Refused
	1	167	WHAT ARE YOUR CHANCES OF GETTING THE A I D S VIRUS?			1=High 2=Medium 3=Low 4=None 7=Don't Know/Not Sure 9=Refused
	1	168	HAS CONCERN ABOUT A I D S CHANGED YOUR LIFE IN ANY WAY?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
	1	169	HAVE YOU HAD YOUR BLOOD TESTED FOR THE A I D S VIRUS?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 17  
 Date \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
1		170	WAS IT WHEN YOU DONATED BLOOD OR SOME OTHER TIME?			1=When Donated Blood 2=Some Other Time 3=Both 7=Don't Know/Not Sure 9=Refused
1		171	HAVE YOU EVER PERSONALLY KNOWN ANYONE WITH THE A I D S VIRUS INFECTION OR WITH A I D S?			1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
79		172-250	STATE SPECIFIC INFORMATION			
2		251-252	NEW RACE CODE			01=White 02=Black 03=Hispanic, White 04=Hispanic, Black 05=Other Hispanic 07=Aleutian, Eskimo, or Am. In. 77=Don't Know/ Not Sure 06=Asian or Pacific Islander 99=Refused 08=Other
1		253	COMPUTED SMOKING STATUS			1=Current 2=Former Smoker 3=Never Smoked 4=Not Regular Smoker 9=Refused
1		254 *	NOTE: THIS COLUMN IS NOT FOR USE			
3		255-257	NUMBER OF BEERS DRANK			001-766=# Beers Monthly 888=Never or None 777=Not Sure How Many 999=Refused 000=Didn't Drink in Past Month

RECORD SPECIFICATION - CONTINUATION SHEET

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 18  
 Date \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	1	258 *	NOTE: THIS COLUMN IS NOT FOR USE			
	3	259-261	NUMBER OF GLASSES OF WINE			001-766=# Glasses Monthly 888=Never or None 777=Not Sure How Many 999=Refused 000=Didn't Drink in Past Month
	1	262 *	NOTE: THIS COLUMN IS NOT FOR USE			
	3	263-265	NUMBER OF DRINKS OF LIQUOR			001-766=# Of Drinks Monthly 888=Never or None 777=Not Sure How Many 999=Refused 000=Didn't Drink in Past Month
	4	266-269	TOTAL NUMBER DRINKS A MONTH			0001-1000=# Drinks 8888=Did not Drink in The Past Month 9999=Refused
	5	270-274	WEIGHT FOR HEIGHT PERCENT OF MEDIAN			999.99 (2 Implied (Decimal Places)
	13	<sup>5</sup> 274-286	RISK FACTORS			1=At Risk 0=Not At Risk 9=Refused
	1	275	AT RISK FOR SEATBELT USE(1) (SELDOM AND NEVER)			
	1	276	AT RISK FOR SEATBELT USE (2) (SOMETIMES, SELDOM & NEVER)			

RECORD SPECIFICATION - CONTINUATION SHEET

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 19  
 Date \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
1		277	AT RISK FOR HYPERTENSION(1) (TOLD BLOOD PRESSURE HIGH AND BLOOD PRESSURE STILL HIGH)			
1		278	AT RISK FOR HYPERTENSION(2) (TOLD BLOOD PRESSURE HIGH)			
1		279	AT RISK FOR HYPERTENSION(3) (TOLD BP HIGH, OR PERSON TOLD ON MORE THAN ONE OCCASION BP HIGH OR, PERSON CURRENTLY TAKING MEDICATION FOR HYPERTENSION)			
1		280	AT RISK FOR OBESITY (GREATER THAN 120% OF WEIGHT FOR HEIGHT PERCENT OF MEDIAN)			
1		281	AT RISK FOR SMOKING (CURRENT SMOKERS)			
1		282	AT RISK FOR ACUTE DRINKING (REPORTED HAVING 5+ DRINKS AT LEAST ONCE ON AN OCCASION)			
1		283	AT RISK FOR DRINKING AND DRIVING (REPORTED HAVING DRIVEN AT LEAST ONCE WHEN PERHAPS HAD TOO MUCH TO DRINK)			
1		284	AT RISK FOR CHRONIC DRINKING (HAVING 60+ DRINKS A MONTH)			
1		285	AT RISK FOR SEDENTARY LIFESTYLE (SEDENTARY OR IRREGULAR PHYSICAL ACTIVITY PROFILE)			
1		286	AT RISK FOR SMOKELESS (CURRENT USER)			

RECORD SPECIFICATION - CONTINUATION SHEET

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 20  
 Date \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
1		287	AT RISK FOR OVERWEIGHT BASED ON BMI (AT RISK DEFINED AS)			>27.8 For Males and >27.3 For Females
1		288	PHYSICAL ACTIVITY LEVEL			1=Sedentary 2=Irregular Activity 3=Regular Activity 4=1990 Objective 0,9=Unknown
1		289	COMPUTED SMOKELESS STATUS			1=Current user 2=Former user 3=Never used 9=Unknown
3		290-292	BODY MASS INDEX			99.9 (1 Implied Decimal Place)
1		293	CHOLESTEROL RISK			1=At Risk 0=Not at Risk 3=Borderline High 9=Unknown
4		294-297	RAW WEIGHTING FACTOR UNEQUAL SELECTION PROBABILITY WEIGHT			99.99 (2 Implied Decimal Places) Number of Adults in Household Divided by the Number of Tele- phones to Reach Household
4		298-301	CLUSTER SIZE ADJUSTMENT (CSA)			99.99 (2 Implied Decimal Places) Expected Cluster Size Divided by the Actual Cluster Size
4		302-305	WT1 THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT			RAW * CSA 99.99 (2 Implied Decimal Places)

RECORD SPECIFICATION - CONTINUATION SHEET

Sec. \_\_\_\_\_  
 Exh. \_\_\_\_\_  
 Page 21  
 Date \_\_\_\_\_

Field Seq.	Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Data Field Seq.	Comments
	10	306-315	POST STRATIFICATION (FREQUENCY BY AGE/RACE/SEX DISTRIBUTION FROM 1980 CENSUS DIVIDED BY THE WEIGHTED SAMPLE FREQUENCY BY AGE/RACE/SEX)			99.99 (2 Implied Decimal Places )
	10	316-325	FINAL WEIGHT: POST STRATIFICATION MULTIPLIED BY THE PRODUCT OF STRATUM ADJUSTMENT AND THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT			99.99 (2 Implied Decimal Places )
	1	326	AGE GROUP CODES USED IN POST-STRATIFICATION			CODES 1 - 6 1 = 18 - 24 2 = 25 - 34 3 = 35 - 44 4 = 45 - 54 5 = 55 - 64 6 = 65 +
	1	327	RACE GROUP CODES USED IN POST-STRATIFICATION			1 = White 2 = Non-white
	1	328	SEX GROUP CODES USED IN POST-STRATIFICATION			1 = Male 2 = Female
	23	329-350	BLANK			