

Expanded Behavioral Risk Factor Surveillance System, 2003
(Expanded BRFSS)

Technical Brief and Table Glossary

New York State Department of Health

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Background

The Expanded Behavioral Risk Factor Surveillance System (Expanded BRFSS) is a random-digit-dialing (RDD) telephone survey conducting 38 localities (individual counties and county groupings) comprising the entire state to assess local level prevalence of behavioral risk factors and utilization of preventive care services related to the leading causes of illness, injury, and death. The Expanded BRFSS adhered closely to RDD survey protocol established by CDC for the annual statewide BRFSS. The survey was conducted from July 1, 2002 through July 31, 2003. The target sample size for each locality was 630 completed interviews.

The Expanded BRFSS questionnaire used standard BRFSS items and modules developed by the CDC. Questionnaire construction began with the development of a common set of Core items and modules to be asked in each of the 38 localities. Representatives from each county and from program areas within the NYSDOH prioritized topics to constitute the questionnaire Core. Each locality was then allowed to select Optional items and modules of particular interest to their respective area to complete the balance of their specific questionnaire. In localities opting not to select Optional questionnaire items, a “standard” questionnaire developed by the NYSDOH was administered.

State and Locality Core Tabulations

This volume reports the results of the Core questionnaire items at the state and locality level including the locality-specific Optional modules. Data presented in the tables are summaries of the questions asked in the core and optional modules. The glossary is provided to enhance the user’s understanding of the data elements reported in the tables.

Glossary

Core 1: Health Status

Self-rated Health Status

Fair or Poor	Fair or poor health
Good to Excellent	Good health, excellent, or very good

Reported Number of Physical Distress Days in the Past Month

≥ 14 days	Physical distress 14 days or more
< 14 days	Physical distress less than 14 days or none

Reported Number of Mental Distress Days in the Past Month

≥ 14 days	Mental distress 14 days or more
< 14 days	Mental distress less than 14 days or none

Core 2: Health Care Access

Health Insurance Coverage, 18-64 Years of Age

Yes	Health insurance coverage, 18-64 years of age
No	No health insurance coverage, 18-64 years of age

Health Insurance Coverage

Yes	Have health care coverage, 18 + years of age
No	Did not have health care coverage, 18+ years of age

Reported Having a Routine Physical Exam in Past Two Years

Yes	Had routine checkup within past 2 years
No	Did not have a routine checkup within 2 years or never had physical exam

Time in Past 12 months when Needed Medical Care but Could Not Get It

Yes	Needed medical care in past 12 months but could not get it
No	Received medical care when needed in the past 12 months

Core 3: Exercise

Participated In Leisure-Time Physical Activity or Exercise During the Past 30 Days

Yes	Leisure-time physical activity or exercise other than the person's regular job
No	No leisure-time physical activity or exercise other than the person's regular job

Core 4: Diabetes

Physician Diagnosed Diabetes

Yes	Physician diagnosed diabetes
No	Physician diagnosed gestational diabetes or no diabetes

Core 5: Asthma

Lifetime Asthma Diagnosed by a Medical Professional

Yes	Told by a doctor, nurse or health professional that they had asthma
No	Have not been told by a doctor, nurse or health professional that they had asthma

Current Asthma Diagnosed by a Medical Professional

Yes	Told by a doctor, nurse or health professional that they had asthma and that they still have asthma
No	Have not been told by a doctor, nurse or health professional that they had asthma or do not still have asthma

Core 6: Arthritis

Arthritis Diagnosed by a Medical Professional

Yes	Told by a doctor or health professional they have some form of arthritis.
No	Have not been told by a doctor or health professional they have some form of arthritis.

Doctor Diagnosed Arthritis or Possible Arthritis (Chronic Joint Symptoms Only)

Doctor Diagnosis	Doctor diagnosed arthritis. Per CDC recommendations consider as prevalence measure.
Possible Arthritis	Chronic joint symptoms only
No Arthritis or CJS	No doctor diagnosed form of arthritis or reporting of chronic joint symptoms.

Core 7: Tobacco Use

Ever Smoked 100 Cigarettes in Lifetime

- | | |
|-----|---|
| Yes | Smoked 100 cigarettes in their lifetime. |
| No | Did not smoke 100 cigarettes in their lifetime. |

Current Smoker

- | | |
|-----|---|
| Yes | Smoked at least 100 cigarettes in their lifetime and now smoke everyday or somedays. |
| No | Did not smoke at least 100 cigarettes in their lifetime or those who have smoked 100 cigarettes in their lifetime but do not currently smoke. |

Status of Cigarette Smoking

- | | |
|------------------------|--|
| Everyday Smoker | Smoked at least 100 cigarettes in their lifetime and now smoke every day. |
| Someday Smoker | Smoked at least 100 cigarettes in their lifetime and now smoke some days. |
| Former or Never Smoked | Smoked at least 100 cigarettes in their lifetime and currently do not smoke or have never smoked 100 cigarettes in their lifetime. |

Attempted to Quit - Current Smokers

- | | |
|-----|--|
| Yes | Current smokers who report that they tried to quit smoking in past twelve months for one day or longer because they were trying to quit. |
| No | Current smokers who reported did not try to quit smoking in past twelve months. |

Attempted to Quit - Everyday Smokers

- | | |
|-----|---|
| Yes | Everyday smokers who report that they tried to quit smoking in past twelve months for one day or longer because they were trying to quit. |
| No | Everyday smokers who reported they did not try to quit smoking for one day or longer in the past twelve months. |

Core 8: Tobacco ETS (Environmental Tobacco Smoke)

Home Smoking Policies

Not allowed	Rules about smoking inside home, smoking is not allowed in home.
Allowed some places	Rules about smoking inside home, smoking is allowed some places in home.
Allowed anywhere	Rules about smoking inside home, smoking is allowed anywhere in home or no rules.

Home Smoking

Yes	In the past 30 days someone smoked cigarettes, cigars, or pipes inside your home.
No	In the past 30 days, no one person including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home.

Core 9: Alcohol Consumption

At Risk for Binge Drinking (Drank in Past Month and had 5 or more Drinks per Drink Occasion)

Yes	Drank in the past 30 days and had five or more drinks on one or more occasions in the past month.
No	Did not drink in the past 30 days or did drink in the past 30 days but did not have five or more drinks on an occasion.

At Risk for Heavy Drinking (Males More than 2 Drinks and Females More Than 1 Drink per Day in Past Month)

Yes	Male and had more than 2 drinks per day, female and had more than 1 drink per day in past month.
No	Male and had less than 2 drinks per day, female and had less than 1 drink per day in past month.

Core 10: Weight Status

Body Mass Index

Metric conversion: $\text{weight (kg)} / \text{height (m)}^2$

Overweight or Obese, BMI(Body Mass Index) 25 or More

Yes	Body mass index equal to or greater than 25.00 but less than 99.99.
No	Body mass index less than 25.00.

Weight Status (Not Overweight BMI<25, Overweight BMI 25-29, Obese BMI 30+)

Underweight\

Normal	Body mass index less than 25.00.
Overweight	Body mass index equal to or greater than 25.00 but less than 30.00.
Obese	Body mass index greater than or equal to 30.00.

Core 11: Mammography

Ever Had Mammography Screening, Women Aged 40 Years and Older

Yes	Female and ever had a mammogram.
No	Female and never had a mammogram.

Received Mammography Screening in Past Two Years, Women Aged 40 Years and Older

Yes	Female aged 40 and older and have received a mammogram within the past two years.
No	Female aged 40 and older and have not received a mammogram within the past two years.

Why Received Mammography Screening, Women Aged 40 Years and Older

Routine	
Checkup	Female and had mammogram as a routine checkup.
Breast Problem	Female and had mammogram because of a breast problem.
Had Breast Cancer	Female and had mammogram because had breast cancer.

Core 12: Sexual Behavior

Ever Counseled by Medical Professional on Prevention of STD's Through Condom Use, Aged 64 or Younger

- | | |
|-----|--|
| Yes | Aged 18-64 adults who report ever counseled on prevention of Sexually Transmitted Diseases (STD's) through the use of condoms. |
| No | Aged 18-64 adults who report not counseled on the use of condoms to prevent STD's. |

Sexually Active, Aged 18-64 Years Old

- | | |
|-----|--|
| Yes | Aged 18-64 and had sexual intercourse with one or more partners in the past 12 months. |
| No | Aged 18-64 and have not had sexual intercourse with anyone in the past 12 months |

Multiple Partners in Past 12 Months, Sexually Active, Aged 64 or Younger

- | | |
|-----|--|
| Yes | Sexually active t having intercourse with 2 or more partners in the past 12 months |
| No | Sexually active intercourse with 1 partner in the past 12 months |

Used Condom Last Time Had Sexual Intercourse, Aged 64 or Younger

- | | |
|-----|---|
| Yes | Sexually active Used Condom Last Time Had Sexual Intercourse |
| No | Sexually active did not use Condom Last Time Had Sexual Intercourse |

Core 13: Family Planning

Birth Control(BC) Use To Prevent Pregnancy Among Reproductive Aged Men(18-59) and Women(18-44)

- | | |
|---------------|--|
| Use BC | Use birth control to prevent pregnancy |
| No BC at risk | Does not use birth control to prevent pregnancy and at risk of pregnancy |
| No BC | Does not use birth control to prevent pregnancy and not at risk of pregnancy |

Core 14: Cardiovascular Disease

Physician Diagnosed Heart Attack, Angina or Stroke

- | | |
|-----|---|
| Yes | Were told they had a heart attack, angina or stroke |
| No | Were not told they had a heart attack, angina or stroke |

Physician Diagnosed Coronary Heart Disease (Heart Attack or Angina)

- | | |
|-----|--|
| Yes | Diagnosed that they had a heart attack or angina |
| No | Had not had a heart attack or angina |

Core 15: Prostate Cancer Screening

Ever Had Prostate Specific Antigen Test, Men Aged 40 and Older

- Yes Had a Prostate Specific Antigen (PSA) Test
- No Did not ever have a Prostate Specific Antigen (PSA) Test

Received Prostate Specific Antigen Test in the Past Two Years, Men Aged 40 and Older

- Yes Had PSA Test in the past two years
- No Did not have a PSA Test in the past two years or never

Ever Had a Digital Rectal Exam, Men Aged 40 and Older

- Yes Ever had DRE exam
- No Did not ever have DRE exam

Ever Been Told by a Medical Professional that Had Prostate Cancer, Men Aged 40 and Older

- Yes Ever been told had prostate cancer
- No Had not been told that they had prostate cancer

Core 16: Colorectal Cancer Screening

Ever Used a Blood Stool Test at Home, Aged 50 and Older

- Yes Ever used Blood Stool Test (BST) at home
- No Had not used Blood Stool Test (BST) at home

Used a Blood Stool Test at Home in the Past Year, Aged 50 and Older

- Yes Used Blood Stool Test (BST) at home in past year
- No Had not used Blood Stool Test (BST) at home in past year

Used a Blood Stool Test at Home in the Past 2 Years, Aged 50 and Older

- Yes Aged 50 and older that have had a Blood Stool Test (BST) at home within the past two years
- No Aged 50 and older that have not received a Blood Stool Test (BST) at home within the past two years

Ever Had a Sigmoidoscopy or Colonoscopy, Aged 50 and Older

- Yes Aged 50 and older that have had a sigmoidoscopy or colonoscopy
- No Aged 50 and older that have never had a sigmoidoscopy or colonoscopy

Had a Sigmoidoscopy or Colonoscopy in the Past 10 Years, Aged 50 and Older

- Yes Aged 50 and older that have had a sigmoidoscopy or colonoscopy in past 10 years
- No Aged 50 and older that have never had a sigmoidoscopy or colonoscopy in past 10 years

Had a Blood Stool Test Using a Home Kit in the Past Year or Had a Lower Endoscopy in the Past 10 Years, Aged 50 and Older

- Yes Aged 50 and older that have had a BST in the past year or a sigmoidoscopy or colonoscopy in past 10 years
- No Aged 50 and older that have never had a BST in the past year or a sigmoidoscopy or colonoscopy in past 10 years

Module 1: Adult Asthma History

Have had an Asthma Episode or Attack in the Past 12 Months, among Those with Asthma

- Yes Had an asthma attack in past 12 months
- No Did not have an asthma attack in past 12 months

Module 2: Childhood Asthma

Note: At this time the childhood module tables are not reported due to missing data elements.

Module 3: Cardiovascular Disease

Adults Eating Fewer High Fat or High Cholesterol Foods to Lower Risk of Developing Heart Disease or Stroke

- Yes Eating fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke.
- No Not eating fewer high fat or high cholesterol foods to lower risk of developing heart disease or stroke.

Adults Eating More Fruits and Vegetables to Lower Risk of Developing Heart Disease or Stroke

- Yes Eating more fruits and vegetables to lower risk of developing heart disease or stroke.
- No Not eating more fruits and vegetables to lower risk of developing heart disease or stroke.

Adults More Physically Active to Lower Risk of Developing Heart Disease or Stroke

- Yes More physically active to lower risk of developing heart disease or stroke
- No Not more physically active to lower risk of developing heart disease or stroke.

Module 4: Cholesterol Awareness

Ever had Blood Cholesterol Checked

- Yes Ever had blood cholesterol checked.
- No Did not have blood cholesterol checked.

Had Blood Cholesterol Checked in the Past Five Years

- Yes Had blood cholesterol checked in the past five years.
- No Did not have blood cholesterol checked in the past five years or never having blood cholesterol checked.

Module 5: Diabetes

Check Blood for Glucose or Sugar at Least Once per Day among Those with Diabetes

- Yes Check blood for glucose or sugar at least once per day, among those with diabetes.
- No Do not check blood for glucose or sugar at least once per day, among those with diabetes.

Check Feet for Sores or Irritations at Least Once per Day among Those with Diabetes

- Yes Check feet for sores or irritations at least once per day, among those with diabetes.
- No Did not check feet for sores or irritations at least once per day, among those with diabetes.

Had Feet Checked by a Medical Professional in Past Twelve Months, among Those with Diabetes

- Yes Had feet checked by a medical professional in past twelve months, among those with diabetes.
- No Did not have feet checked by a medical professional in past twelve months, among those with diabetes.

Had Dilated Eye Exam in Past 12 Months, among Those with Diabetes

- Yes Had dilated eye exam in past 12 months, among those with diabetes.
- No Did not have dilated eye exam in past 12 months, among those with diabetes.

Module 6: Disability

Adults with a Disability

- Yes Disability, limited in activities due to physical, mental or emotional problems or need to use special equipment due to health problem.
- No Did not report a disability, not limited or not needing special equipment.

Module 7: Quality of Life

Adults with a Disability Requiring Help

- Disability need help Disability and requiring help with personal care or routine needs.
- Disability no help needed Have a disability not requiring help with personal care or routine needs.
- No Disability Did not report having a disability or needing help with personal care or routine needs.

Module 8: Firearms

Living in home with loaded firearm

- Yes Living in home with loaded firearm
- No Living in home with no loaded firearm or no gun.

Living in Home with Loaded and Unlocked Firearm

- Yes Living in home with loaded and unlocked firearm.
- No Living in home with no gun, loaded and locked or unloaded and locked firearm.

Module 9: Fruits And Vegetables

Eat Five Fruits or Vegetable Servings Per Day

- | | |
|-----|---|
| Yes | Eat five fruits or vegetable servings per day. |
| No | Do not eat five fruits or vegetable servings per day. |

Module 10: Health Care Coverage

Main Reason for Not Having Health Care Coverage

Changed or Lost

- | | |
|------------------|--|
| job | No health care coverage due to changing or losing a job. |
| Could not afford | No health care coverage because could not afford it. |
| Other | No health care coverage due to other reasons. |

No Health Care Coverage in Past Two Years

- | | |
|-----|--|
| Yes | Without health care coverage for the past two years. |
| No | Have not been without health care coverage in past two years |

Module 11: HIV/AIDS

Ever Been Tested for HIV, Aged 18-64

- | | |
|-----|--|
| Yes | Aged 18-64 and have been tested for HIV. |
| No | Aged 18-64 and have not been tested for HIV. |

Module 12: Hypertension Awareness

Ever Been Told Have High Blood Pressure by a Medical Professional

- | | |
|-----|---|
| Yes | Ever told have high blood pressure. |
| No | Never told have high blood pressure or yes only during pregnancy. |

Module 13: Injury Control - Falls

Had a Fall in Past Three Months

- | | |
|------------------|---|
| No fall | Did not have a fall, in the past three months. |
| Fall with injury | Had a fall and resulted in injury, in the past three months. |
| Fall no injury | Having had a fall and did not result in injury, in the past three months. |

Module 14: Immunization

Had a Flu Shot in the Past 12 Months, Aged 65 and Older

- | | |
|-----|--|
| Yes | Aged 65 or more who reported having had a flu shot within the past 12 months. |
| No | Aged 65 or more who reported not having had a flu shot within the past 12 months |

Had a Flu Shot in the Past 12 Months

- Yes Had a flu shot within the past 12 months, aged 18+.
- No Have not had a flu shot within the past 12 months, aged 18+.

Ever Had a Pneumonia Shot, Aged 65 and Older

- Yes Aged 65 or more who reported having a pneumonia shot.
- No Aged 65 or more who reported not having had a pneumonia shot.

Ever Had a Pneumonia Shot

- Yes Ever had pneumonia shot.
- No Did not report ever having had a pneumonia shot.

Module 15: Oral Health

Have Had Permanent Teeth Removed because of Tooth Decay or Gum Disease

- Yes Have had permanent teeth removed because of tooth decay or gum disease.
- No Have had no permanent teeth removed of tooth decay or gum disease.

Having Seen a Dental Professional in the Past 12 Months

- Yes Had dental visit or teeth cleaning visit in the past year.
- No Did not have a dental visit or teeth cleaning visit in the past year.

Module 16: Physical Activity

Work-Related Activity

- Mostly sitting or standing Work- related activity of mostly sitting or standing.
- Mostly walking Work- related activity of mostly walking.
- Mostly heavy labor Work- related activity as mostly heavy labor.

Moderate Physical Activity (Moderate Exercise: 30 or more minutes per day and 5 or more days per week)

Meet Moderate Objective	Meet moderate physical activity recommendations.
Insufficient Moderate Activity	Moderate physical activity but insufficient days or minutes to meet recommendations.
No Moderate Activity	Did not report moderate physical activity.

Vigorous Physical Activity (Vigorous Exercise: 20 or more minutes per day and 3 or more days per week)

Meet Vigorous Objective	Meet recommendations for vigorous physical activity.
Insufficient Vigorous Activity	Vigorous physical activity but insufficient days or minutes to meet recommendations.
No Vigorous Activity	Did not report vigorous physical activity.

Meet Recommendations for Moderate or Vigorous Physical Activity

Meet Objective	Meet recommendations for moderate or vigorous physical activity.
Insufficient Activity	Moderate or vigorous physical activity but insufficient amounts to meet recommendations.
No Activity	Did not meet recommendations for moderate or vigorous physical activity.

Any Physical Activity or Exercise

Yes	Any leisure-time physical exercise or any moderate or vigorous exercise.
No	No leisure-time physical activity or no moderate or vigorous exercise.

Module 17: Skin Cancer

Had a Severe Sunburn Lasting 12 Hours in Past 12 Months

- | | |
|-----|---|
| Yes | Had severe sunburn lasting at least 12 hours in past 12 months. |
| No | Did not have a severe sunburn lasting 12 hours in past 12 months. |

Number of Severe Sunburns Lasting 12 hours in Past 12 months

- | | |
|-----------|---|
| 3 or more | Had 3 or more severe sunburns lasting 12 or more hours in past 12 months. |
| 1-2 | Had 1-2 severe sunburns lasting 12 or more hours in past 12 months. |
| none | Did not have severe sunburn lasting 12 or more hours in past 12 months. |

Module 18: Social Context

Neighborhood Safety

- | | |
|-------------------------|--|
| Extremely or quite safe | Self reported measurement of neighborhood safety being extremely or quite safe |
| Slightly or not safe | Self reported measurement of neighborhood safety being slightly or not at all safe |

Living Arrangements

- | | |
|------|--|
| Own | Self reported – own home |
| Rent | Self reported living arrangement as rent |

Lived at Current Address 2 or More Years

- | | |
|-----|---|
| Yes | Lived at current address 2 or more years |
| No | Did not live at current address 2 or more years |

Concerned about Having Enough Food for You or Your Family in Past 30 Days

- | | |
|-----|---|
| Yes | Concerned about having enough food for family in past 30 days |
| No | Not concerned about having enough food for family in past 30 days |

Module 19: Tobacco Consumption

Number of Cigarettes Smoked per Day Among Everyday Smokers

- | | |
|-----------------|--|
| 1-10 cigarettes | Smoke 1-10 cigarettes per day, among everyday smokers |
| >11 cigarettes | Smoke greater than 11 cigarettes per day, among everyday smokers |

Module 20: Tobacco – Media

Heard, Read or Seen Information about the Effects of Tobacco from Television

- Yes Heard, read or seen information about the effects of tobacco from television.
- No Sometimes, seldom or never heard, read or seen information about the effects of tobacco from television.

Heard, Read or Seen Information about the Effects of Tobacco from Radio

- Yes Heard, read or seen information about the effects of tobacco from radio.
- No Sometimes, seldom or never heard, read or seen information about the effects of tobacco from radio.

Heard, Read or Seen Information about the Effects of Tobacco from Billboards

- Yes Heard, read or seen information about the effects of tobacco from billboards.
- No Sometimes, seldom or never heard, read or seen information about the effects of tobacco from billboards.

Heard, Read or Seen Information about the Effects of Tobacco from Buses

- Yes Heard, read or seen information about the effects of tobacco from buses.
- No Sometimes, seldom or never heard, read or seen information about the effects of tobacco from buses.

Heard, Read or Seen Information about the Effects of Tobacco from Magazines

- Yes Heard, read or seen information about the effects of tobacco from magazines.
- No Sometimes, seldom or never heard, read or seen information about the effects of tobacco from magazines.

Heard, Read or Seen Information about the Effects of Tobacco from Website

- Yes Heard, read or seen information about the effects of tobacco from website.
- No Sometimes, seldom or never heard, read or seen information about the effects of tobacco from website.

Heard, Read or Seen Information about the Effects of Tobacco from Movie Theater

- Yes Heard, read or seen information about the effects of tobacco from movie theater.
- No Sometimes, seldom or never heard, read or seen information about the effects of tobacco from movie theater.

Heard or Seen Anti-Tobacco Advertisement that Refers to the NYS Quitline in Past 30 Days

- | | |
|-----|---|
| Yes | Heard or seen information about the NYS Quitline in the past 30 days. |
| No | Had not heard or seen information about the NYS Quitline in the past 30 days. |

Module 21: Tobacco – Other Products

Ever Used or Tried Any Smokeless Tobacco Products such as Chewing Tobacco or Snuff

- | | |
|-----|---|
| Yes | Ever used or tried any smokeless tobacco products such as chewing tobacco or snuff. |
| No | Have never used or tried any smokeless tobacco products such as chewing tobacco or snuff. |

Module 22: Tobacco – Work Site ETS (Environmental Tobacco Smoke) Work Indoors Most of the Time

- | | |
|-----|---------------------------------------|
| Yes | Work indoors most of the time. |
| No | Do not work indoors most of the time. |

Smoking Policy at Work Place among Indoor Workers

- | | |
|-------------------------------|--|
| Not allowed anywhere | Smoking is not allowed anywhere at work place among indoor workers. |
| Allowed in some or all places | Smoking is allowed in some or all places at work place among indoor workers. |
| No official policy | No official smoking policy at work place among indoor workers. |

Module 23: Seatbelts

Use Seatbelt When Ride or Drive in a Car (Always, Nearly Always or Never ride in a Car)

- | | |
|-----|---|
| Yes | Always or nearly always use a seatbelt when they ride or drive in a car or they never drive or ride in a car. |
| No | Sometimes, seldom or never use a seatbelt when they ride or drive in a car. |

Use Seatbelt When Ride or Drive in a Car (Always or Never ride in a Car)

- | | |
|-----|---|
| Yes | Always use a seatbelt when they ride or drive in a car or they never drive or ride in a car |
| No | Nearly always, sometimes, seldom or never use a seatbelt when they ride or drive in a car |

Module 24: Weight Control

Trying to Lose Weight

Yes	Trying to lose weight.
No	Not trying to lose weight

Trying to Maintain Current Weight of Those not Trying to Lose Weight

Yes	Trying to maintain current weight of those not trying to lose weight
No	Not trying to maintain current weight of those not trying to lose weight

Eating Fewer Calories or Less Fat to Lose or Maintain Weight

Yes	Eating fewer calories or less fat to lose or maintain weight
No	Not eating fewer calories or less fat to lose or maintain weight

Using Physical Exercise to Lose or Maintain Weight

Yes	Using physical exercise to lose or maintain weight
No	Not using physical exercise to lose or maintain weight

Module 25: Cervical Cancer

Ever Had a Pap Smear

Yes	Female and had a pap smear
No	Female and have not ever had a pap smear

Had Pap Smear in Past 3 Years

Yes	Female, aged 18 and older, with intact cervix, that have received a pap smear within the past three years
No	Female, aged 18 and older, with intact cervix, that have not received a pap smear within the past three years