

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

(Project Title)

Sec. _____

☐ Input
Validity

☐ Yes

☐ No 1992
(Project Number)

Exh. _____

Page 1

Date 3-31-93

☐ Output

1992 FINAL DATA LAYOUT

(File Name)

TYPE OF FILE

☐ Floppy Diskette ☐ High or
Double density

☐ Magnetic Tape

☐ Disk

☐ ISAM

☐ Key Tape

☐ Paper Tape

*FILE SEQUENCE

Data

Positions

RECORD DATA

Label _____

Record Length _____

Blocking Factor _____

MISCELLANEOUS DATA

Volume _____ Per

Source

Recipient

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
28	1-28	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		

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RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 2
 Date 3-28-91

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
8	18-25	TELEPHONE NUMBER		First Eight Digits of Phone #
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 this time 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	WINDDOWN		Blank=Regular Mode 9=Wind Down Mode
2	29-30	NUMBER OF ADULTS IN HOUSEHOLD		(18 Years Plus)
1	31	NUMBER OF ADULT MEN IN HOUSEHOLD		(18 Years Plus)
1	32	NUMBER OF ADULT WOMEN IN HOUSEHOLD		(18 Years Plus)

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		SECTION A: SEATBELTS		
1	33	SEATBELT USE		1=Always 2=Nearly Always 3=Sometimes 4=Seldom 5=Never 7=Don't Know/Not Sure 8=Never Drive or Ride in a Car 9=Refused
		SECTION B: HYPERTENSION		
1	34	HOW LONG SINCE BLOOD PRESSURE TAKEN?		1=Within the past 6 months 2=Within the past year 3=Within the past two years 4=Within the past five years 5=More than 5 years ago 7=Don't Know/Not Sure 8=Never 9=Refused
1	35	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	36	TOLD BLOOD PRESSURE HIGH MORE THAN ONCE		1=More Than Once 2=Only Once 7=Don't Know/Not Sure 9=Refused
1	37	MEDICINE PRESCRIBED FOR HIGH BLOOD PRESSURE		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		SECTION C: EXERCISE		
1	38	DID YOU PARTICI- PATE IN ACTIVITIES SUCH AS RUN, WALK, GARDENING, OR GOLF		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	39-40	TYPE OF PHYSICAL ACTIVITY OR EXERCISE		99=Refused (See Last Page, Coding List A for Activity Code)
3	41-43	HOW FAR DID YOU WALK/RUN/JOG/OR SWIM?		Code in Miles and Tenths (XXX-one Implied Decimal Place) 777=Don't Know/Not Sure 999=Refused
3	44-46	HOW OFTEN TAKE PART IN ACTIVITY?		101-199=# Times Per Week 201-299=# Times Per Month 777=Don't Know/Not Sure 999=Refused
3	47-49	HOW MANY MINUTES OR HOURS TAKE PART IN ACTIVITY?		Code in Hours and Minutes 777=Don't Know/Not Sure 999=Refused
1	50	WAS THERE ANOTHER EXERCISE OR ACTI- VITY YOU PARTICI- PATED IN?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
2	51-52	TYPE OF PHYSICAL ACTIVITY, GIVE NEXT MOST EXERCISE		99=Refused (See Last Page, Coding List A, for Activity Code)
3	53-55	HOW FAR DID YOU WALK/RUN/JOG/OR SWIM?		Code in Miles and Tenths (XXX-One Implied Decimal Place) 777=Don't Know/Not Sure 999=Refused
3	56-58	HOW OFTEN DID YOU TAKE PART IN ACTIVITY?		101-199=# Times per Week 201-299=# Times per Month 777=Don't Know/Not Sure 999=Refused
3	59-61	HOW MANY MINUTES OR HOURS DID YOU TAKE PART IN ACTIVITY?		Code in Hours and Minutes 777=Don't Know/Not Sure 999=Refused
		SECTION D: WEIGHT CONTROL		
1	62	TRYING TO LOSE WEIGHT?		1=Yes 2=No 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 6
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	63	EATING FEWER CALORIES TO LOSE WEIGHT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	64	INCREASED PHYSICAL ACTIVITY TO LOSE WEIGHT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
		SECTION E: TOBACCO USE		
1	65	SMOKED 100 CIGARETTES IN LIFE?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	66-67	AGE STARTED SMOKING REGULARLY		Code in Years 77=Don't Know/Not Sure 88=Never smoked regularly 99=Refused
1	68	DO YOU SMOKE NOW?		1=Yes 2=No 9=Refused
2	69-70	NUMBER OF CIGARETTES SMOKE A DAY?		01-87=# of Cigarettes 88=Don't Smoke Regularly 99=Refused
1	71	QUIT SMOKING A DAY OR LONGER IN PAST YEAR?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 7
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	72	HOW LONG SINCE YOU SMOKED REGULARLY?		1=Less than 1 month 2=1 month to less than 3 months 3=3 months to less than 6 months 4=6 months to less than 1 year 5=1 year to less than 5 years 6=5 or more years 7=Don't Know/Not Sure 8=Never smoked regularly 9=Refused
		SECTION F: ALCOHOL CONSUMPTION		
1	73	HAVE YOU HAD ANY ALCOHOLIC BEVERAGES IN PAST MONTH		1=Yes 2=No 9=Refused
3	74-76	IN PAST MONTH, HOW OFTEN DID YOU DRINK ALCOHOLIC BEVERAGES? (DAYS PER WEEK/MONTH)		101-107=# Days per Week 201-231=# Days per Month 777=Don't Know/Not Sure 999=Refused
2	77-78	ON THE DAYS WHEN YOU DRANK, ABOUT HOW MANY DRINKS?		01-76=# of Drinks 77=Don't Know/Not Sure 99=Refused
2	79-80	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	81-82	# TIMES DRIVEN WHEN YOU'VE HAD TOO MUCH TO DRINK		01-76=# Times 88=None 77=Don't Know/Not Sure 99=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 8
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		SECTION G: PREVENTIVE HEALTH PRACTICES		
1	83	HOW LONG SINCE LAST VISITED DOCTOR 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	84	EVER HAD CHOLESTEROL CHECKED?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	85	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 8=Never 9=Refused
1	86	TOLD CHOLESTEROL LEVEL IN NUMBERS		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
3	87-89	WHAT IS YOUR CHOLESTEROL LEVEL?		Record the Number 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 9
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	90	EVER BEEN TOLD BY DR. OR OTHER HLTH. PROFESSIONAL THAT BLOOD CHOLESTEROL IS HIGH?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	91	EVER BEEN TOLD BY A DOCTOR THAT YOU HAVE DIABETES?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
		SECTION H: HEALTH INSURANCE		
1	92	HAVE ANY KIND OF HEALTH CARE PLAN?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	93	ARE HOSPITAL BILLS COVERED BY HEALTH PLAN?		1=All 2=Most 3=Some 4=None 7=Don't Know/Not Sure 9=Refused
1	94	ARE DOCTOR VISITS COVERED BY HEALTH PLAN?		1=All 2=Most 3=Some 4=None 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 10
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	95	ARE CHECKUPS OR PREVENTIVE SERVICES COVERED BY HEALTH PLAN?		1=All 2=Most 3=Some 4=None 7=Don't Know/Not Sure 9=Refused
1	96	IN LAST YEAR, TIME WHEN YOU COULDN'T AFFORD TO SEE DOCTOR?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
		SECTION I: DEMOGRAPHICS		
2	97-98	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)
1	99	RACE		1=White 2=Black 3=Asian or Pacific Islander 4=Aleutian, Eskimo, or American Indian 5=Other 7=Don't Know/Not Sure 9=Refused
1	100	HISPANIC ORIGIN		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 11
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	101	HIGHEST GRADE OR YEAR OF SCHOOL COMPLETED		1=Eighth Grade or Less 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	102	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	103	MARITAL STATUS		1=Married 2=Divorced 3=Widowed 4=Separated 5=Never Been Married 6=Member of Unmarried Couple 9=Refused
1	104	TOTAL HOUSEHOLD INCOME		1=Less than \$10,000 2=\$10 to less than \$15,000 3=\$15 to less than \$20,000 4=\$20 to less than \$25,000 5=\$25 to less than \$35,000 6=\$35 to \$50,000 7=Over \$50,000 8=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 12
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	105-107	WEIGHT WITHOUT SHOES		Coded in Pounds 777=Don't Know/Not Sure 999=Refused
3	108-110	HEIGHT WITHOUT SHOES		Coded in Feet and Inches 777=Don't Know/Not Sure 999=Refused
1	111	SEX		1=Male 2=Female
		SECTION J: WOMEN'S HEALTH		
1	112	HAVE YOU EVER HAD A MAMMOGRAM?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	113	HOW LONG SINCE LAST MAMMOGRAM?		1=1 year ago or less 2=More than 1 year ago, but less than, or equal to, 2 years ago 3=More than 2 years ago, but less than, or equal to, 3 years ago 4=More than 3 years ago, but less than, or equal to 5 years ago 5=More than 5 years ago 7=Don't Know/Not Sure 8=Never 9=Refused
1	114	LAST MAMMOGRAM DONE		1=Routine Checkup

		AS PART OF A ROUTINE CHECKUP?		2=Breast Problem 3=Had Breast Cancer 7=Don't Know/Not Sure 9=Refused
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RECORD SPECIFICATION - CONTINUATION SHEET
FOR BRFS - 1992
QUESTIONNAIRE

Page 13
Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	115	EVER HAD A CLINICAL BREAST EXAM?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	116	HOW LONG HAS IT BEEN SINCE LAST BREAST EXAM?		1=1 year ago or less 2=More than 1 year ago, but less than, or equal to, 2 years ago 3=More than 2 years ago, but less than, or equal to, 3 years ago 4=More than 3 years ago, but less than, or equal to, 5 years ago 5=More than 5 years ago 7=Don't Know/Not Sure 8=Never 9=Refused
1	117	WAS YOUR LAST BREAST EXAM DONE AS A PART OF A ROUTINE CHECKUP?		1=Routine Checkup 2=Breast Problem 3=Had Breast Cancer 7=Don't Know/Not Sure 9=Refused
1	118	EVER HAD A PAP SMEAR?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 14
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	119	WHEN WAS LAST PAP SMEAR?		1=1 year ago or less 2=More than 1 year ago, but less than, or equal to, 2 years ago 3=More than 2 years ago, but less than, or equal to, 3 years ago 4=More than 3 years ago, but less than, or equal to, 5 years ago 5=More than 5 years ago 7=Don't Know/Not Sure 8=Never 9=Refused
1	120	WAS YOUR LAST PAP SMEAR DONE AS A PART OF A ROUTINE CHECKUP?		1=Routine Checkup 2=Check Problem 3=Other 7=Don't Know/Not Sure 9=Refused
1	121	EVER HAD A HYSTERECTOMY?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	122	ARE YOU NOW PREG-NANT?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	123-124	WHAT MONTH IS YOUR BABY DUE?		Code Month 01-12 77=Don't Know/Not Sure 99=Refused
		SECTION K: AIDS		
1	125	EVER HEARD OF THE AIDS VIRUS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

1	126	ANY DRUGS AVAIL- ABLE WHICH CAN LENGTHEN LIFE OF PERSON WITH AIDS?	1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
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RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 15
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	127	CAN SOMEONE WHO HAS AIDS LOOK AND FEEL WELL & HEALTHY?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	128	CAN YOU GET INFECTED WITH THE AIDS VIRUS FROM-A: GIVING BLOOD?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	129	CAN YOU GET INFECTED WITH THE AIDS VIRUS FROM-B: INFECTED NURSE, DOCTOR, OR HEALTH WORKER?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	130	CAN A PREGNANT WOMAN WITH AIDS GIVE IT TO HER BABY?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	131	DO YOU HAVE ANY CHILDREN IN KINDERGARTEN THRU 8TH GRADE?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	132	WOULD YOU ALLOW YOUR CHILD IN THE SAME CLASSROOM WITH A CHILD WITH AIDS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 16
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
2	133-134	WHAT GRADE CHILD SHOULD BEGIN AIDS EDUCATION?		Code Grade 01-12, 55(Kinder- garden) 88=Never 77=Don't Know/Not Sure 99=Refused
1	135	WOULD YOU EAT IN A RESTAURANT IF THE COOK WAS INFECTED WITH AIDS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	136	WOULD YOU WORK WITH SOMEONE WHO HAS AIDS VIRUS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	137-138	WHERE COULD YOU GO TO BE TESTED FOR AIDS?		01=Private Doctor, HMO 02=Blood Bank, Plasma Center, Red Cross 03=Health Department 04=AIDS Clinic, AIDS Testing Site 05=Hospital, Emergency Room 06=Family Planning Clinic 07=STD Clinic 08=Community Health Clinic, Primary Care Clinic 09=Company or Industry Clinic 10=Military Induction or Examination 87=Other 88=No Place 77=Don't Know/Not Sure 99=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 17
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
2	139-140	WHERE ELSE COULD YOU GO FOR TEST?		01=Private Doctor, HMO 02=Blood Bank, Plasma Center, Red Cross 03=Health Department 04=AIDS Clinic, AIDS Testing Site 05=Hospital, Emergency Room 06=Family Planning Clinic 07=STD Clinic 08=Community Health Clinic, Primary Care Clinic 09=Company or Industry Clinic 10=Military Induction or Examination 87=Other 88=No Place 77=Don't Know/Not Sure 99=Refused
1	141	HOW EFFECTIVE IS CONDOM USE IN PREVENTING GETTING THE AIDS VIRUS?		1=Very Effective 2=Somewhat Effective 3=Not at all Effective 4=Don't Know How Effective 5=Don't Know Method 9=Refused
1	142	# OF TELEPHONE NUMBERS		Total Number of Different Telephone Numbers
1	143	FILLER		This column is not used.
	**NOTE	COLUMNS 144-232 CONTAIN MODULES 1-7		
		MODULE 1: COUNTY RESIDENCE		
3	144-146	WHAT COUNTY DO YOU LIVE IN?		Record County Code 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 18
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		MODULE 2: SMOKELESS TOBACCO USE		
1	147	HAVE YOU EVER USED OR TRIED 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
1	148	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: COLORECTAL CANCER SCREENING		
1	149	HAVE YOU EVER HEARD OF A DIGITAL RECTAL EXAMINATION		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	150	HAVE YOU EVER HAD A DIGITAL RECTAL EXAMINATION?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	151	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

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 19
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	152	HAVE YOU EVER HEARD OF A BLOOD STOOL TEST?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	153	HAVE YOU EVER HAD A BLOOD STOOL TEST		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	154	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
1	155	HAVE YOU EVER HEARD OF A PROCTO-SCOPIC EXAMINATION		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	156	HAVE YOU EVER HAD A PROCTOSCOPIC EXAMINATION?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	157	WHEN DID YOU HAVE YOUR LAST PROCTO-SCOPIC 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

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 20
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
		MODULE 4: INJURY CONTROL AND CHILD SAFETY		
1	158	IS THERE A WORKING SMOKE DETECTOR IN YOUR HOUSEHOLD?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	159	IN THE PAST 12 MONTHS HAVE YOU USED A THERMOMETER TO TEST THE TEMPERATURE OF THE HOT WATER?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
2	160-161	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	162	DO YOU HAVE THE TELEPHONE NUMBER FOR A POISON CON- TROL CENTER IN YOUR AREA?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	163	DO YOU HAVE ANY IPECAC SYRUP IN YOUR HOUSEHOLD?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 21
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
1	164	WHEN RIDING IN A CAR, HOW OFTEN IS THE YOUNGEST CHILD BUCKLED IN A CAR SAFETY SEAT OR SEATBELT?		1=All the Time 2=Most of the Time 3=Sometimes 4=Rarely 5=Never 7=Don't Know/Not Sure 9=Refused
		MODULE 5: RADON TESTING		
1	165	HAVE YOU HEARD OF RADON?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	166	HAS YOUR HOUSEHOLD AIR BEEN TESTED FOR RADON GAS?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	167	DO YOU KNOW HOW TO TEST YOUR HOME FOR RADON?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	168	DOES ANYONE IN YOUR HOME PLAN TO HAVE YOUR HOME TESTED FOR RADON?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	169	PROLONGED EXPOSURE TO RADON GAS CAN BE HARMFUL TO YOUR HEALTH?		1=Agree 2=Disagree 7=Don't Know/Not Sure 9=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 22
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
5	170-174	CAN ANY OF THE FOLLOWING CONDITIONS BE CAUSED BY PROLONGED RADON EXPOSURE?		1=Yes 2=No 7=Don't Know/Not Sure 9=Refused
1	170	HEADACHE		
1	171	ASTHMA		
1	172	ARTHRITIS		
1	173	LUNG CANCER		
1	174	OTHER CANCERS		
1	175	WHICH OF THE FOLLOWING DESCRIBES YOUR RESIDENCE?		1=Single Family Home, Duplex, or Townhouse 2=Apt. or Condo at Basement Level, or on 1st or 2nd Floor 3=Apt. or Condo Above 2nd Floor 4=Trailer or Mobile Home 5=Other 7=Don't Know/Not Sure 9=Refused
		MODULE 6: DIETARY FAT		
3	176-178	HOW OFTEN DO YOU EAT HOT DOGS, LUNCH MEATS, OR OTHER COLD CUTS?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 23
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	179-181	HOW OFTEN DO YOU EAT BACON OR SAUSAGE?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	182-184	HOW OFTEN DO YOU EAT PORK EXCEPT HAM, BACON, OR SAUSAGE?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	185-187	HOW OFTEN DO YOU EAT HAMBURGERS, CHEESEBURGERS, OR MEATLOAF?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	188-190	HOW OFTEN DO YOU EAT BEEF EXCEPT HAMBURGERS, CHEESEBURGERS, OR MEATLOAF?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	191-193	HOW OFTEN DO YOU EAT FRIED CHICKEN?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
FOR BRFS - 1992
QUESTIONNAIRE

Page 24
Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	194-196	HOW OFTEN DO YOU EAT FRENCH FRIES OR FRIED POTATOES?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	197-199	HOW OFTEN DO YOU EAT CHEESE OR CHEESE SPREADS, NOT INCLUDING COTTAGE CHEESE?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	200-202	HOW OFTEN DO YOU EAT DOUGHNUTS, COOKIES, CAKE, PASTRY, OR PIES?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	203-205	HOW OFTEN DO YOU EAT SNACKS LIKE CHIPS OR POPCORN?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 25
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	206-208	HOW OFTEN DO YOU ADD BUTTER/MARGARINE TO BREAD, ROLLS, OR VEGETABLES?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	209-211	HOW MANY EGGS DO YOU USUALLY EAT?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	212-214	HOW MANY GLASSES OF WHOLE MILK DO YOU DRINK?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
		MODULE 7: FRUITS AND VEGETABLES		
3	215-217	HOW OFTEN DO YOU DRINK FRUIT JUICES (ORANGE, TOMATO, OR GRAPEFRUIT)?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 26
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Type	Comments
3	218-220	NOT COUNTING JUICE, HOW OFTEN DO YOU EAT FRUIT?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	221-223	HOW OFTEN DO YOU EAT GREEN SALAD?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	224-226	HOW OFTEN DO YOU EAT POTATOES (NOT INCLUDING FRENCH FRIES, FRIED POTATOES, OR POTATO CHIPS)?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	227-229	HOW OFTEN DO YOU EAT CARROTS?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure 999=Refused
3	230-232	NOT COUNTING CAR- ROTS, POTATOES, OR SALAD, HOW MANY SERVINGS OF VEGETABLES DO YOU USUALLY EAT?		101-199=Per Day 201-299=Per Week 301-399=Per Month 401-499=Per Year 555=Never 777=Don't Know/Not Sure

				999=Refused
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RECORD SPECIFICATION - CONTINUATION SHEET
FOR BRFS - 1992
QUESTIONNAIRE

Page 27
Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Comments
27	233-259	FILLER	
141	260-400	STATE SPECIFIC INFORMATION	
2	401-402	NEW RACE CODE	01=White, Non-Hispanic 02=Black, Non-Hispanic 03=Hispanic, White 04=Hispanic, Black 05=Other Hispanic 06=Asian or Pacific Islander 07=Aleutian, Eskimo, or Am.Ind. 08=Other 99=Unknown/Refused
1	403	COMPUTED SMOKING STATUS	1=Current Smoker 2=Former Smoker 3=Never Smoked 4=Irregular Smoker 9=Refused
4	404-407	TOTAL NUMBER DRINKS A MONTH	0001-1000=# of Drinks 8888=Did Not Drink in the Past Month 9999=Refused
5	408-412	WEIGHT FOR HEIGHT PERCENT OF MEDIAN	#####-(2 Implied Decimal Places) 99999=Unknown
3	413-415	BODY MASS INDEX	###-(1 Implied Decimal Place) 999=Unknown
1	416	PHYSICAL ACTIVITY LEVEL	1=Physically Inactive (Yr 2000 Obj. 1.5) 2=Irregular and/or Not Sustained Activity 3=Regular and Not Intensive 4=Regular and Intensive (Yr 2000 Obj. 1.4) 0,9=Unknown

1	417	COMPUTED SMOKELESS STATUS	1=Current User 2=Former User 3=Never Used 9=Unknown
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RECORD SPECIFICATION - CONTINUATION SHEET
FOR BRFS - 1992
QUESTIONNAIRE

Page 28
Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Comments
6	418-423	TOTAL GRAMS OF FAT CONSUMED PER DAY	#####=(2 Implied Decimal Places) 999999=Unknown
1	424	SUMMARY INDEX FOR DIETARY FAT	1=Less Than or Equal to 25th Percentile 2=25th-75th Percentile 3=Greater Than 75th Percentile 9=Unknown
5	425-429	TOTAL NUMBER OF SERVINGS OF FRUITS AND VEGETABLES CONSUMED PER DAY.	#####=(2 Implied Decimal Places) 99999=Unknown
1	430	SUMMARY INDEX FOR FRUITS AND VEGETABLES	1=Less than Once Per Day or Never 2=Once But Less Than 3 Times Per Day 3=3 But Less Than 5 Times Per Day 4=5 or More Times Per Day 9=Unknown
13	431-443	RISK FACTORS	0=Not At Risk 1=At Risk 9=Unknown
1	431	AT RISK FOR SEATBELT USE(1) (SELDOM OR NEVER)	0=Not at risk 1=At risk 9=Unknown

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 29
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Comments
1	432	AT RISK FOR SEATBELT USE(2) (SOMETIMES, SELDOM OR NEVER)	0=Not At Risk 1=At Risk 9=Unknown
1	433	AT RISK FOR SEATBELT USE(3) (NEARLY ALWAYS, SOMETIMES, SELDOM, OR NEVER)	0=Not At Risk 1=At Risk 9=Unknown
1	434	AT RISK FOR HYPERTENSION(2) (TOLD BLOOD PRESSURE HIGH)	0=Not At Risk 1=At Risk 9=Unknown
1	435	AT RISK FOR SMOKING (CURRENT REGULAR SMOKERS)	0=Not At Risk 1=At Risk 9=Unknown
1	436	AT RISK FOR ACUTE DRINKING (REPORTED HAVING 5+ DRINKS AT LEAST ONCE ON AN OCCASION)	0=Not At Risk 1=At Risk 9=Unknown

RECORD SPECIFICATION - CONTINUATION SHEET
 FOR BRFS - 1992
 QUESTIONNAIRE

Page 30
 Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Comments
1	437	AT RISK FOR DRINKING AND DRIVING (REPORTED HAVING DRIVEN AT LEAST ONCE WHEN PERHAPS HAD TOO MUCH TO DRINK)	0=Not At Risk 1=At Risk 9=Unknown
1	438	AT RISK FOR CHRONIC DRINKING (HAVING 60+ DRINKS A MONTH)	0=Not At Risk 1=At Risk 9=Unknown
1	439	AT RISK FOR SEDENTARY LIFESTYLE (SEDENTARY OR IRREGULAR PHYSICAL ACTIVITY PROFILE)	0=Not At Risk 1=At Risk 9=Unknown
1	440	Physical Activity Level - Frequent Regular (Year 2000 Objective 1.3)	0=Does not engage in very regular and sustained activity 1=Engages in very regular and sustained activity 9=Unknown
1	441	AT RISK FOR OBESITY (GREATER THAN 120% OF WEIGHT FOR HEIGHT PERCENT MEDIAN)	0=Not At Risk 1=At Risk 9=Unknown
1	442	AT RISK FOR OVERWEIGHT BASED ON BMI (AT RISK DEFINED AS >27.8 For Males and >27.3 For Females)	0=Not At Risk 1=At Risk 9=Unknown
1	443	AT RISK FOR SMOKELESS TOBACCO (CURRENT USER)	0=Not At Risk 1=At Risk 9=Unknown

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Comments
4	444-447	RAW WEIGHTING FACTOR UNEQUAL SELECTION PROBABILITY WEIGHT (Number of Adults in Household /the Number of Phone # Reaching House)	####=(2 Implied Decimal Places) 9999=Unknown
4	448-451	CLUSTER SIZE ADJUSTMENT (CSA) (Expected Cluster Size Divided by the Actual Cluster Size)	####=(2 Implied Decimal Places) 9999=Unknown
4	452-455	WT1 (Raw * CSA) THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT	####=(2 Implied Decimal Places) 9999=Unknown
10	456-465	POST STRATIFICATION (FREQUENCY BY AGE/RACE/SEX DISTRIBUTION FROM 1990 CENSUS DIVIDED BY THE WEIGHTED SAMPLE FREQUENCY BY AGE/RACE/SEX)	#####=(2 Implied Decimal Places) 999999999=Unknown

QUESTIONNAIRE

Date 3-31-93

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Comments
10	466-475	FINAL WEIGHT: POST STRATIFICATION MULTIPLIED BY THE PRODUCT OF STRATUM ADJUSTMENT AND THE PRODUCT OF UNEQUAL SELECTION PROBABILITY WEIGHT AND CLUSTER SIZE ADJUSTMENT	#####=(2 Implied Decimal Places) 999999999=Unknown
1	476	AGE GROUP CODES USED IN POST-STRATIFICATION	1 = 18 - 24 2 = 25 - 34 3 = 35 - 44 4 = 45 - 54 5 = 55 - 64 6 = 65 + Note: If cell sizes are too small, age categories may have been collapsed.
1	477	RACE GROUP CODES USED IN POST-STRATIFICATION	1 = White 2 = Non-white Note: If cell sizes are too small, race categories may have been collapsed.

Field Size	Columns or Positions	Field Title (Name) (Indicate Filler if not used)	Comments
1	478	SEX GROUP CODES USED IN POST-STRATIFICATION	CODES 1-2 1 = Male 2 = Female
2	479-480	AGE VALUE USED TO DETERMINE AGE GROUPS	18-99= Reported or Imputed Ages* *This value is the reported age or an imputed age, if the respondent refused to give an age. The imputed age value is only used to estimate the age group used to compute the final weight. It will not be recorded as the respondent's age. The value of the imputed age will be an average age computed from the sample if the respondent refused to give an age.
20	481-500	BLANK	

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