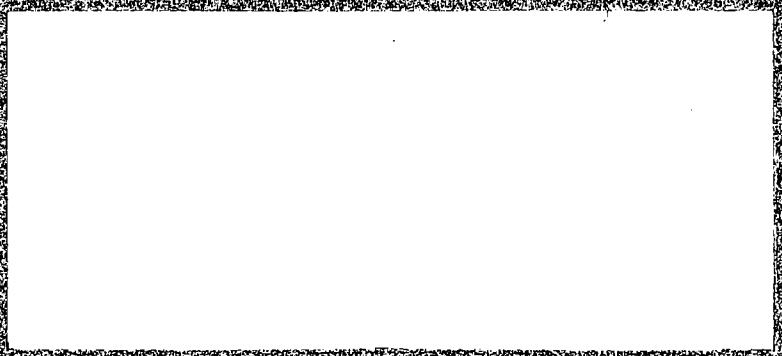

LOUIS HARRIS AND ASSOCIATES, INC.

Survey research and consulting for decision-makers in 30 countries

Study No. 923009

THE BAXTER SURVEY OF AMERICAN HEALTH HABITS

Conducted for:

Baxter Healthcare Corporation

Fieldwork:

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Project Directors:

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INTRODUCTION

This report presents the findings of a Louis Harris and Associates survey commissioned by the Baxter Healthcare Corporation to examine Americans' health behaviors and attitudes. What is unique about The Baxter Survey of American Health Habits is that it not only measures Americans' health behaviors over the last decade, but also explores ways of changing behavior for the better.

Part I tracks Americans' efforts to promote and enhance good health over the last decade. This section includes questions which have been asked every year since 1983 (and, from 1983 to 1991, in Harris surveys for Prevention Magazine). Topics include exercise, weight control, and nutrition; smoking, tobacco, alcohol and drug use; regular medical exams; stress; and auto and home safety precautions.

Part II explores areas related to helping people improve their health and their level of concern about getting serious illnesses. Topics include interest in changing bad health habits, sources of motivation to help people overcome bad health habits, the effectiveness of higher insurance premiums in discouraging bad health practices, and the importance of various preventive care services. Other areas covered are individual worry over getting serious illnesses, and whether people take steps in their daily lives to reduce their risk of getting serious illnesses.

Data in this report are based on 1251 interviews with a cross-section of adults in the continental U.S. All interviews were conducted by telephone between December 10 through 28, 1992. A detailed survey methodology and a copy of the questionnaire are included as an appendix to the report.

Accuracy, Sampling Error, and Other Sources of Error

All surveys are subject to a variety of sources of error, and it is fashionable for the media to include in their reports of surveys such phrases as "This survey has a margin of +/- 3%." Unfortunately, this valiant attempt

to educate readers is more likely to mislead them. Even a census is susceptible to several different sources of error, most of which cannot be accurately estimated.

Even the best designed surveys are liable to several possible sources of error. The most important are:

- o Nonresponse (if those who are interviewed differ from those who are not interviewed).
- o Random or sampling error, which may in theory be substantial, even on very large surveys. Contrary to the impression given by the typical media caveat, there is no way to calculate the maximum possible error for any survey. All we deal in are probabilities.
- o Question wording, particularly where the survey is measuring an attitude or a future intention and not a "fact." Several equally good questions may yield different (and equally valid) responses. In addition, question sequence can influence the responses, particularly to attitude questions.

Even in the best survey organizations, human errors can creep in which are virtually impossible to quantify. Such human errors include less-than-perfect interviewing and inappropriate weighting of the data. Fortunately, nobody believes that polls are infallible, and there is certainly nothing wrong with the media reminding their readers and viewers of our fallibility.

The results of this survey, therefore, like the results of all surveys and all censuses, are susceptible to a variety of sources of error, some of which cannot be quantified. However, the results presented in this report do reflect the most reliable information available.

A Note on Reading the Tables

An asterisk (*) on a table signifies a value of less than one-half percent (0.5%). A dash (-) represents a value of zero. Percentages may not always add up to 100% because of computer rounding, multiple answers from respondents, or the elimination of "no answers."

Public Release of Survey Findings

All Louis Harris and Associates surveys are designed to adhere to the code of standards of the Council of American Survey Research Organizations (CASRO)

and the code of the National Council of Public Polls (NCPP). Because data from the survey will be released to the public, any release must stipulate that the complete report is available.

Project Responsibility and Acknowledgments

Louis Harris and Associates would also like to thank Baxter Healthcare Corporation for commissioning this research. Special thanks to Philip Smith, Vice President of Communications at Baxter, for all his help and advice.

Louis Harris and Associates is responsible for final determination of the topics, question wordings, collection of the actual data, and analysis and interpretation of the report.

The Harris team responsible for the design and analysis of the questionnaire was Humphrey Taylor, President and CEO, and Susan Barnett, Research Associate.

EXECUTIVE SUMMARY

The Baxter Survey of American Health Habits both measures Americans' health behaviors over the last decade and explores ways to change behavior for the better.

In a trended section on health behaviors (relating to exercise, weight control, nutrition, smoking, drinking, drugs, regular medical exams, stress, and home and auto safety), attention to many good health practices has remained relatively constant over the past decade. The only notable successes are in increased use of seat belts and smoke detectors and a drop in driving after drinking, largely attributable to changes in legislation, law enforcement, and technology, not personal lifestyle changes (Tables S-1 and S-2).

This survey also explores ways of changing behavior for the better. Over half of Americans think people with unhealthy habits such as smoking and drinking heavily should pay higher insurance premiums and a bigger share of medical bills. As evidence of the potential effectiveness, fully one-third of Americans think higher insurance premiums would be a very effective deterrent and, more concretely, 30% of smokers say they would, under these circumstances, be very likely to quit. Very large majorities of Americans consider insurance coverage for various preventive care services -- for children (prenatal care, immunizations and boosters, and physical check-ups), women (Pap smears, mammograms, and breast exams), and adults (physical check-ups and blood pressure readings) -- either absolutely essential or very important.

Sizable proportions of Americans who currently practice a number of bad health habits wish to overcome these habits. These groups more often express interest in getting advice on how to improve their health from doctors, especially, and local hospitals than from three other sources measured.

While traditional health promotion efforts emphasize living longer as an incentive, higher proportions of Americans choose being healthier while alive and feeling good about themselves today as the strongest motive for them to adopt healthier habits.

In terms of their personal efforts, a majority of Americans are taking steps in their daily lives to avoid getting various serious illnesses, including, above all, AIDS, followed by hypertension or high blood pressure, heart disease, and a stroke.

Thus, this survey suggests several ways American health habits can be changed:

1) Health insurance should be restructured to raise premiums for people with unhealthy habits and extend coverage to key preventive services.

2) Hospitals and doctors can promote good health in the community through programs aimed at helping individuals overcome bad health habits.

3) Health promotion efforts should focus not on extending life, but on being healthier and feeling better now.

A more detailed look at the findings follows:

PART I. TRENDED HEALTH BEHAVIORS

SMOKING BEHAVIOR

The slow but steady decline in smoking appears to be continuing. In 1992, 24% of Americans are cigarette smokers, a drop of six points from 1983's finding of 30% and down one point from last year's finding of 25%.

ALCOHOL CONSUMPTION

About ten percent of drinkers are heavy drinkers (drinking at least four drinks a day), a proportion which has remained constant over the last decade. However, moderate drinking is down over the same period. In 1992, 48% of Americans say they drink between one and three drinks on a day when they drink, down from 54% in 1983 and 50% last year. At the opposite extreme, forty percent of Americans say they never consume alcoholic beverages -- a steady increase over 1983's finding of 34% and a slight rise from last year's 39%.

ILLEGAL DRUG USE

The proportion of Americans who say they never use illegal drugs has edged up only slightly, from 91% in 1985 (the first year asked) to 95% in 1992. This finding is unchanged from last year.

EXERCISE

About three-quarters (76%) of Americans say they get regular exercise, either at work or somewhere else. This measure has stayed remarkably constant since 1985 (and last year) when 77% of Americans reported exercising regularly. The incidence of strenuous exercise at least three times a week has also remained relatively constant at about one-third in 1992 and 1985, but has fallen slightly from last year's finding of 37%.

WEIGHT CONTROL

Over the last decade, the proportion of Americans who are overweight has been steadily rising. In 1992, two-thirds (66%) of Americans are overweight, up a significant eight points over the last ten years, from 58% in 1983 (and from 63% last year). In addition, since last year there has been a notable increase the proportion of adults in the U.S. who are at least ten percent above their recommended weight -- from 33% in 1991 to 40% in 1992.

NUTRITION

In 1992, Americans appear to be putting less effort into following good diet and nutrition principles. Attention to nearly every area measured has fallen both since last year and since 1983. The largest decreases in the past year occurred in the much-hyped areas of avoiding too much fat and too much cholesterol, both falling by a sizable six points since 1991. The only area which has held steady since last year is attention to calcium intake.

REGULAR MEDICAL EXAMS

The proportion of Americans reporting having a blood pressure reading at least once a year has remained remarkably constant over the last decade. In

1992, 84% report having this test done at least once a year, a marginal two-point gain over 1983's finding of 82% and a one-point drop from last year's finding of 85%.

While Americans are paying less attention to avoiding high cholesterol foods, they are making more of an effort to get tested for their cholesterol level. In 1985, the proportion of Americans who reported having a blood test for their cholesterol level at least once a year was at 48%. By 1991 and 1992, this figure has risen eight points to 56%.

As with annual blood pressure screens, the proportion of Americans getting at least an annual dental check-up has remained fairly constant. Seventy-three percent report going to the dentist for treatment or a check-up at least once a year, compared with 71% in 1983. This year's finding does, however, represent a fall from the increases noted in two previous years (1990's 75% and 1991's 77%).

In 1992, eight in ten adult women say they have a Pap smear at least every two years, representing an increase of five points over 1983's finding of 75%, but a slight drop from last year's 81%.

About half (49%) of American women say they examine their breasts at least once a month to detect any possible cancer. This represents a sizable twelve point increase from 1983's measure of 37%, and an incremental rise from last year's 48%.

A sizable minority -- 44% -- say they have a mammogram at least every two years, a drop of three points from last year's finding of 47%. Since mammograms are only considered useful in detecting breast cancer in women past their peak child-bearing years, it is not surprising that about two-thirds of women aged 40 and over report having this test at least every two years while only 24% of women in their thirties and an even lower 13% of women under 30 report the same.

STRESS

Over the last decade, more Americans report feeling under great stress. In 1983, 28% said they felt under great stress either almost every day (16%) or several days a week (12%). Ten years later, this proportion has risen to 33% --

18% feeling high stress every day and 15% feeling high stress several days a week.

HOME SAFETY PRECAUTIONS

Nine in ten Americans say their homes are equipped with smoke detectors. This is a slight gain of two points over last year's finding of 88%, and a huge increase over 1983's measure of 67%. In contrast, the proportion of Americans reporting they have someone in the household who smokes in bed has risen slightly to 11% from last year's measure of 8%, but unchanged from 1983's measure.

AUTOMOBILE SAFETY

The proportion of Americans who say they wear a seat belt when in the front seat of a car has consistently risen over the past decade. Although increases in recent years have been relatively small (up one point from last year), this proportion has more than tripled to 70% in 1992 from 19% in 1983.

The dramatic increase in the number of states with mandatory seat belt legislation is responsible for a large part of this huge change. Seat belt laws do make a difference in consumer behavior: fully 72% of residents of states with such laws wear seat belts all the time, compared with a lower 52% of those residing in states without such laws.

In contrast to the huge gains in seat belt usage, attention to following the speed limit has fallen over the last ten years. Just under half (49%) of drivers in the U.S. say they drive at or below the speed limit all the time, a moderate drop of seven points from 1983's finding of 56%. This measure has, however, risen incrementally from last year's finding of 48%.

In addition to the spectacular rise in seat belt usage, another positive trend in the last decade is the sharp fall in the proportion of drivers who say they drive after drinking. In 1992, 17% of drivers say they drive after drinking, about half the proportion reported in 1983 (30%), and a significant four points below last year's finding of 21%.

II. WAYS OF IMPROVING HEALTH BEHAVIORS

INTEREST IN CHANGING HEALTH HABITS

Sizable proportions of Americans who currently practice a number of bad health habits wish to overcome these habits. Over seven in ten (71%) smokers say they would like to quit smoking. Over four in ten (43%) Americans say they would like to learn more about following good nutritional habits. Over four in ten Americans (43%) say they would like to lose weight. Over half (53%) of those who do not currently get any regular exercise say they would like to start exercising regularly.

SOURCES OF MOTIVATION FOR CHANGING BAD HEALTH HABITS

These groups wishing to improve their health more frequently mention their doctors and, secondly, local hospitals as the sources they are very interested in for advice and counseling. Lower proportions of these groups say they are very interested in newspapers, magazines and television, government studies and reports, and their employer as sources for motivating good health habits. When asked which of the five sources they are most interested in getting help from, these groups most consistently and overwhelmingly name their doctors over the four other sources.

These data suggest that many people want help in changing health behaviors and substantial numbers want help from doctors and hospitals. One way in which the behavior of many members of the community could be influenced for the better is through health programs sponsored through an association of doctors and hospitals.

More specific interest levels in various sources of help are as follows:

Quitting smoking:
Smokers who would like to quit smoking are more likely to say they are very interested in turning to their doctor (35%), above all, and secondarily, to a local hospital (22%) for advice and counseling in this area. About one sixth are very interested in the remaining three areas covered -- government studies and report (17%), newspapers, magazines and television (16%), and your employer (15%).

Smokers wishing to quit overwhelmingly name their doctor (56%) as the source of advice they would most be interested in. Less than one sixth name any of the other four sources.

Good nutritional habits

Half of Americans who would like to learn more about following good nutritional habits say they are very interested in getting advice and counseling in this area from their doctor. About one third say they are very interested in this information from newspapers, magazines and television (33%), a local hospital (32%), and government studies and reports (31%). Less than one fifth (18%) express this level of interest in such help from their employer.

By at least a two-to-one margin, this group is most interested in getting help from their doctor (50%). The media (25%) are named second most frequently, with less than one sixth naming government studies and reports (14%), a local hospital (6%), and their employer (3%).

Losing weight

Nearly half (47%) of Americans who would like to lose weight say they are very interested in getting advice and counseling on losing weight from their doctors. About one quarter (24%) say they are very interested in such help from a local hospital. A lower level of interest is expressed for newspapers, magazines and television (19%), government studies and reports (18%), and their employer (11%).

By a three-to-one margin, this group is most interested in such advice from their doctor (61%) over any other source mentioned.

Exercising regularly

Nearly four in ten (37%) individuals who would like to start exercising regularly say they are very interested in counseling or advice on starting a regular exercise routine from their doctor. About half this proportion say they are very interested in such advice from a local hospital (20%), newspapers, magazines, and television (18%), and government studies and report (16%). Only twelve percent express such a high level of interest in their employer for this help.

This group overwhelmingly chooses their doctor (49%) as the source they would be most interested in getting help from in this area.

More generally, doctors are also a top pick as a source of encouragement and information regarding good health practices. Americans overwhelmingly credit doctors with informing and motivating them to have good health habits. Nearly two-thirds (65%) give them positive marks (23% excellent and 42% pretty good) in this area. A second tier of performers in this area includes newspapers, magazines and television, receiving a majority (51%) of positive marks, and local hospitals, with 44% positive marks. Government studies and reports (37%) and their employer (29%) receive less favorable ratings.

Drinking and drug problems

Over nine in ten Americans -- 94% -- say they have never had a drinking problem. Two percent say they no longer have a drinking problem and one percent

say they still have a drinking problem. Of those who admit to still having a problem with alcohol (a total count of ten respondents), most (seven) say they do not want to get counseling or advice on overcoming this difficulty.

An even higher proportion -- 96% -- say they have never had a drug problem. Four percent say they no longer have a drug problem and less than one half percent say they still have a drug problem.

INCENTIVES FOR IMPROVING HEALTH HABITS

One way of encouraging people to have good health habits is to ask those who don't to pay more for the consequence of their behavior -- higher health care costs. A majority of Americans think that those with unhealthy habits such as smoking, drinking a lot, or not wearing a seat belt should pay more both up front -- for their health insurance (57%) -- and after the fact -- pay a bigger share of their medical bills (51%).

While most Americans are in favor of having people with bad health habits pay more for their health care, they are less convinced of the absolute effectiveness of such cost-sharing measures. Only one third think having to pay higher insurance premiums would be very effective in encouraging either them or a family member to adopt more healthy habits. An additional third say such tactics would be somewhat effective. The remaining third say that this would be either not very effective (17%) or not at all effective (15%).

When asking a group which practices one of these unhealthy habits -- smokers -- the results are encouraging. Nearly one third (30%) say they would be very likely to quit smoking and 27% say somewhat likely if they were required to pay significantly more for their health insurance.

IMPORTANCE OF INSURANCE COVERAGE FOR PREVENTIVE CARE

Many experts agree that one way of improving health care is through preventive health care services, although this form of health care is often not covered by insurance. Of ten preventive care services measured, Americans place the highest priority on measures which apply to infants and children (prenatal care, immunizations and boosters, and physical check-ups), followed by

preventive care measures specifically for women (Pap smears, mammograms and breast exams), and adults (physical check-ups and blood pressure readings). Given the overwhelming support of the American public for these top eight preventive services, they are prime candidates for inclusion in any basic benefits package President Clinton may introduce in a new health bill. Least important are smoking cessation and diet and nutrition programs. More specifically:

* Just over one-third consider prenatal care (37%), immunizations and boosters (36%), and physical check-ups for children (34%) absolutely essential, and at least eighty-three percent say these services are at least very important.

* Of second order of importance -- named as absolutely essential by between one quarter and one third -- are preventive measures relating to women's health, including Pap smears (30%), breast exams (28%), and mammograms (28%). About eighty percent say these measures are at least very important.

* Physical check-ups for adults and screening for blood pressure are seen as quite important, with 27% and 22%, respectively, saying these measures are absolutely essential and fully 79% and 73% saying they are at least very important.

* Smoking cessation and diet and nutrition programs have the least support among the ten measures studied. Only 13% say smoking cessation programs and 8% say diet and nutrition counseling are absolutely essential -- 52% and 43%, respectively, say they are at least very important.

STRONGEST MOTIVE FOR ADOPTING HEALTHIER HABITS

While traditional health promotion efforts have focused on living longer as an incentive for getting people to practice good health behaviors, an emphasis on being healthier and feeling good in the present might be more effective. Among three alternatives, a plurality (45%) of Americans choose "to be healthier while alive" as the strongest motive for them to adopt healthier habits. A lower one third say their strongest motive is "to feel good about yourself today." Only one fifth choose "to live longer" in this context.

CONCERN ABOUT GETTING A SERIOUS ILLNESS

AIDS far and away tops the list of illnesses Americans say they are trying to avoid, followed by hypertension or high blood pressure, heart disease, a stroke, and breast cancer (among women). Americans appear to be less vigilant

in taking steps to reduce the risk of getting lung cancer and prostate cancer (among men).

* Fully two-thirds (67%) say they are taking steps in their daily life to reduce their risk of getting AIDS.

* About half say they take steps to reduce their risk of getting three other major killers -- hypertension or high blood pressure (53%) and heart disease (52%), and a stroke (49%). A sizable minority (44%) say they make these efforts to reduce their chances of getting lung cancer.

* For sex-specific diseases, nearly half of women (47%) say they take steps to avoid getting breast cancer, and one quarter of men (25%) make the same effort to try to avoid getting prostate cancer.

While AIDS is by far the disease Americans are most trying to avoid, long-standing illnesses such as hypertension or high blood pressure, heart disease, lung cancer, and a stroke are much more likely to be those they worry they are personally at risk of getting. More generally, Americans appear to be much more likely to take steps to reduce their risk of getting a serious illness than to worry they are personally at risk of getting such an illness.

* Nearly one-third say they personally worry about getting hypertension or high blood pressure (32%) and heart disease (31%), compared with just over half of those who take steps to reduce their risk of getting these diseases.

* About one quarter say they are concerned about getting lung cancer (28%) and a stroke (25%), about half the proportion of those who take steps to reduce their chances of getting these diseases.

* Only one-fifth of Americans (21%) worry they are personally at risk of contracting AIDS -- less than one-third the proportion who say they take steps to avoid getting this disease (67%).

* Only 12% of Americans worry that they are personally at risk of contracting tuberculosis.

* For the sex-specific diseases, a quite high 36% of women say they worry they are personally at risk of getting breast cancer, and a lower 25% of men say they worry about being personally at risk of getting prostate cancer.

Table S-1

TRENDS IN TWENTY-ONE PREVENTIVE BEHAVIOR ITEMS*
(1983-1992)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	1992 Survey	Percentage Point Change From 1983 to 1992	Percentage Point Change From 1991 to 1992
Base	1254	1253	1256	1250	1250	1250	1250	1254	1256	1251		
Nonsmoking and Restricted Use of Alcohol												
Do not smoke cigarettes	70	72	70	72	72	74	72	74	75	76	+6	+1
Drink alcohol moderately	54	57	55	56	50	50	51	51	50	48	-6	-2
(Drink alcohol moderately or do not drink at all)	88	87	88	88	86	89	90	88	88	88	0	0
Exercise and Weight Control												
Get strenuous exercise three or more days a week	34	33	31	33	35	36	35	34	37	33	-1	-4
Are within the weight range recommended for their height, build, and sex**	23	23	21	23	24	21	24	22	19	17	-6	-2
Are not overweight**	42	41	38	41	40	36	39	36	37	34	-8	-3
Diet and Nutrition												
Try a lot to eat enough fiber	59	58	59	59	60	60	60	59	56	53	-6	-3
Try a lot to avoid eating too much fat	55	59	56	56	54	54	58	56	57	51	-4	-6
Try a lot to avoid eating too much salt or sodium	53	54	54	57	54	48	52	51	48	46	-7	-2
Try a lot to get enough calcium	50	45	57	57	54	53	55	50	48	48	-2	0
Try a lot to avoid eating too many high-cholesterol foods	42	43	42	46	42	48	50	49	50	44	+2	-6

* Data collected from 1983 through 1991 are from nine annual surveys conducted by Louis Harris and Associates for Prevention Magazine.
** Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1047 (1984), 1061 (1985), 1022 (1986), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991), 1988 (1992).

Table S-1 (Continued)

TRENDS IN TWENTY-ONE PREVENTIVE BEHAVIOR ITEMS*
(1983-1992)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	1992 Survey	Percentage Point Change From 1983 to 1992	Percentage Point Change From 1991 to 1992
Base	1254 %	1253 %	1256 %	1250 %	1250 %	1250 %	1250 %	1254 %	1256 %	1251 %		
Control of Stress												
Socialize with friends or relatives once a week or more	84	85	84	81	83	84	85	84	82	82	-2	0
Get seven or eight hours sleep most nights	64	63	64	65	61	62	64	61	62	58	-6	-4
Periodic Examinations And Tests												
Have a blood pressure reading at least once a year	82	85	87	84	84	83	84	85	85	84	+2	-1
Have a dental checkup at least once a year	71	73	74	76	75	71	75	75	77	73	+2	-4
Women who have a Pap smear test at least every one or two years	75	77	78	80	75	79	76	80	81	80	+5	-1
Women who examine their breasts at least once each month for signs of cancer	37	42	48	45	42	51	44	47	48	49	+12	+1

* Data collected from 1983 through 1991 are from nine annual surveys conducted by Louis Harris and Associates for Prevention Magazine.

Table S-1 (Continued)

TRENDS IN TWENTY-ONE PREVENTIVE BEHAVIOR ITEMS*
(1983-1992)

	1983 Survey	1984 Survey	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	1992 Survey	Percentage Point Change From 1983 to 1992	Percentage Point Change From 1991 to 1992
Base	1254	1253	1256	1250	1250	1250	1250	1254	1256	1251		
	%	%	%	%	%	%	%	%	%	%		
Safety Precautions												
Say that no one in their home smokes in bed	88	89	91	91	92	90	90	91	92	89	+1	-3
Say they have a smoke detector in their home	67	74	76	77	82	81	85	86	88	90	+23	+2
Drivers who say they drive at or below the speed limit all the time	56	52	50	51	50	51	49	48	48	49	-7	+1
Drivers who say they either never drive after drinking or don't drink at all	68	68	71	74	74	78	79	79	79	83	+15	+4
Say they wear seat belts all the time when in the front seat of the car	19	27	41	55	57	60	63	65	69	70	+51	+1

* Data collected from 1983 through 1991 are from nine annual surveys conducted by Louis Harris and Associates for Prevention Magazine.

Table S-2

TRENDS IN OTHER PREVENTIVE BEHAVIOR ITEMS*
(1985-1992)

	1985 Survey	1986 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	1992 Survey	Percentage Point Change From 1983 to 1992	Percentage Point Change From 1991 to 1992
Base	1256	1250	1250	1250	1250	1254	1256	1251		
	%	%	%	%	%	%	%	%		
Exercise										
Those who get regular exercise	77	76	79	75	76	77	77	76	-1	-1
Diet and Nutrition										
Try a lot to eat vegetables in the cabbage family	62	65	48	60	61	59	59	57	-5	-2
Periodic Examinations and Tests										
Have a cholesterol check at least once a year	48	46	45	49	53	55	56	56	+8	0

* Data collected from 1985 through 1991 are from nine annual surveys conducted by Louis Harris and Associates for Prevention Magazine.

PART I: TRENDED HEALTH BEHAVIORS

CHAPTER ONE: EXERCISE, WEIGHT CONTROL AND NUTRITION

Exercise

About three-quarters (76%) of Americans say they get regular exercise, either at work or somewhere else. This measure has stayed remarkably constant since 1985 (and last year) when 77% of Americans reported exercising regularly (Table 1-1). The incidence of strenous exercise at least three times a week has also relatively constant at about one third in 1992 and 1985, but has fallen slightly from last year's finding of 37% (Table 1-2).

For strenuous exercise, the most striking difference among various demographic groups is by age. Nearly half (44%) of 18-29 year olds say they exercise strenously three or more times a week, compared with 21% of those aged 65 and over. In other notable differences, men (40%) are more likely than women (27%), and Westerners (41%) are more likely than residents of other parts of the country (32%) to exercise strenuously so often.

Americans who say they are in excellent health have a greater tendency than those in poorer health to practice frequent strenuous exercise. It is also more common for Americans who are underweight and those who are within their recommended weight range to have such fitness regimes (Table 1-3).

Weight Control

Over the last decade, the proportion of Americans who are overweight has been steadily rising. In 1992, two-thirds (66%) of Americans are overweight, up a significant eight points over the last ten years, from 58% in 1983 (and from 63% last year). In addition, since last year there has been a notable increase in the proportion of adults in the U.S. who are at least ten percent above their recommended weight -- from 33% in 1991 to 40% in 1992.

Complementary to this increase in the proportion of overweight Americans has been the drop in the proportion who are within recommended range (from 23% in 1983 to 17% in 1992). The proportion of underweight Americans has remained fairly constant, with only a slight drop from 19% in 1983 and 17% in 1992. Both of these measures are only slightly lower than last year's findings (Table 1-4).

Groups most successful at keeping their weight under control include, above all, individuals who say they are in excellent health, as well as those who are more affluent and better educated.

Nutrition

Americans appear to be putting less effort into following good diet and nutrition principles. In 1992, attention to nearly every area measured has fallen both since last year and since 1983. Americans report the greatest effort in trying to eat vegetables in the cabbage family, such as cabbage, Brussel sprouts, and cauliflour, with 57% of Americans saying they "try a lot." A majority of Americans also report making this effort to eat enough fiber from whole grains, cereals, fruits, and vegetables (53%) and to avoid eating too much fat (51%).

Americans pay slightly less attention to geting enough calcium in food or in supplements (48% say they "try a lot"), avoiding eating too much salt or sodium (46%), and avoiding eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats (44%) (Table 1-6).

Observation:
While five of six diet and nutrition areas measured recorded decreases in the proportion of Americans who say they try a lot, the largest decreases in the past year occurred in the much-hyped areas of avoiding too much fat and too much cholesterol. Both of these areas fell by a sizable six points since 1991. The only area which has held steady since last year is attention to calcium intake.

Nutrition and Exercise

Many experts agree that both good nutrition and exercise habits are key to maintaining good health. In fact, individuals who have a regular and strenuous exercise regimen are more likely to pay close attention to what they eat. A far higher proportion (34%) of those who exercise strenuously at least three times a week than those who never exercise strenuously (21%) say they try at lot in at least five of the six nutrition areas measured. Similarly, and even more dramatically, people who never exercise strenuously several days a week (54%) are nearly twice as likely as those who do at least three times a week (30%) to follow two or less nutrition items closely (Table 1-7).

When looking at the nutrition/exercise index for subgroup differences, an interesting dichotomy by sex and age is evident. Women and older adults (over age 50) are more likely to score highly on nutrition only, while men and younger adults are more likely to score highly on exercise only. Not surprisingly, overweight Americans are more likely to receive low scores on both nutrition and strenuous exercise (Table 1-8).

Q.A9

Table 1-1

REGULAR EXERCISE

Q.: At the present time, do you get any regular exercise, either at work or somewhere else?

Base	1985 1256 %	1986 1250 %	1987 1250 %	1988 1250 %	1990 1254 %	1991 1256 %	1992 1251 %
Get regular exercise	77	76	79	75	77	77	76
Do not get regular exercise	23	24	21	24	22	23	23

Q.A10

Table 1-2

FREQUENCY OF STRENUOUS EXERCISE

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Base:	1983 Survey 1254 %		1985 Survey 1256 %		1987 Survey 1250 %		1988 Survey 1250 %		1989 Survey 1250 %		1990 Survey 1254 %		1991 Survey 1256 %		1992 Survey 1251 %	
Never	24		21		24		19		24		21		21		20	
Less than 1 day a month	6		8		6		6		6		7		6		7	
1 to 3 days a month	9		13		10		11		11		14		12		14	
1 day a week	13		16		14		13		12		12		11		11	
2 days a week	12		11		11		13		10		12		12		12	
3 days a week	13		13		15		15		15		14		17		14	
4 to 5 days a week	9	34	10	31	11	35	12	36	10	35	10	34	9	37	11	33
6 to 7 days a week	12		8		9		9		10		10		11		8	

Q.A10

Table 1-3

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO
EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Base		Exercise Strenuously Three Times Per Week or More
Total	1251	%	33
Region			
East	301	%	32
South	390	%	32
Midwest	306	%	31
West	254	%	41
Urbanism			
Central city	418	%	37
Rest of metropolitan area	561	%	33
Outside metropolitan area	272	%	29
Sex			
Male	583	%	40
Female	668	%	27
Race			
White	1078	%	33
Black	93	%	38
Hispanic	70	%	37
Age			
18-29 years	317	%	44
30-39 years	283	%	35
40-49 years	211	%	32
50-64 years	220	%	30
65 and over	212	%	21

(Continued)

Q.A10 (Continued)

Table 1-3 (Continued)

DEMOGRAPHIC CHARACTERISTICS OF THOSE WHO
EXERCISE STRENUOUSLY THREE OR MORE DAYS PER WEEK

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Base		Exercise Strenuously Three Times Per Week or More
Total	1251	%	33
Education			
Not high school graduate	139	%	31
High school graduate	418	%	32
Some college	312	%	34
Four-year college	378	%	37
Household Income			
$7,500 or less	121	%	32
$7,501-$15,000	141	%	28
$15,001-$25,000	212	%	34
$25,001-$35,000	214	%	32
$35,001-$50,000	214	%	37
$50,001 and over	262	%	37
Self-Described Health Status*			
Excellent	311	%	44
Very good or good	734	%	31
Fair or poor	181	%	26
Body Weight Index			
Underweight	178	%	40
Within range	172	%	34
Overweight	666	%	28

*One-quarter (24%) describe their health as excellent, one-third (32%) as very good, 28% as poor, and 17% as fair (12%) or poor (5%).

Q.A6, A7, A8

Table 1-4

PERCENT OF ADULTS WHO ARE OVERWEIGHT,
WITHIN THE RECOMMENDED WEIGHT RANGE, AND UNDERWEIGHT*

Base: Age 25 and older and classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

Base	1983 Survey 995 %	1985 Survey 1061 %	1987 Survey 1008 %	1988 Survey 1031 %	1989 Survey 1015 %	1990 Survey 1042 %	1991 Survey 988 %	1992 Survey 988 %
Overweight								
Total	58	62	59	64	61	64	63	66
30% or more above range	6	8	7	8	8	7	7	11
20-29.9% above range	9	7	8	10	9	9	8	9
10-19.9% above range	15	14	17	18	17	20	18	20
5-9.9% above range	13	16	14	15	13	14	14	13
Up to 4.9% above range	16	16	13	14	13	15	16	13
Within Recommended Range	23	21	24	21	24	22	19	17
Underweight								
Total	19	17	16	15	15	14	18	17
Up to 4.9% below range	9	9	8	8	8	8	10	8
5-9.9% below range	6	4	5	5	5	4	5	5
10% or more below range	4	4	3	2	3	2	3	3

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification. Bases vary slightly across the years: 995 (1983), 1061 (1985), 1008 (1987), 1031 (1988), 1015 (1989), 1042 (1990), 988 (1991), 988 (1992).

Q.A6, A7, A8

Table 1-5

PERCENT OF THOSE WHO KEEP THEIR WEIGHT WITHIN THE RECOMMENDED RANGE

Base: Age 25 and Older and Classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	Base		Weight Within Recommended Range
Total	988	%	17
Region			
East	249	%	20
South	306	%	14
Midwest	239	%	14
West	194	%	23
Urbanism			
Central city	330	%	17
Rest of metropolitan area	445	%	18
Outside metropolitan area	213	%	15
Sex			
Male	449	%	15
Female	539	%	19
Race			
White	869	%	17
Black	67	%	12**
Hispanic	43	%	19**
Age			
18-29 years	123	%	17
30-39 years	263	%	19
40-49 years	192	%	21
50-64 years	206	%	15
65 and over	204	%	13

Q.A6, A7, A8 (Continued)

Table 1-5 (Continued)

PERCENT OF THOSE WHO KEEP THEIR WEIGHT
WITHIN THE RECOMMENDED RANGE

Base: Age 25 and Older and Classifiable

Q.: In feet and inches, what is your height without shoes on?

Q.: Please tell me your present weight without clothes.

Q.: What kind of body frame or bone structure would you say you have -- small, medium, or large?

	Base		Weight Within Recommended Range
Total	988	%	17
Education			
Not high school graduate	110	%	12
High school graduate	330	%	16
Some college	216	%	22
Four-year college graduate	329	%	20
Household Income			
$7,500 or less	81	%	11
$7,501-$15,000	100	%	15
$15,001-$25,000	162	%	14
$25,001-$35,000	178	%	18
$35,001-$50,000	179	%	16
$50,001 and over	219	%	24
Self-Described Health Status			
Excellent	256	%	22
Very good or good	575	%	17
Fair or poor	153	%	9

**Caution due to small base.

Q.A5

Table 1-6

TRENDS IN SOME KEY ASPECTS OF DIET AND NUTRITION

Q.: Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

	Those who "try a lot" in each area:										
Base:	1983 Survey 1254 %	1984 Survey 1253 %	1985 Survey 1256 %	1986 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %	1989 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %	1992 Survey 1251 %	Change Since 1983
Eat enough fiber from whole grains, cereals, fruits, and vegetables	59	58	59	59	60	60	60	59	56	53	-6
Avoid eating too much fat	55	59	56	56	54	54	58	56	57	51	-4
Avoid eating too much salt or sodium	53	54	54	57	54	48	52	51	48	46	-7
Get enough calcium in food or in supplements	50	45	57	57	54	53	55	50	48	48	-2
Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats	42	43	42	46	42	48	50	49	50	44	+2
Eat vegetables in the cabbage family, such as cabbage, Brussels sprouts, and cauliflower	X	X	62	65	59	60	61	59	59	57	-5**

X = Not asked.
** = change since 1985.
Note: Twenty-six percent of adults "try a lot" in at least five of the six areas; 33% in three or four areas; and 41% in two or fewer areas.

Q.A5, A10

Table 1-7

NUTRITION INDEX BY EXERCISE BEHAVIOR

Q.: Thinking about your personal diet and nutrition, do you try a lot, a little, or don't you try at all to (READ EACH ITEM)?

Q.: How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

	Total	Those Who Exercise Strenuously Three Or More Per Week	Those Who Never Exercise Strenuously
Base	1251	415	247
	%	%	%
Nutrition Index*			
High	26	34	21
Medium	33	36	25
Low	41	30	54

*Nutrition Index is based on the total number of nutrition behavior items in question 5 which respondents say they "try a lot" to do. Those saying "try a lot" on 5 or 6 items are "high" on the index; those saying "try a lot " on 3 or 4 items are "medium"; those saying "try a lot" on 0, 1, or 2 items are "low".

Table 1-8

NUTRITION/EXERCISE INDEX BY DEMOGRAPHIC CHARACTERISTICS

			Nutrition/Exercise Index*			
			High On Both Nutrition And Exercise	High On Nutrition Only	High On Exercise Only	Not High On Nutrition Or Exercise
Total	1251	%	11	14	22	51
Sex	583		9	8	32	50
Male	668	%	14	20	13	51
Female		%				
Age						
18-29 years	317	%	9	5	35	50
30-39 years	283	%	8	11	26	53
40-49 years	211	%	13	15	19	53
50-64 years	220	%	18	23	12	46
65 and over	212	%	12	22	10	52
Education						
Not high school graduate	139	%	12	14	20	51
High school graduate	418	%	10	13	22	53
Some college	312	%	12	14	21	52
Four-year college graduate	378	%	13	16	24	46
Self-Described Health Status						
Excellent	311	%	16	10	28	45
Very good or good	754	%	10	15	22	51
Fair or poor	181	%	11	15	15	56
Body Weight Index						
Underweight	178	%	14	14	27	44
Within range	180	%	13	20	20	46
Overweight	630	%	11	16	17	53

*Those who score "high" on the nutrition index and exercise strenuously three times a week are "high on both"; those who score "high" on the nutrition index but do not exercise strenuously three times a week are "high on nutrition only"; those who exercise strenuously three times a week but do not score "high" on the nutrition index are "high on exercise only"; and those who do not score "high" on the nutrition index and those who do not exercise strenuously three times a week are "not high on nutrition or exercise."

CHAPTER TWO: SMOKING, TOBACCO, ALCOHOL AND DRUG USE

Smoking and Tobacco Use

The slow but steady decline in smoking appears to be continuing. In 1992, 24% of Americans smoke cigarettes, a drop of six points from 1983's finding of 30% and down one point from last year's finding of 25%. Since 1974, the proportion of Americans who smoke has fallen an even more drastic nineteen points from a sizable minority of 43% (Table 2-1).

Nonsmokers are most likely to be aged 65 or older, and from higher socio-economic groups (more affluent and better educated). There is also, not surprisingly, an association between better self-reported health status and lower stress levels and not smoking. No significant differences exist by region, urbanicity, sex and race (Table 2-2).

Nearly three in ten Americans (29%) use some form of tobacco product. Besides the 24% who smoke cigarettes, 2% smoke a cigar, 4% use chewing tobacco, and 3% smoke a pipe. As might be expected, cigarette smokers are generally more likely than nonsmokers to use each of these forms of tobacco (Table 2-3).

Cigarette smokers are generally less vigilant in practicing good health habits and are more apt to engage in high risk behaviors. They are more likely to drink heavily, get less than seven hours of sleep, feel under great stress frequently, and less likely to get regular medical and dental check-ups and exercise strenously at least three days a week. Smokers less commonly follow good nutrition rules --- avoiding fat, salt and high cholesterol foods and trying to eat foods with fiber and calcium. While they are equally likely to be overweight or within normal range (nicotine is an appetite suppressant), they are somewhat more likely to be underweight. High risk behaviors they are more apt to engage in include smoking in bed, not wearing a seat belt in the front seat of a car, and using illegal drugs (Table 2-4).

Alcohol Consumption

About ten percent of drinkers drink heavily (at least four drinks a day), a proportion which has remained constant over the last decade. However, moderate drinking is down over the same period. In 1992, 48% of Americans say they drink between one and three drinks on a day when they drink, down from 54% in 1983 and 50% last year. At the opposite extreme, forty percent of Americans say they never consume alcoholic beverages -- a steady increase over 1983's finding of 34% and a slight rise from last year's 39% (Table 2-5).

A higher proportion of older, less educated, and less affluent Americans are nondrinkers. Women and residents of the South and rural areas are also more likely to practice abstinence, as are those who feel stress less than several days a week. Interestingly, it is more common for those in fair or poor health than healthier adults to be nondrinkers.

While nondrinkers tend to be from lower socioeconomic groups, moderate drinkers (who drink between one and three drinks on a day they drink) are more likely to be wealthy and well educated. In another contrasting characteristic, individuals who say they are in at least good health are more likely than those in fair or poor health to be moderate drinkers. Like nondrinkers, however, women and older Americans have a greater tendency than men and younger adults to drink moderately (Table 2-6).

Drug Use

The proportion of Americans who say they never "use recreational[1] drugs, such as marijuana, speed and downers" has edged up only slightly, from 91% in 1985 to 95% in 1992. This finding is unchanged from last year (Table 2-5).

In a trend which has been consistent over the years, younger Americans (aged 18-29, especially) have a greater tendency than older Americans to use illegal drugs (Table 2-6). One positive trend noted over the years is the

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[1]The word "recreational is used in the survey instrument to encourage accurate and truthful responses and in no way should be taken to represent the opinion of Louis Harris and Associates, Inc.

increasing tendency of younger adults to abstain from illegal drug use. In 1984, 79% of 18-29 year olds said they never used drugs, compared with 91% in 1992 (Table 2-7).

Relationship Among Alcohol, Tobacco, and Drug Use

Experts have long held that alcohol and cigarette use are linked. Nonsmokers (42%) are far more likely than smokers (34%) to be nondrinkers. And nonsmokers who do drink are far more likely (84%) than smokers (70%) to drink moderately.

Although less evident, smokers and drinkers are more likely to use illegal drugs. Nearly all (99%) of those who do not drink but 93% of drinkers say they never use illegal drugs, and, similarly, 97% of nonsmokers never use illegal drugs, compared with 91% of smokers (Table 2-8).

Q.A11

Table 2-1

TRENDS IN SMOKING AND NONSMOKING

Q.: Do you smoke cigarettes now, or not?

	1974	1975	1978	1983	1984	1985	1986	1987	1988	1989	1990	1991	1992
Base	1407	1556	1347	1252	1252	1256	1250	1250	1250	1250	1254	1256	1251
	%	%	%	%	%	%	%	%	%	%	%	%	%
Smoke now	43	43	39	30	28	30	27	28	26	28	26	25	24
Do not smoke	57	57	61	70	72	70	72	72	74	71	74	75	76

Note: Because of population growth, the change in the absolute numbers of smoking adults can, of course, be less than the change in the percentage of smoking adults.

Sources for 1974, 1975 and 1978 data are three national surveys of adults aged 18 and older conducted by Louis Harris and Associates.

Q.A11

Table 2-2

PERCENT OF THOSE RESTRICTING THEIR TOBACCO USE
BY DEMOGRAPHIC CHARACTERISTICS
AND KEY PREVENTIVE BEHAVIOR ITEMS

Q.: Do you smoke cigarettes now, or not?

	Base		Do Not Smoke Cigarettes
Total	1251	%	76
Region			
East	301	%	76
South	390	%	75
Midwest	306	%	75
West	254	%	77
Urbanism			
Central city	418	%	77
Rest of metropolitan area	561	%	77
Outside metropolitan area	272	%	73
Sex			
Male	583	%	73
Female	668	%	78
Race			
White	1078	%	75
Black	93	%	77
Hispanic	70	%	91
Age			
18-29 years	317	%	74
30-39 years	283	%	72
40-49 years	211	%	69
50-64 years	220	%	76
65 and over	212	%	88

Q.A11

Table 2-2 (Continued)

PERCENT OF THOSE RESTRICTING THEIR TOBACCO USE
BY DEMOGRAPHIC CHARACTERISTICS
AND KEY PREVENTIVE BEHAVIOR ITEMS

Q.: Do you smoke cigarettes now, or not?

	Base		Do Not Smoke Cigarettes
Total	1251	%	76
Education			
Not high school graduate	139	%	70
High school graduate	418	%	72
Some college	312	%	76
Four-year college	378	%	86
Household Income			
$7,500 or less	121	%	66
$7,501-$15,000	141	%	77
$15,001-$25,000	212	%	70
$25,001-$35,000	214	%	75
$35,001-$50,000	214	%	77
$50,001 and over	262	%	86
Self-Described Health Status			
Excellent	311	%	81
Very good or good	754	%	76
Fair or poor	181	%	66
Frequency of Feeling Great Stress			
Several days a week or more	415	%	66
Less than several days a week	827	%	80

Q.A11, A12

Table 2-3

TOBACCO USE

Q.: Do you smoke cigarettes, now, or not?

Q.: Do you ever smoke a pipe or cigar or use chewing tobacco, or not?

Base	Total 1251 %	Smoke Cigarettes 286 %	Do Not Smoke Cigarettes 965 %
Smoke cigarettes	24	100	-
Use chewing tobacco	4	5	4
Smoke pipe	3	6	1
Smoke cigar	2	4	1
Use one or more of these tobacco products	29	100	7

Table 2-4

TRENDS IN PREVENTIVE BEHAVIOR ITEMS:
SMOKERS VS. NONSMOKERS

Base:	Total 1251 %	Smokers 286 %	Nonsmokers 965 %
Nonsmoking and Restricted Use of Alcohol			
Do not smoke cigarettes	76	-	100
Drink alcohol moderately	48	46	49
(Drink alcohol moderately or do not drink at all)	88	80	91
Exercise and Weight Control			
Get strenuous exercise three more days a week	33	29	35
Are within the weight range recommended for their height, build and sex*	17	18	17
Are not overweight*	34	33	32
Are underweight	17	21	16
Diet and Nutrition			
Try a lot to eat enough fiber	53	42	56
Try a lot to avoid eating too much fat	51	40	54
Try a lot to avoid eating too much salt or sodium	46	36	50
Try a lot to get enough calcium	48	42	51
Try a lot to avoid eating too many high-cholesterol foods	44	34	47
Control of Stress			
Feel under great stress frequently	33	46	28
Socialize with friends or relatives once a week or more	82	82	82
Get seven or eight hours of sleep most nights	58	51	60

(Continued)

*Based on those aged 25 and above whose recommended weight could be calculated given their height/build/sex data. Metropolitan Life Insurance Company tables were used for the classification.

Table 2-4 (Continued)

TRENDS IN PREVENTIVE BEHAVIOR ITEMS:
SMOKERS VS. NONSMOKERS

Base:	Total 1251 %	Smokers 286 %	Nonsmokers 965 %
Periodic Examinations and Tests			
Have a blood pressure reading at least once a year	84	79	86
Have a dental checkup at least once a year	73	68	75
Have a blood test for cholesterol at least once a year	56	47	59
Safety Precautions			
Say that no one in their home smokes in bed	89	76	93
Say they have a smoke detector in their home	90	90	90
Drivers who say they drive at or below the speed limit all the time*	49	53	48
Drivers who say they either never drive after drinking or don't drink at all*	83	83	83
Say they wear seat belts all the time when in the front seat of a car	70	58	74
Never use illegal drugs, such as marijuana, speed and downers	95	91	97

*Base: Drivers only (1130).

Q. A17, A18, A24

Table 2-5
TRENDS IN USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine?

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Base:	1983 Survey 1254 %		1985 Survey 1256 %		1987 Survey 1250 %		1989 Survey 1250 %		1990 Survey 1254 %		1991 Survey 1256 %		1992 Survey 1251 %	
Frequency of Alcohol Consumption														
Never	34		33		36		39		37		39		40	
Less than 1 day a month	16		15		13		16		13		16		15	
1 to 3 days a month	16		20		19		16		20		20		18	
1 to 2 days a week	19	65	19	66	21	64	18	60	18	63	15	61	14	60
3 to 4 days a week	7		6		5		5		6		5		5	
5 to 6 days a week	2		2		1		2		2		1		2	
Daily/7 days a week	6		4		5		5		5		4		5	
Not sure	*		*		*		*		*		*		*	
Quantity of Alcohol Consumption														
1 drink	21		22		21		23		20		21		21	
2 drinks	22	54	23	55	20	50	18	50	20	51	20	50	17	48
3 drinks	10		10		9		9		11		9		10	
4 drinks	5		4		6		4		4		4		5	
5 or more drinks	6		7		8		5		7		7		5	
Not sure	1		*		*		1		*		*		2	

(Continued)

* Less than 0.5%

Q. A17, A18, A24

Table 2-5 (Continued)

TRENDS IN USE OF ALCOHOL AND DRUGS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine?

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Base:	1983 Survey 1254 %	1985 Survey 1256 %	1987 Survey 1250 %	1989 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %	1992 Survey 1251 %
Illegal Drug Use							
Frequently	X	2	*	1	1	1	1
Sometimes	X	7	1	1	1	1	1
Only occasionally**	X	X	4	4	2	3	3
Never	X	91	94	94	96	95	95
Not sure	X	*	-	-	-	-	*

X = Not asked

* Less than 0.5%
** The "only occasionally" category has been added since 1987.

Q.A17, A18, A24 Table 2-6

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine?

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Base		Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Illegal Drugs
Total	1251	%	40	80	95
Region					
East	301	%	39	85	97
South	390	%	44	79	96
Midwest	306	%	40	76	97
West	254	%	34	82	92
Urbanism					
Central city	418	%	38	77	96
Rest of metropolitan area	561	%	37	84	94
Outside metropolitan area	272	%	48	77	97
Sex					
Male	583	%	35	73	93
Female	668	%	45	88	97
Race					
White	1078	%	38	80	95
Black	93	%	51	84	97
Hispanic	70	%	35	80	95
Age					
18-29 years	317	%	32	71	91
30-39 years	283	%	26	79	94
40-49 years	211	%	42	87	97
50-64 years	220	%	50	84	97
65 and over	212	%	57	89	100

(Continued)

Q.A17, A18, A24 Table 2-6 (Continued)

PERCENT OF THOSE RESTRICTING THEIR ALCOHOL AND DRUG USE BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS

Q.: In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine?

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Base		Do Not Drink Alcohol	Drinkers Who Drink Alcohol Moderately*	Never Use Any Illegal Drugs
Total	1251	%	40	80	95
Education					
Not high school graduate	139	%	59	72	97
High school graduate	418	%	42	79	95
Some college	312	%	34	76	95
Four-year college graduate	378	%	25	88	95
Household Income					
$7,500 or less	121	%	54	71	94
$7,501-$15,000	141	%	52	78	96
$15,001-$25,000	212	%	41	74	95
$25,001-$35,000	214	%	42	77	95
$35,001-$50,000	214	%	27	82	94
$50,001 and over	262	%	25	89	98
Self-Described Health Status					
Excellent	311	%	32	80	96
Very good or good	754	%	40	82	95
Fair or poor	181	%	50	75	95
Frequency of Feeling Of Stress					
Several days a week or more	415	%	31	80	93
Less than several days a week	827	%	44	80	97

*Based on the 60% of all adults who sometimes drink; this proportion is not necessarily constant across subgroups. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

Q.24

Table 2-7

PERCENT OF THOSE WHO NEVER USE
ILLEGAL DRUGS BY AGE (1984, 1987, 1988, 1989, 1990, 1991, 1992)

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Percent Who Never Use Drugs													
	1984 Survey*		1987 Survey		1988 Survey		1989 Survey		1990 Survey		1991 Survey		1992 Survey	
	Base	%	Base	%	Base	%	Base	%	Base	%	Base	%	Base	%
Total	1253	91	1250	94	1250	95	1250	94	1254	96	1256	95	1251	95
Age														
18-29 years	363	79	318	89	309	89	303	88	286	95	309	91	317	91
30-39 years	283	89	299	90	310	92	300	90	292	94	304	94	283	94
40-49 years	175	95	175	97	202	98	213	97	230	95	220	96	211	97
50-64 years	238	100	238	100	244	98	239	98	229	98	214	100	220	97
65 and over	190	99	211	100	171	99	192	99	209	100	201	97	212	100

*Question was not asked in the 1983 survey.

Q. A11, A17, A18, A24

Table 2-8

RELATIONSHIP AMONG PRACTICES OF RESTRICTING
ALCOHOL, TOBACCO AND DRUG USE

Q.: Do you smoke cigarettes now, or not?

Q.: In general, how often do you consume alcoholic beverages -- that is beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Q.: On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine?

Q.: How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

	Total	Do Not Smoke Cigarettes	Smoke Cigarettes	Do Not Drink Alcohol	Drink Alcohol
Base	1251	965	286	466	769
	%	%	%	%	%
Do not smoke cigarettes	76	100	0	79	74
Do not drink alcohol	40	42	34	100	0
Drinker who drinks alcohol moderately*	80	84	70	NA	80
Never use any recreational drugs	95	97	91	99	93

*Based on the 785 of all adults who sometimes drink. "Moderate" drinking is defined here as 3 or fewer drinks on a day in which alcohol is consumed.

NA = not applicable

CHAPTER THREE: REGULAR MEDICAL EXAMS

Blood Pressure Reading

The proportion of Americans reporting having a blood pressure reading at least once a year has remained remarkably constant over the last decade. In 1992, 84% report having this test done at least once a year, a marginal two-point gain over 1983's finding of 82% and a one-point drop from last year's finding of 85% (Table 3-1).

Women, those with at least some college education, and those with household incomes of over $35,000 are more likely to have at least an annual blood pressure reading. There are only slight differences by age, with those aged 65 and older more likely than younger Americans to have this check-up at least annually (Table 3-2).

Cholesterol Testing

In contrast to the lack of change for getting an annual blood pressure reading, the proportion of Americans who are being tested for their cholesterol level has steadily risen over the past eight years. In 1985, the proportion of Americans who reported having a blood test for their cholesterol level at least once a year was at 48%. By 1991 and 1992, this figure had risen eight points to 56% (Table 3-1).

Observation:
Americans' steadily increasing attention to having their blood cholesterol level checked at least annually contrasts with their recent loss of interest in avoiding high cholesterol foods.

Americans aged 50-64 and especially those aged 65 and over are more likely than younger Americans to have at least an annual cholesterol test. In addition, higher proportions of women and Easterners than men and residents of other parts of the U.S. have this test done annually. Individuals in fair or poor health are also more likely than those in better health to get at least an annual cholesterol test (Table 3-2).

Dental Check-Ups

As with annual blood pressure screens, the proportion of Americans getting at least an annual dental check-up has remained fairly constant. Seventy-three percent report going to the dentist for treatment or a check-up at least once a year, compared with 71% in 1983. This year's finding does, however, represent a fall from the increases noted in two previous years (1990's 75% and 1991's 77%) (Table 3-1).

While older Americans are more likely to get annual cholesterol check-ups and blood pressure readings, perhaps more immediately relevant to their health, younger Americans (under age 40) are more likely to have annual dental check-ups.

Observation:
This age difference is perhaps in part due to the increased emphasis on good dental health in recent years, a campaign most likely to reach children.

Wealthier and better educated Americans are more likely to get at least annual check-ups. This is also true of women, city and suburban residents, and those in excellent health (Table 3-2).

Pap Smear, Breast Self-Exam and Mammography For Women

In 1992, eight in ten adult women say they have a Pap smear at least every two years, representing an increase of five points over 1983's finding of 75%, but a slight drop from last year's 81% (Table 3-3). Groups more likely to get a Pap smear at least every two years include women under the age of 50, those with a college education and with higher household incomes, and women living in urban and suburban areas. Women in excellent health are also more apt than those in worse health to have this exam. There are no significant differences by race (Table 3-4).

About half (49%) of American women say they examine their breasts at least once a month to detect any possible cancer. This represents a sizable twelve point increase from 1983's measure of 37%, and an incremental rise from last year's 48% (Table 3-3). Women who are more likely to do a monthly breast self-exam are aged 40-64 and wealthier (Table 3-4).

A sizable minority -- 44% -- say they have a mammogram at least every two years, a drop of three points from last year's finding of 47%. (1991 was the first year this question was asked.) Since mammograms are considered useful in detecting breast cancer in women past their peak child-bearing years, large differences by age are not surprising. About two-thirds of women aged 40 and over report having this test at least every two years while only 24% of women in their thirties and an even lower 13% of women under 30 report the same.

Observation:
It is disturbing that even one third of women over 40 do not have regular mammograms, given their effectiveness in detecting a disease which strikes one in nine American women.

In addition to these age differences, women who have household incomes in excess of $50,000 and those in fair or poor health are also more likely to have this test at least every other year (Table 3-4).

Q.A2, A3, A4

Table 3-1
TRENDS IN MEDICAL EXAMS AND TESTS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a check-up?

Base	1983 Survey 1254 %	1985 Survey 1250 %	1987 Survey 1250 %	1988 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %	1992 Survey 1251 %	Change
Blood Pressure Screen								Since 1983
More often than once a year	52	59	56	57	56	57	55	
Once a year	30 } 82	28 } 87	28 } 84	26 } 83	29 } 85	28 } 85	29 } 84	+2
Every two years	6	5	6	6	4	4	5	
Every three or four years	2	3	3	1	2	2	3	
Every five years or less often	3	3	2	3	3	2	2	
Never	5	2	3	5	5	4	4	
Not sure	2	1	2	3	2	3	2	
Cholesterol Test								Since 1985
More often than once a year	X	20	19	21	22	21	21	
Once a year	X	28 } 48	26 } 45	28 } 49	33 } 55	34 } 56	35 } 56	+8
Every two years	X	7	7	6	8	7	8	
Every three or four years	X	4	4	4	3	4	3	
Every five years or less often	X	6	5	5	5	4	4	
Never	X	29	34	32	26	25	25	
Not sure	X	5	4	4	3	4	4	
Dental Exam								Since 1983
More often than once a year	44	46	50	47	51	51	51	
Once a year	27 } 71	28 } 74	25 } 75	24 } 71	25 } 75	26 } 77	22 } 73	+2
Every two years	8	7	6	8	7	5	7	
Every three or four years	4	3	4	4	2	2	3	
Every five years or less often	11	4	4	4	4	5	4	
Never	11	11	10	11	10	9	11	
Not sure	3	1	1	2	1	1	3	

X = Not asked.

Q.A2, A3, A4

Table 3-2

THREE TYPES OF EXAMS OR TESTS BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you have a blood pressure reading?

Q.: How often do you have a blood test for your cholesterol level?

Q.: How often do you go to the dentist for treatment or a check-up?

	Base		At Least Annual Blood Pressure Reading	At Least Annual Cholesterol Test	At Least Annual Dental Check-Up
Total	1251	%	84	56	73
Region					
East	301	%	82	60	79
South	390	%	84	57	68
Midwest	306	%	87	53	75
West	254	%	83	53	75
Urbanism					
Central city	418	%	86	59	79
Rest of metropolitan area	561	%	83	54	75
Outside metropolitan area	272	%	83	54	62
Sex					
Male	583	%	78	49	70
Female	668	%	90	62	77
Race					
White	1078	%	84	55	74
Black	93	%	89	60	65
Hispanic	70	%	87	53	72
Age					
18-29 years	317	%	86	47	84
30-39 years	283	%	80	42	81
40-49 years	211	%	81	54	74
50-64 years	220	%	85	70	67
65 and over	212	%	88	74	54
Education					
Not high school graduate	139	%	80	58	52
High school graduate	418	%	83	55	74
Some college	312	%	87	55	80
Four-year college graduate	378	%	87	54	85

(Continued)

Q.A2, A3, A4

Table 3-2 (Continued)

THREE TYPES OF EXAMS OR TESTS BY DEMOGRAPHIC CHARACTERISTICS

	Base		At Least Annual Blood Pressure Reading	At Least Annual Cholesterol Test	At Least Annual Dental Check-Up
Total	1251	%	84	56	73
Household Income					
$7,500 or less	121	%	82	57	58
$7,501-$15,000	141	%	85	60	69
$15,001-$25,000	212	%	82	52	66
$25,001-$35,000	214	%	82	54	72
$35,001-$50,000	214	%	88	54	84
$50,001 and over	262	%	88	59	85
Self-Described Health Status					
Excellent	311	%	79	51	84
Very good or good	754	%	86	55	73
Fair or poor	181	%	84	65	59

Q.A25, A26, A27

Table 3-3
TRENDS IN TESTS AND SELF-EXAMS FOR WOMEN
Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

Q.: How often do you have a mammogram for breast cancer?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	1992 Survey
Base	646	640	634	652	655	619	612	668
	%	%	%	%	%	%	%	%
Pap Smear								
More often than once a year	18	15	17	15	15	14	15	12
Once a year	49	54	51	57	55	59	61	61
Every two years	8	9	7	7	6	8	6	7
Every three years	4	3	4	3	6	4	3	3
Every four or five years	3	3	3	3	4	3	3	3
Every six years or less often	2	3	3	3	3	2	3	3
Never	13	12	10	9	10	9	8	8
Not applicable (vol.)	1	1	2	1	1	1	1	1
Not sure	2	1	2	2	1	1	1	1
Breast Self-Exam								
At least once a month	37	48	42	51	44	47	48	49
Several times a year	30	30	29	24	24	23	27	23
Once a year	9	8	9	7	9	10	11	11
Less than once a year	4	3	4	3	4	4	2	3
Never	15	9	13	12	15	14	10	11
I never do it -- doctor does it (vol.)	2	1	2	1	3	2	1	2
Not applicable (vol.)	*	-	1	*	*	1	-	*
Not sure	1	1	1	*	*	*	*	*
Mammogram								
More often than once a year	X	X	X	X	X	X	4	3
Once a year	X	X	X	X	X	X	34	32
Every two years	X	X	X	X	X	X	9	9
Every three years	X	X	X	X	X	X	2	5
Every four or five years	X	X	X	X	X	X	2	2
Every six years or less often	X	X	X	X	X	X	1	2
Never	X	X	X	X	X	X	46	42
Have had baseline mammogram (vol.)	X	X	X	X	X	X	1	2
Not applicable (vol.)	X	X	X	X	X	X	1	1
Not sure	X	X	X	X	X	X	1	2

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	1992 Survey
Pap Smear								
More often than once a year	18	15	17	15	15	14	15	12
Once a year	49	54	51	57	55	59	61	61
Every two years	8	9	7	7	6	8	6	7
Net: More often than once a year	75	78	75	79	76	80	81	80
Mammogram								
More often than once a year	X	X	X	X	X	X	4	3
Once a year	X	X	X	X	X	X	34	32
Every two years	X	X	X	X	X	X	9	9
Net: More often than once a year	X	X	X	X	X	X	47	44

*Less than 0.5%.
X = Not asked that particular year.

Q.A25, A26, A27

Table 3-4

WOMEN'S SPECIAL TESTS BY DEMOGRAPHIC CHARACTERISTICS

Base: Women only

Q.: How often do you have a Pap smear test for cancer?

Q.: How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

Q.: How often do you have a mammogram for breast cancer?

	Base		Pap Smear At Least Every One Or Two Years	Monthly Breast Self-Exam	Mammogram At Least Every Two Years
Total Women	668	%	80	49	44
Region					
East	171	%	82	43	44
South	204	%	80	57	48
Midwest	171	%	81	46	46
West	122	%	74	44	35
Urbanism					
Central city	234	%	82	51	45
Rest of metropolitan area	281	%	84	48	44
Outside metropolitan area	153	%	70	47	43
Race					
White	573	%	81	48	45
Black	61	%	82**	56**	44**
Hispanic	32	%	72**	62**	43**
Age					
18-29 years	149	%	85	43	13
30-39 years	143	%	84	49	24
40-49 years	107	%	83	54	65
50-64 years	132	%	74	60	65
65 and over	131	%	73	40	66
Education					
Not high school graduate	75	%	64	46	47
High school graduate	242	%	82	52	44
Some college	174	%	85	45	43
Four-year college graduate	175	%	87	48	43
Household Income					
$7,500 or less	73	%	81	37	48
$7,501-$15,000	90	%	76	49	37
$15,001-$25,000	122	%	77	51	39
$25,001-$35,000	104	%	89	49	39
$35,001-$50,000	113	%	81	54	44
$50,001 and over	111	%	83	53	55
Self-Described Health Status					
Excellent	139	%	86	52	37
Very good or good	422	%	79	48	45
Fair or poor	106	%	78	48	50

**Caution due to small base.

CHAPTER FOUR: STRESS

Feelings of Stress

Over the last decade, an increasing proportino of Americans report feeling under great stress. In 1983, 28% said they felt under great stress either almost every day (16%) or several days a week (12%). Ten years later, this proportion has risen to 33%, 18% feeling high stress every day and 15% feeling high stress several days a week. The proportion reporting great stress once or twice a week has also edged up from 27% in 1983 to 30% in 1992.

At the opposite extreme, there has been a drop in those experiencing great stress less often than once a week (from 29% in 1983 to 27% in 1992) and, even more dramatically, never (from 16% in 1983 to 10% in 1992). These findings have remained virtually unchanged since last year (Table 4-1).

Feeling great stress appears to be strongly associated with age, with younger Americans (especially those under 30) far more likely to report feeling great stress at least several days a week. Interestingly, the experience of great stress cuts across nearly all other demographic variables -- people in all education and income brackets as well as the various racial groups, rural and city dwellers, regions, and both women and men are virtually equally likely to report this phenomenon. However, individuals who describe their health as fair or poor are far more likely than those in better health to say they feel under great stress at least several days a week (Table 4-2).

Over the last decade, it appears as though stress levels have been rising for Americans aged 18-49, while staying about constant for those aged 50 and older (Table 4-3).

Sleeping and Socializing

Two ways of alleviating stress -- adequate sleep and socializing -- have either worsened or simply not changed over the last decade. The proportion of Americans reporting getting the recommended 7 or 8 hours of sleep a night has dropped from 64% in 1983 and 62% last year to 58% in 1992. Over the same period, the proportion who say they socialize with others has stayed virtually

constant at 82% both this year and last year, down only slightly from 1983's finding of 84% (Table 4-1).

Groups more likely to report getting seven or eight hours of sleep include college graduates and more affluent individuals. In addition, Americans in better health and those who experience less stress are far more likely to say they get this much sleep. Younger Americans (under age 30), above all, and those aged 65 and over are more likely than their middle-aged counterparts -- busy in their most productive work period and in child-bearing and child-raising years -- to socialize at least once a week (Table 4-2).

Q.A15, A16, A14

Table 4-1

TRENDS IN SOME ASPECTS OF STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	1983 Survey	1985 Survey	1987 Survey	1988 Survey	1989 Survey	1990 Survey	1991 Survey	1992 Survey
Base	1254	1250	1250	1250	1250	1254	1256	1251
	%	%	%	%	%	%	%	%
Frequency of Feeling Great Stress								
Almost every day	16	14	17	18	15	16	18	18
Several days a week	12	13	15	15	15	16	14	15
Once or twice a week	27	33	30	30	30	32	30	30
Less often than once a week	29	30	27	27	26	24	28	27
Never	16	10	10	9	12	10	9	10
Not sure	1	1	1	1	1	1	*	1
Sleep								
6 hours or less	25	26	27	28	25	28	26	32
7-8 hours	64	64	61	62	64	61	62	58
9 hours or more	10	9	11	11	11	9	11	9
Not sure	1	*	1	1	*	1	1	1
Socializing with Others								
Once a week or more	84	85	83	84	85	84	82	82
Less than once a week	16	15	17	16	14	15	17	18
Not sure	*	*	1	1	*	*	1	*

*Less than 0.5%.

Q.A15, A16, A14

Table 4-2

WHO TAKES STEPS TO CONTROL STRESS

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Q.: How many hours do you usually sleep each 24-hour day in total?

Q.: About how often do you socialize with close friends, relatives, or neighbors?

	Base		Feel Under Great Stress Several Days A Week Or More	Usually Get Seven Or Eight Hours Of Sleep	Socialize At Least Once A Week
Total	1251	%	33	58	82
Region					
East	301	%	34	59	82
South	390	%	32	59	82
Midwest	306	%	34	56	81
West	254	%	29	59	84
Urbanism					
Central City	418	%	34	54	82
Rest of metropolitan area	561	%	33	60	81
Outside metropolitan area	272	%	31	60	83
Sex					
Male	583	%	32	59	80
Female	668	%	33	57	84
Race					
White	1078	%	33	60	83
Black	93	%	29	52	78
Hispanic	70	%	30	52	83
Age					
18-29 years	317	%	41	55	92
30-39 years	283	%	37	66	79
40-49 years	211	%	35	55	77
50-64 years	220	%	30	58	74
65 and over	212	%	16	53	86

(Continued)

Q.A15, A16, A14

Table 4-2 (Continued)

WHO TAKES STEPS TO CONTROL STRESS

	Base		Feel Under Great Stress Several Days A Week Or More	Usually Get Seven Or Eight Hours Of Sleep	Socialize At Least Once A Week
Total	1251	%	33	58	82
Education					
Not high school graduate	139	%	32	50	82
High school graduate	418	%	32	55	81
Some college	312	%	40	62	85
Four-year college graduate	378	%	30	66	82
Household Income					
$7,500 or less	121	%	33	45	87
$7,501-$15,000	141	%	34	53	87
$15,001-$25,000	212	%	31	65	83
$25,001-$35,000	214	%	34	56	81
$35,001-$50,000	214	%	34	61	80
$50,001 and over	262	%	37	65	79
Self-Described Health Status					
Excellent	311	%	29	64	82
Very good or good	754	%	30	62	83
Fair or poor	181	%	48	37	80
Frequency of Feeling Great Stress					
Several days a week or more	415	%	100	50	80
Less than several days a week	827	%	0	62	84

Q.A15

Table 4-3

PERCENT OF THOSE WHO FEEL UNDER GREAT STRESS
SEVERAL DAYS A WEEK OR MORE BY AGE
(1983, 1987, 1988, 1989, 1990, 1991, 1992)

Q.: Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

	Percent Who Feel Under Stress At Least Several Days A Week													
	1983 Survey		1987 Survey		1988 Survey		1989 Survey		1990 Survey		1991 Survey		1992 Survey	
	Base	%	Base	%	Base	%	Base	%	Base	%	Base	%	Base	%
Total	1254	28	1250	31	1250	33	1250	30	1254	32	1256	32	1251	33
Age														
18-29 Years	340	29	318	33	309	35	303	31	286	36	309	36	317	41
30-39 Years	285	35	299	38	310	35	300	34	292	39	304	39	283	37
40-49 Years	216	26	175	40	202	39	213	37	230	41	220	32	211	35
50-64 Years	215	30	238	30	244	33	239	28	229	28	214	26	220	30
65 and Over	194	15	211	13	171	20	192	19	209	15	201	21	212	16

CHAPTER FIVE: HOME AND AUTO SAFETY PRECAUTIONS

Home Safety

Nine in ten Americans say their homes are equipped with smoke detectors. This is a slight gain of two points over last year's finding of 88%, and a huge increase over 1983's measure of 67%.

In contrast, the proportion of Americans reporting they have someone in the household who smokes in bed has risen slightly to 11% from last year's measure of 8%. This measure has remained remarkably constant over the years at about ten percent, with an 11% finding in 1983 (Table 5-1).

Homes equipped with smoke detectors are more likely to be found in the East, Midwest and urban areas rather than in the South, West or rural areas. Americans under the age of 50, and those from higher socioeconomic groups -- better educated and wealthier -- are also more likely to report having a smoke detector in their home (Table 5-2).

The gaps between various demographic groups -- especially by race, education and income -- have been generally narrowing over the last ten years, increasingly bringing smoke detectors to nearly every group in American society. While these gaps have been narrowing when looked at as a trend over the last ten years, they have widened slightly since last year (Table 5-3).

Auto Safety

The proportion of Americans who say they wear a seat belt when in the front seat of a car has consistently risen over the past decade. Although increases in recent years have been relatively small (up one point from last year), this proportion has more than tripled to 70% from 19% in 1983 (Table 5-4).

The dramatic increase in the number of states with mandatory seat belt legislation is responsible for a large part of this huge change. Whereas such laws were fairly rare a decade ago, they are commonplace now -- only 10 states have not yet passed mandatory seat belt legislation (Table 5-4A). As further evidence that such legislation makes a difference, fully 72% of residents of

states with such laws wear seat belts all the time, compared with a lower 52% of those living in states without these laws (Table 5-4B).

Groups less likely to wear seat belts all the time when in the front seat of a car include Midwesterners, residents of rural areas, men, and younger Americans (under age 40). Seat belt usage also appears to be related to income and educational levels, with those in lower brackets less likely to wear seat belts than those in higher brackets (Table 5-5).

In contrast to the huge gains in seat belt usage, attention to following the speed limit has fallen over the last decade. Just under half (49%) of drivers in the U.S. say they drive at or below the speed limit all the time, a moderate drop of seven points from 1983's finding of 56%. This measure has, however, risen incrementally from last year's finding of 48% (Table 5-4).

Speeding appears to be a practice many people grow out of over time. Among drivers, Americans aged 65 and over are more than twice as likely as those under 30 to obey the speed limit. In contrast to the pattern for seat belt usage, driving over the speed limit also appears to be a more common practice among those with higher household incomes and educational levels. Although less markedly different, higher proportions of rural residents and women say they never exceed the speed limit when driving (Table 5-5).

In addition to the rise in seat belt usage, another positive trend in the last decade is the sharp fall in the proportion of drivers who say they drive after drinking. In 1992, 17% of drivers say they drive after drinking, about half the proportion reported in 1983 (30%), and a significant four points below last year's finding of 21% (Table 5-4).

Unlike speeding, drunk driving does not appear to be markedly more common among young drivers. In fact, differences by age are not statistically significant. But, as with speeding, higher proportions of college graduates and wealthy individuals (with household incomes of at least $50,000) say they drink after driving. Men are also more likely than women to say they sometimes or always drive after drinking (Table 5-5).

Q.A23, A13

Table 5-1

TRENDS IN SOME ASPECTS OF SAFETY AT HOME

Q.: Do you have a smoke detector in your home, or not?

Q.: Does anyone in your household ever smoke in bed, or not?

Base	1983 Survey 1251 %	1987 Survey 1250 %	1988 Survey 1250 %	1989 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %	1992 Survey 1251 %	Change Since 1983
Smoke Detector								
Have a smoke detector	67	82	81	85	86	88	90	+23
Smoking in Bed								
Yes, someone smokes in bed	11	8	10	10	9	8	11	0

Q.A23 Table 5-2

PERCENT OF THOSE WHO GAVE A SMOKE DETECTOR AT HOME
BY DEMOGRAPHIC CHARACTERISTICS

Q.: Do you have a smoke detector in your home, or not?

	Base		Have Smoke Detector In Home
Total	1251	%	90
Region			
East	301	%	96
South	390	%	85
Midwest	306	%	93
West	254	%	87
Urbanism			
Central city	418	%	94
Rest of metropolitan area	561	%	90
Outside metropolitan area	272	%	83
Sex			
Male	583	%	89
Female	668	%	90
Race			
White	1078	%	90
Black	93	%	92
Hispanic	70	%	82
Age			
18-29 years	317	%	91
30-39 years	283	%	94
40-49 years	211	%	92
50-64 years	220	%	84
65 and over	212	%	85
Education			
Not high school graduate	139	%	80
High school graduate	418	%	91
Some college	312	%	91
Four-year college graduate	378	%	96
Household Income			
$7,500 or less	121	%	83
$7,501-$15,000	141	%	88
$15,001-$25,000	212	%	90
$25,001-$35,000	214	%	90
$35,001-$50,000	214	%	93
$50,001 and over	262	%	96

Q.A23

Table 5-3

CHANGE IN USE OF SMOKE DETECTORS (1983, 1986, 1988, 1990, 1991, 1992)

Q.: Do you have a smoke detector in your home, or not?

	Have Smoke Detector in Home											
	1983 Survey		1986 Survey		1988 Survey		1990 Survey		1991 Survey		1992 Survey	
	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap	Percent Having Detector	Gap
Total Adults	67%		77%		81%		86%		88%		90%	
Urbanism												
Central city	67		77		80		88		90		94	
Rest of metropolitan area	68	3	79	7	85	12	87	5	90	7	90	11
Outside metropolitan area	65		72		73		83		83		83	
Race												
White	70		79		84		87		89		90	
Black	48	22	73	17	72	21	81	6	86	5	92	10
Hispanic	59		62		63		85		84		82	
Age												
18-29 years	70		77		78		86		88		91	
30-39 years	72		81		87		90		91		94	
40-49 years	67	12	78	11	85	11	90	12	88	8	92	10
50-64 years	64		76		78		85		91		84	
65 and over	60		70		76		78		83		85	
Education												
Not high school graduate	52		64		68		72		83		80	
High school graduate	67		74		80		86		87		91	
Some college	75	23	82	20	84	20	88	19	88	11	91	16
Four-year college graduate	71		84		88		91		94		96	
Household Income												
$7,500 or less	52		68		74		75		84		83	
$7,501-$15,000	58		68		72		87		84		88	
$15,001-$25,000	71		75		81		82		88		90	
$25,001-$35,000	77	28	84	18	85	15	92	18	86	9	90	13
$35,001-$50,000	80		84		87		93		93		93	
$50,001 and over	76		86		84		92		93		96	

Q.A19, A21, A22

Table 5-4

TRENDS IN SOME ASPECTS OF AUTO SAFETY

Q.: How often do you wear a seat belt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, never?

Base	1983 Survey 1251 %	1985 Survey 1256 %	1987 Survey 1250 %	1988 Survey 1250 %	1989 Survey 1250 %	1990 Survey 1254 %	1991 Survey 1256 %	1992 Survey 1251 %
Wearing Seat Belts								
All the time	19	41	57	60	63	65	69	70
Sometimes	26	31	27	26	26	23	22	19
Never	53	28	15	13	11	11	9	9
Not applicable (vol.)	1	*	*	1	*	*	*	*
Not sure	*	*	*	-	*	1	-	*

Base: (Drivers Only)	1983 Survey 1097 %	1985 Survey 1102 %	1987 Survey 1115 %	1988 Survey 1117 %	1989 Survey 1121 %	1990 Survey 1148 %	1991 Survey 1146 %	1992 Survey 1130 %
Driving at or Below Speed Limit								
All the time	56	50	50	51	49	48	48	49
Sometimes	38	45	45	44	46	45	46	45
Never	5	5	4	5	5	5	5	5
Not sure	*	*	-	-	1	1	1	1
Driving After Drinking								
All the time	5	3	2	3	2	2	2	2
Sometimes	25	25	23	19	19	18	19	15
Never	52	59	49	60	56	61	62	66
Don't drink (vol.)	16	12	25	18	23	18	17	17
Not sure	2	1	*	*	*	*	*	*

*Less than 0.5%.

Table 5-4A

SEAT BELT LAWS IN 48 STATES AND DISTRICT OF COLUMBIA*

Seat Belt Law By Dec. 1992	No Seat Belt Law In Effect By Dec. 1992
Alabama	Delaware
Arizona	Kentucky
Arkansas	Maine
California	Massachusetts**
Colorado	Nebraska**
Connecticut	New Hampshire
Florida	North Dakota**
Georgia	South Dakota
Idaho	Vermont
Illinois	West Virginia
Indiana	
Iowa	
Kansas	
Louisiana	
Maryland	
Michigan	
Minnesota	
Mississippi	
Missouri	
Montana	
Nevada	
New Jersey	
New Mexico	
New York	
North Carolina	
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	
Tennessee	
Texas	
Utah	
Virginia	
Washington	
Washington, D.C.	
Wisconsin	
Wyoming	

LAW SOURCE: National Highway Traffic Safety Administration, Office of Public and Consumer Affairs, 400 Seventh Street, S.W., Room 5232, Washington, D.C. 20590.

*Alaska and Hawaii are not included in the survey.

**Nebraska's seat belt law, which went into effect on Sept. 6, 1985, was repealed by voter referendum in the Nov. 4, 1986 election. The Massachusetts seat belt law, which went into effect on Jan. 1, 1986, also was repealed by voter referendum in the Nov. 4, 1986 election. North Dakota's seat belt law, which was enacted April 11, 1989, was repealed by voter referendum in December 1989.

Q.A19

Table 5-4B

SEAT BELT USE BY STATES WITH AND WITHOUT SEAT BELT LAWS

Q.: How often do you wear a seat belt when you are in the front seat of a car -- all the time, sometimes, or never?

	Total	States with Seat Belt Laws	States without Seat Belt Laws
Base:	1251	1160	91
	%	%	%
All the time	70	72	52
Sometimes	19	19	25
Never	9	9	22

Q.A19, A21, A22

Table 5-5

PERCENT OF THOSE TAKING AUTO SAFETY PRECAUTIONS
BY DEMOGRAPHIC CHARACTERISTICS

Q.: How often do you wear a seat belt when you are in the front seat of a car -- all the time, sometimes, or never?

Q.: How often do you drive at or below the speed limit -- all the time, sometimes, or never?

Q.: If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

	Base		Wear Seat Belt All The Time In Front Seat Of Car	Base: Those Who Drive		Never Exceed Speed Limit*	Never Drive After Drinking Or Never Drink**
Total	1251	%	70	1130	%	49	83
Region							
East	301	%	69	255	%	49	83
South	390	%	72	368	%	48	86
Midwest	306	%	64	273	%	52	81
West	254	%	77	234	%	47	81
Urbanism							
Central City	418	%	71	350	%	51	82
Rest of metropolitan area	561	%	75	529	%	44	82
Outside metropolitan area	272	%	61	251	%	57	86
Sex							
Male	583	%	64	536	%	46	79
Female	668	%	77	594	%	52	87
Race							
White	1078	%	72	998	%	49	83
Black	93	%	66	68	%	54	86
Hispanic	70	%	60	59	%	50	82
Age							
18-29 years	317	%	68	286	%	32	86
30-39 years	283	%	68	268	%	48	76
40-49 years	211	%	70	197	%	49	80
50-64 years	220	%	71	198	%	57	84
65 and over	212	%	78	174	%	68	92

(Continued)

Q.A19, A21, A22

Table 5-5 (Continued)

PERCENT OF THOSE TAKING AUTO SAFETY PRECAUTIONS
BY DEMOGRAPHIC CHARACTERISTICS

	Base		Wear Seat Belt All The Time In Front Seat Of Car	Base: Those Who Drive		Never Exceed Speed Limit*	Never Drive After Drinking Or Never Drink**
Total	1251	%	70	1130	%	49	83
Education							
Not high school graduate	139	%	63	108	%	60	92
High school graduate	418	%	64	365	%	55	86
Some college	312	%	75	298	%	44	84
Four-year college graduate	378	%	82	356	%	38	73
Household Income							
$7,500 or less	121	%	57	89	%	60	94
$7,501-$15,000	141	%	73	119	%	59	80
$15,001-$25,000	212	%	72	196	%	49	85
$25,001-$35,000	214	%	68	193	%	53	85
$35,001-$50,000	214	%	75	205	%	40	82
$50,001 and over	262	%	77	257	%	40	73

*Drivers who drive at or below the speed limit all the time.
**Drivers who never drive after drinking, or never drink.

PART II: WAYS OF IMPROVING HEALTH BEHAVIORS

CHAPTER 6: SOURCES FOR MOTIVATING GOOD HEALTH HABITS

Interest In Changing Bad Health Habits

Sizable proportions of Americans who currently practice a number of bad health habits wish to overcome these habits. Over seven in ten (71%) smokers say they would like to quit smoking. Over four in ten (43%) Americans say they would like to learn more about following good nutritional habits. Over four in ten Americans (43%) say they would like to lose weight. Over half (53%) of those who do not currently get any regular exercise say they would like to start exercising regularly.

Specific subgroup differences for these four groups are as follows:

While over seven in ten (71%) smokers say they would like to quit smoking, this proportion rises to 78% among rural smokers, 78% among smokers in their thirties, and an even higher 84% of those in their forties (Table 6-1).

The 43% of Americans who say they would like to learn more about following good nutritional habits rises to 48% of women and 54% of 18-29 year olds. Individuals who already try a lot to avoid salt, fat and cholesterol in their food are also somewhat more likely to say they would like to learn more about good nutrition (Table 6-3).

The 43% of Americans who say they would like to lose weight jumps to 55% of overweight adults and falls to 27% of those whose weight falls within the recommended range. It is disturbing, however, that even 11% of underweight adults say they would like to lose weight. Although both sexes are about equally likely to be overweight in reality, women (54%) are nearly twice as likely as men (30%) to say they would like to lose weight (Table 6-5).

The 53% of those who would like to start exercising regularly increases to about seventy percent of 18-29 year olds (75%), college-educated adults (70%), and individuals with household incomes of over $35,000 (69%) (Table 6-7).

Sources of Motivation For Changing Bad Health Habits

These groups wishing to improve their health more frequently mention their doctors and, secondly, local hospitals as the sources they are very interested in for advice and counseling. Lower proportions of these groups say they are very interested in newspapers, magazines and television, government studies and reports, and their employer as sources for motivating good health habits. When asked which of the five sources they are most

interested in getting help from, these groups consistently name their doctors over the other four sources.

More specific interest levels in various sources of help are as follows:

Quitting smoking:
Smokers who would like to quit smoking are more likely to say they are very interested in turning to their doctor (35%), above all, and secondarily, to a local hospital (22%) for advice and counseling in this area. About one sixth are very interested in the remaining three areas covered -- government studies and report (17%), newspapers, magazines and television (16%), and your employer (15%).

Smokers wishing to quit overwhelmingly name their doctor (56%) as the source of advice they would most be interested in. Less than one sixth name any of the other four sources (Table 6-2).

Good nutritional habits
Half of Americans who would like to learn more about following good nutritional habits say they are very interested in getting advice and counseling in this area from their doctor. About one-third say they are very interested in this information from newspapers, magazines and television (33%), a local hospital (32%), and government studies and reports (31%). Less than one fifth (18%) express this level of interest in such help from their employer.

By at least a two-to-one margin, this group is most interested in getting help from their doctor (50%). The media (25%) are named second most frequently, with less than one sixth naming government studies and reports (14%), a local hospital (6%), and their employer (3%) (Table 6-4).

Losing weight
Nearly half (47%) of Americans who would like to lose weight say they are very interested in this area from their doctor. About one quarter (24%) say they are very interested in such help from a local hospital. A lower level of interest is expressed for newspapers, magazines and television (19%), government studies and reports (18%), and their employer (11%).

By a three-to-one margin, this group is most interested in such advice from their doctor (61%) over any other source mentioned (Table 6-6).

Exercising regularly
Nearly four in ten (37%) individuals who would like to start exercising regularly say they are very interested in counseling or advice in this area from their doctor. About half this proportion say they are very interested in such advice from a local hospital (20%), newspapers, magazines, and television (18%), and government studies and report (16%). Only twelve percent express such a high level of interest in their employer for this help.

This group overwhelmingly chooses their doctor (49%) as the source they would be most interested in getting help from in this area (Table 6-8).

Observation:

These data suggest that many people want help in changing behaviors and substantial numbers want help from doctors and hospitals. One way in which the behavior of many members of the community could be influenced for the better is through health programs sponsored through an association of doctors and hospitals.

More generally, doctors are also a top pick as a source of encouragement and information regarding good health practices. Americans overwhelmingly credit doctors with informing and motivating them to have good health habits. Nearly two-thirds give them positive marks -- 23% excellent and 42% pretty good -- in this area. A second tier of performers in this area includes newspapers, magazines and television, receiving a majority (51%) of positive marks (10% excellent and 41% pretty good), and local hospitals, with 44% positive marks (13% excellent and 31% pretty good). Government studies and reports (37% positive) and their employer (29% positive) receive less favorable ratings (Table 6-9).

Blacks are more likely than whites or Hispanics to rate each of the five areas listed positively. Rural residents, women, and the less affluent and less well educated are more likely to give high marks to doctors and local hospitals. A higher proportion of Americans aged 65 and older than younger Americans give local hospitals high marks.

Americans practicing good health habits (non-smokers and moderate drinkers or complete abstainers, and those not using illegal drugs) are more likely than those with poor habits to give high marks on health motivation to doctors and local hospitals. Similarly, Americans following good nutritional practices (avoiding salt, fat and high cholesterol in their food) are more likely than those less careful of what they eat to rate doctors, local hospitals and the media positively (Table 6-10).

Drinking and Drug Problems

The overwhelming majority of Americans say they have never had a problem with drinking or drugs. Over nine in ten Americans -- 94% -- say they have never had a drinking problem. Two percent say they no longer have a drinking

problem and one percent say they still have a drinking problem (Table 6-11). Of those who admit to still having a problem with alcohol (a total count of ten respondents), most (seven) say they do not want to get counseling or advice on overcoming this difficulty (Table 6-12).

An even higher proportion -- 96% -- say they have never had a drug problem. Four percent say they no longer have a drug problem and less than one half percent say they still have a drug problem (Table 6-13).

Strongest Motive For Adopting Healthier Habits

While traditional health promotion efforts have focused on living longer as an incentive to people to practice good health behaviors, an emphasis on being healthier and feeling good in the present might be more effective. Among three alternatives, a plurality (45%) of Americans choose "to be healthier while alive" as the strongest motive for them to adopt healthier habits. A lower one third say their strongest motive is "to feel good about yourself today." Only one fifth choose "to live longer" in this context (Table 6-14).

Demographic groups most likely to say "to be healthier while alive is the strongest motive include better educated and more affluent Americans, and middle-aged Americans (aged 30-64). Interestingly, Americans with healthier habits (those who don't smoke and who drink moderately or not at all) are also more likely to select this motive above the other two.

"To feel good about yourself today" is a more common response among lower socioeconomic groups. Cigarette smokers, especially, and heavy drinkers are also more likely than nonsmokers, moderate drinkers, and nondrinkers to name this motive.

Americans under 30 are much likelier than older Americans to say living longer is the strongest motive for them to adopt healthier habits (Table 6-15).

Q.B1

Table 6-1

DESIRE TO STOP SMOKING

Base: Smoke cigarettes now

Q.: Would you like to stop smoking, or not?

		Urbanism			Age				
	Total	Urban	Sub-urban	Rural	18-19	30-39	40-49	50-64	65+
	286 %	98 %	118 %	70 %	76 %	75 %	59 %	48 %	28 %
Yes	71	66	70	78	69	78	84	60	45
No	26	32	24	20	28	19	15	38	45
Not sure	3	2	5	2	3	3	2	2	10

Q.B2a, B2b

Table 6-2

LEVEL OF INTEREST IN VARIOUS SOURCES
OF ADVICE ON QUITTING SMOKING

Base: Would like to stop smoking

Q.: How interested would you be in counseling or advice on how to quit smoking from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

Q.: From which of these sources would you be most interested in learning more about how to quit smoking?

		Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Most Interested in Advice From
Base: 201						
Your doctor	%	35	34	9	21	56
A local hospital	%	22	29	13	34	7
Government studies and reports	%	17	30	13	38	9
Newspapers, magazines and television	%	16	29	13	40	14
Your employer	%	15	17	12	40	4

Q.B3

Table 6-3

DESIRE TO LEARN MORE ABOUT GOOD NUTRITIONAL HABITS

Q.: Would you like to learn more about following good nutritional habits, or not?

		Sex		Age					Try to Avoid A Lot		
	Total	Male	Female	18-29	30-39	40-49	50-64	65+	Salt	Fat	Cholesterol
Base	1251 %	583 %	668 %	317 %	283 %	211 %	220 %	212 %	595 %	653 %	578 %
Yes	43	37	48	54	47	45	39	23	45	47	45
No	56	62	51	45	53	54	59	73	53	52	53
Not sure	1	1	1	*	*	1	2	3	1	1	1

* Less than 0.5%.

Q.B4a, B4b

Table 6-4

LEVEL OF INTEREST IN VARIOUS SOURCES OF ADVICE ON GOOD NUTRITIONAL HABITS

Base: Would like to learn more about good nutritional habits

Q.: How interested would you be in counseling or advice on good nutritional habits from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

Q.: From which of these sources would you be most interested in learning more about good nutritional habits?

Base: 524		Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Most Interested in Advice From
Your doctor	%	50	37	6	6	50
Newspapers, magazines and television	%	33	49	7	10	25
A local hospital	%	32	36	14	17	6
Government studies and reports	%	31	45	9	15	14
Your employer	%	18	29	12	28	3

Q.B5

Table 6-5

DESIRE TO LOSE WEIGHT

Q.: Would you like to lose weight, or not?

		Sex		Body Weight Index		
	Total	Male	Female	Under-weight	Within Range	Over-weight
Base	1251	583	668	178	180	630
	%	%	%	%	%	%
Yes	43	30	54	11	27	55
No	57	69	46	89	73	44
Not sure	1	1	1	-	-	1

Q.B6a, B6b

Table 6-6

LEVEL OF INTEREST IN VARIOUS SOURCES OF ADVICE ON LOSING WEIGHT

Base: Would like to lose weight

Q.: How interested would you be in counseling or advice on losing weight from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

Q.: From which of these sources would you be most interested in learning more about losing weight?

Base: 542		Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Most Interested in Advice From
		%	%	%	%	%
Your doctor	%	47	29	7	15	61
A local hospital	%	24	27	14	34	6
Newspapers, magazines and television	%	19	37	13	30	18
Government studies and reports	%	18	34	15	32	6
Your employer	%	11	18	12	42	2

Q.B7

Table 6-7

DESIRE TO START EXERCISING REGULARLY

Base: Does not currently get any regular exercise

Q.: Would you like to start exercising regularly, or not?

		Age				Education				Household Income		
	Total	18-39	40-49	50-64	65+	Less Than High School	High School Grad	Some College	4 Yr. College Grad/ Post-Grad	$25,000 or Less	$25,001 to $35,000	$35,001 and over
Base	303	122	60	65	54	40	94	68	99	109	55	116
	%	%	%	%	%	%	%	%	%	%	%	%
Yes	53	75	49	42	22	32	50	62	70	39	63	69
No	41	22	40	54	69	54	46	35	27	50	34	31
Not sure	6	3	12	4	9	14	5	3	3	12	3	1

Q.B8a, B8b

Table 6-8

LEVEL OF INTEREST IN VARIOUS SOURCES OF ADVICE
ON STARTING A REGULAR EXERCISE ROUTINE

Base: Would like to start exercising regularly

Q.: How interested would you be in counseling or advice on starting a regular exercise routine from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

Q.: From which of these sources would you be most interested in learning more about starting a regular exercise routine?

Base: 167		Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Most Interested in Advice From
		%	%	%	%	%
Your doctor	%	37	34	12	16	49
A local hospital	%	20	38	13	29	13
Newspapers, magazines and television	%	18	40	12	31	17
Government studies and reports	%	16	30	17	36	4
Your employer	%	12	19	17	43	10

Q.C1

Table 6-9

RATING HEALTH INFORMATION SOURCES ON INFORMING AND MOTIVATING GOOD HEALTH HABITS

Q.: When it comes to informing you about and motivating you to have good health habits, how good a job do/does (READ EACH ITEM) do for you personally -- excellent, pretty good, only fair, or poor?

		Excellent	Pretty Good	Only Fair	Poor
Base: 1251					
Doctors	%	23	42	21	11
Local hospitals	%	13	31	25	21
Newspapers, magazines and television	%	10	41	32	13
Your employer	%	10	19	17	29
Government studies and reports	%	6	31	36	21

Q.C1

Table 6-10

RATING HEALTH INFORMATION SOURCES ON INFORMING
AND MOTIVATING GOOD HEALTH HABITS BY DEMOGRAPHICS
AND PREVENTIVE BEHAVIOR ITEMS
(EXCELLENT/PRETTY GOOD)

Q.: When it comes to informing you about and motivating you to have good health habits, how good a job do/does (READ EACH ITEM) do for you personally -- excellent, pretty good, only fair, or poor?

			Rated Excellent/Pretty Good				
	Base		Doctors	Local Hospitals	Newspapers, Magazines and Television	Your Employer	Gov. Studies and Reports
Total	1251	%	66	44	51	28	37
Region							
East	301	%	70	46	52	24	35
South	390	%	66	42	50	31	39
Midwest	306	%	64	49	52	27	35
West	254	%	61	41	52	30	38
Urbanism							
Urban	418	%	64	46	54	27	37
Suburban	561	%	63	40	49	28	33
Rural	272	%	72	51	51	29	44
Sex							
Male	583	%	60	37	45	31	34
Female	668	%	70	51	57	25	39
Race							
White	1078	%	65	42	51	26	35
Black	93	%	73	60	61	42	49
Hispanic	70	%	59	42	33	25	46
Age							
18-29 years	317	%	72	42	50	31	40
30-39 years	283	%	57	36	51	35	34
40-49 years	211	%	61	42	54	33	38
50-64 years	220	%	69	44	50	26	30
65 and over	212	%	70	62	51	11	44
Education							
Not high school graduate	139	%	74	53	49	21	42
High school graduate	418	%	66	49	50	30	36
Some college	312	%	62	39	52	29	32
Four-year college graduate	378	%	62	33	54	31	38
Household Income							
$7,500 or less	121	%	70	58	53	18	40
$7,501-$15,000	141	%	69	46	53	22	40
$15,001-$25,000	212	%	72	49	57	30	40
$25,001-$35,000	214	%	60	42	47	30	35
$35,001-$50,000	214	%	62	43	50	31	36
$50,001 and over	262	%	62	34	52	34	31

(Continued)

Q.C1

Table 6-10 (Continued)

RATING HEALTH INFORMATION SOURCES ON INFORMING
AND MOTIVATING GOOD HEALTH HABITS BY DEMOGRAPHICS
AND PREVENTIVE BEHAVIOR ITEMS
(EXCELLENT/PRETTY GOOD)

Q.: When it comes to informing you about and motivating you to have good health habits, how good a job do/does (READ EACH ITEM) do for you personally -- excellent, pretty good, only fair, or poor?

			Rated Excellent/Pretty Good				
	Base		Doctors	Local Hospitals	Newspapers, Magazines and Television	Your Employer	Gov. Studies and Reports
Total	1251	%	66	44	51	28	37
Self-Described Health Habits							
Excellent	311	%	59	34	55	29	32
Very good or good	754	%	67	47	51	31	40
Fair or poor	181	%	70	50	46	17	34
Cigarette Smoker							
Yes	286	%	62	41	40	29	
No	965	%	67	45	55	40	
Alcohol Consumption							
Never or moderate	1100	%	68	46	51	27	37
Heavy	135	%	54	34	52	37	39
Illegal Drug Use							
Frequently, sometimes, or only occasionally	56	%	45	29	46	39	39
Never	1194	%	66	45	51	27	37
Try To Avoid A Lot							
Salt	595	%	68	50	58	29	38
Fat	653	%	71	49	54	29	41
Cholesterol	578	%	71	49	55	28	40

Q.B9, B10

Table 6-11

CURRENT OR PAST DRINKING PROBLEM

Q.: Have you ever had a drinking problem, or not?

Q.: Do you still have a drinking problem, or not?

Base	Total 1251 %
Has never had a drinking problem	94
No longer has a drinking problem	2
Still has a drinking problem	1

Q.B11

Table 6-12

DESIRE TO GET ADVICE ON OVERCOMING DRINKING PROBLEM

Base: Still has a drinking problem

Q.: Would you like to get counseling or advice on overcoming your drinking problem, or not?

Base	Total 10* #
Yes	2
Currently get counseling (vol.)	3
No	7

*Caution: small base.

Q.B13, B14

Table 6-13

CURRENT OR PAST DRUG PROBLEM

Q.: Have you ever had a drug problem, or not?

Q.: Do you still have a drug problem, or not?

	Total
Base	1251
	%
Has never had a drug problem	96
No longer has a drug problem	4
Still has a drug problem	*

*less than 0.5%.

Q.C7

Table 6-14

STRONGEST MOTIVE TO ADOPT HEALTHIER HABITS

Q.: Which one of these is the strongest motive for you to adopt healthier habits?

	Total
Base	1251
	%
To be healthier while alive	45
To feel good about yourself today	33
To live longer	20
Not sure	1

Q. C7

Table 6-15

STRONGEST MOTIVE TO ADOPT HEALTHIER HABITS BY
DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS

Q: Which one of these is the strongest motive for you to adopt healthier habits?

	Base		To be healthier while alive	To feel good about yourself today	To live longer
Total	1251	%	45	33	20
Sex					
Male	583	%	43	30	24
Female	668	%	48	35	17
Race					
White	1078	%	47	32	19
Black	93	%	33	38	28
Hispanic	70	%	54	18	24
Age					
18-29 years	317	%	37	36	27
30-39 years	283	%	51	29	20
40-49 years	211	%	50	33	15
50-64 years	220	%	48	27	18
65 and over	212	%	43	40	16
Education					
Not high school graduate	139	%	28	37	29
High school graduate	418	%	49	33	18
Some college	312	%	43	37	19
Four-year college graduate	378	%	57	26	16
Household Income					
$7,500 or less	121	%	30	43	23
$7,501-$15,000	141	%	39	42	14
$15,001-$25,000	212	%	45	34	19
$25,001-$35,000	214	%	49	28	22
$35,001-$50,000	214	%	52	25	23
$50,001 and over	262	%	54	26	18
Cigarette Smoker					
Yes	286	%	34	41	22
No	965	%	49	30	19
Alcohol Consumption					
Never or moderate	1100	%	47	32	20
Heavy	135	%	39	37	22

CHAPTER 7: CHANGING INSURANCE PLANS TO MOTIVATE GOOD HEALTH

Making People With Unhealthy Habits Pay More

One way of encouraging people to have good health habits is to ask those who don't to pay more for the consequence of their behavior -- higher health care costs. A majority of Americans think that those with unhealthy habits such as smoking, drinking a lot, or not wearing a seat belt should pay more both up front -- for their health insurance (57%) -- and after the fact -- pay a bigger share of their medical bills (51%) (Table 7-1).

Middle-aged and elderly Americans as well as more affluent and better educated Americans are more likely than their younger and less privileged counterparts to say that people with unhealthy habits should pay more for health insurance. Not surprisingly, individuals who do not smoke or drink heavily, and who describe their health as excellent are more likely to want those with such bad habits to take on the burden of paying for those habits in higher insurance premiums.

Similar demographic, though less pronounced, patterns occur among those who advocate having this group pay a larger share of their medical bills (Table 7-2).

Effectiveness of Higher Premiums In Discouraging Unhealthy Habits

While most Americans are in favor of having people with unhealthy habits pay more for their health care, they are less convinced of the absolute effectiveness of such cost-sharing measures. Only one-third say they think having to pay higher insurance premiums would be very effective in encouraging either them or a family member to adopt more healthy habits (Table 7-3). This proportion rises to 48% of blacks (compared with 37% of Hispanics and 30% of whites). Older and less educated Americans are also more likely to say that this measure would be very effective as are people who do not smoke or drink heavily (Table 7-4).

An additional third claims such tactics would be somewhat effective. The remaining third say that this would be either not very effective (17%) or not at all effective (15%) (Table 7-3).

When asking a group which practices one of these unhealthy habits -- smokers -- the results are fairly encouraging. Nearly one-third (30%) say they would be very likely to quit smoking and 27% say somewhat likely if they were required to pay significantly more for their health insurance. At the other end of the scale, there is quite a high proportion -- fully 30% -- of die-hard smokers who say they are not at all likely to quit smoking under these circumstances. Eleven percent are not quite as adamant, but still reluctant, saying they are not very likely to give up smoking if asked to pay much higher insurance premiums (Table 7-5).

Importance of Various Types of Preventive Care

Many experts agree that one way of improving health care is through preventive health care services, although this form of health care is often not covered by insurance. Of ten preventive care services measured, Americans place the highest priority on measures which apply to infants and children (prenatal care, immunizations and boosters, and physical check-ups), followed by preventive care measures specifically for women (Pap smears, mammograms and breast exams), and adults (physical check-ups and blood pressure readings). Least important are smoking cessation and diet and nutrition programs.

* Just over one third consider prenatal care (37%), immunizations and boosters (36%), and physical check-ups for children (34%) absolutely essential, and at least eighty-three percent say these services are at least very important.

* Of second order of importance -- named as absolutely essential by between one quarter and one third -- are preventive measures relating to women's health, including Pap smears (30%), breast exams (28%), and mammograms (28%). About eighty percent say these measures are at least very important.

* Physical check-ups for adults and screening for blood pressure are seen as quite important, with 27% and 22%, respectively, saying these measures are absolutely essential and fully 79% and 73% saying they are at least very important.

Observation:
Given the overwhelming support of the American public for these top eight preventive services (relating to care for women, children, and adults), they are prime candidates for inclusion in any basic benefits package President Clinton may introduce in a new health bill.

* Smoking cessation and diet and nutrition programs have the least support among the ten measures studied. Only 13% say smoking cessation programs and 8% say diet and nutrition counseling are absolutely essential -- 52% and 43%, respectively, say they are at least very important (Table 7-6).

Groups most likely to place great importance on health insurance coverage for preventive measures to treat children and women as well as physical check-ups for adults include whites, women, and those in higher socioeconomic groups (more affluent and better educated). Interestingly, a higher proportion of adults under 30 than those older than 30 say the three measures studied relating to children's health are absolutely essential. For the remaining preventive care categories, there are no notable differences by age.

College-educated and more affluent Americans are the only two groups which are more likely to place greater importance on screening for blood pressure (Table 7-7).

Q.C2a-b

Table 7-1

WHETHER PEOPLE WITH UNHEALTHY HABITS SHOULD PAY MORE FOR INSURANCE OR MEDICAL BILLS

Q.: Do you think that people who have unhealthy habits like smoking, drinking a lot, or not wearing seat belts should (READ EACH ITEM) than people who have good health habits, or not?

Base: 1251		Should Pay More	Should Not Pay More	Not Sure
Pay more for their health insurance	%	57	38	4
Pay for a bigger share of their medical bills	%	51	42	6

Q.C2a-b

Table 7-2

WHETHER PEOPLE WITH UNHEALTHY HABITS SHOULD PAY MORE FOR INSURANCE OR MEDICAL BILLS BY DEMOGRAPHIC CHARACTERISTICS AND PREVENTIVE BEHAVIOR ITEMS

Q.: Do you think that people who have unhealthy habits like smoking, drinking a lot, or not wearing seat belts should (READ EACH ITEM) than people who have good health habits, or not?

			Yes, people with unhealthy habits should:	
	Base		Pay more for their health insurance	Pay for a bigger share of their medical bills
Total	1251	%	57	51
Age				
18-29 years	317	%	54	47
30-39 years	283	%	54	53
40-49 years	211	%	63	49
50-64 years	220	%	56	53
65 and over	212	%	61	56
Education				
Not high school graduate	139	%	49	51
High school graduate	418	%	56	47
Some college	312	%	55	54
Four-year college graduate	378	%	67	55
Household Income				
$7,500 or less	121	%	52	48
$7,501-$15,000	141	%	61	53
$15,001-$25,000	212	%	52	49
$25,001-$35,000	214	%	53	50
$35,001-$50,000	214	%	61	55
$50,001 and over	262	%	67	58
Self-Described Health Habits				
Excellent	311	%	63	52
Very good or good	754	%	57	51
Fair or poor	181	%	51	50
Cigarette Smoker				
Yes	286	%	37	32
No	965	%	64	57
Alcohol Consumption				
Never or moderate	1100	%	59	53
Heavy	135	%	45	41

Q.C3

Table 7-3

EFFECTIVENESS OF PEOPLE WITH UNHEALTHY HABITS PAYING HIGHER INSURANCE PREMIUMS IN ENCOURAGING HEALTHIER LIFESTYLES

Q.: If you or a member of your family had a unhealthy habit such as smoking, drinking a lot, or not wearing seat belts, how effective do you think having to pay higher insurance premiums would be in encouraging you or them to adopt more healthy habits -- very effective, somewhat effective, not very effective, or not effective at all?

	Total
Base	1251
	%
Very effective	33
Somewhat effective	33
Not very effective	17
Not effective at all	15
Not sure	3

Q.C3

Table 7-4

EFFECTIVENESS OF PEOPLE WITH UNHEALTHY HABITS PAYING HIGHER INSURANCE PREMIUMS IN ENCOURAGING HEALTHIER LIFESTYLES BY DEMOGRAPHIC CHARACTERISTICS AND KEY PREVENTIVE BEHAVIOR ITEMS
(VERY EFFECTIVE)

Q.: If you or a member of your family had a unhealthy habit such as smoking, drinking a lot, or not wearing seat belts, how effective do you think having to pay higher insurance premiums would be in encouraging you or them to adopt more healthy habits -- very effective, somewhat effective, not very effective, or not effective at all?

	Base		Very Effective
Total	1251	%	33
Race			
White	1078	%	30
Black	93	%	48
Hispanic	70	%	37
Age			
18-29 years	317	%	30
30-39 years	283	%	31
40-49 uears	211	%	31
50-64 years	220	%	34
65 and over	212	%	37
Education			
Not high school graduate	139	%	42
High school graduate	418	%	34
Some college	312	%	28
Four-year college graduate	378	%	27
Cigarette SMoker			
Yes	286	%	26
No	965	%	35
Alcohol Consumption			
Never or moderate	1100	%	34
Heavy	135	%	24

Q.C4

Table 7-5

LIKELIHOOD THAT SMOKERS WOULD QUIT SMOKING IF REQUIRED TO PAY MORE FOR INSURANCE

Base: Smoke cigarettes now

Q.: How likely would you be to quit smoking if you were required to pay significantly more for your health insurance -- very likely, somewhat likely, not very likely, or not likely at all?

	Total
Base	286
	%
Very likely	30
Somewhat likely	27
Not very likely	11
Not at all likely	30

Q.C8

Table 7-6

IMPORTANCE OF INSURANCE COVERAGE FOR VARIOUS TYPES OF PREVENTIVE CARE

Q.: How important do you think it is that insurance or health plans pay for most of each of these types of care (READ EACH ITEM) -- absolutely essential, very important, somewhat important, not very important, or not important at all?

Base: 1251

		Absolutely Essential	Very Important	Somewhat Important	Not Very Important, Not Important At All
Prenatal care	%	37	48	9	3
Immunizations, boosters	%	36	47	12	3
Physical check-ups for children	%	34	52	10	3
Pap smears	%	30	51	13	3
Breast exams	%	28	54	13	3
Mammograms	%	28	53	13	4
Physical check-ups for adults	%	27	52	18	2
Screening for blood pressure	%	22	51	21	5
Smoking cessation programs	%	13	39	27	17
Diet and nutrition counseling	%	8	35	39	14

Q.C8

Table 7-7

IMPORTANCE OF HAVING INSURANCE COVER VARIOUS TYPES OF PREVENTIVE CARE BY DEMOGRAPHICS CHARACTERISTICS (ABSOLUTELY ESSENTIAL)

Q.: How important do you think it is that insurance or health plans pay for most of each of these types of care (READ EACH ITEM) -- absolutely essential, very important, somewhat important, not very important, or not important at all?

	Those saying each type of care is absolutely essential								
		Race			Sex		Age	Education	Household Income
	Total	White	Black	Hispanic	Male	Female	18-29	4-Year College/ Grad School	Over $50K
Base	1251 %	1078 %	93 %	70 %	583 %	668 %	317 %	378 %	262 %
Prenatal care	37	40	23	26	31	43	43	50	51
Immunizations, boosters	36	38	23	26	30	42	42	47	47
Physical check-ups for children	34	35	27	23	29	39	43	42	41
Pap smears	30	32	22	27	26	33	28	37	41
Breast exams	28	30	18	26	28	29	29	37	38
Mammograms	28	31	20	23	25	31	27	38	41
Physical check-ups for adults	27	30	19	15	23	32	28	33	36
Screening for blood pressure	22	22	19	22	20	23	21	27	32
Smoking cessation programs	13	14	8	12	12	14	12	14	17
Diet and nutrition counseling	8	9	7	5	8	9	9	10	11

CHAPTER 8: CONCERN ABOUT GETTING SERIOUS ILLNESSES

Taking steps to avoid getting serious illnesses

AIDS far and away tops the list of illnesses Americans say they are trying to avoid, followed by hypertension or high blood pressure, heart disease, a stroke, and breast cancer (among women). Americans appear to be less vigilant in taking steps to reduce the risk of getting lung cancer and prostate cancer (among men).

* Fully two-thirds (67%) say they are taking steps in their daily life to reduce their risk of getting AIDS.

* About half say they take steps to reduce their risk of getting three other major killers -- hypertension or high blood pressure (53%) and heart disease (52%), and a stroke (49%). A sizable minority (44%) say they make these efforts to reduce their chances of getting lung cancer.

* For sex-specific diseases, nearly half of women (47%) say they take steps to avoid getting breast cancer, and one quarter of men (25%) make the same effort to try to avoid getting prostate cancer (Table 8-1).

Sizable differences exist among the various socio-demographic groups who choose to change their behavior to avoid these diseases. Women are, on average, more likely than men to say they take steps to reduce the risk of getting heart disease, a stroke, hypertension or high blood pressure, and lung cancer. Interestingly, there is little difference between the sexes on whether they make an effort to avoid getting AIDS (68% of women vs. 65% of men).

In terms of differences between the generations on prevention of serious disease, the age group most likely to be at risk of contracting a disease also appears to be that which takes steps to try to avoid it. A disease which has struck the young in high numbers -- AIDS -- is thus a disease younger Americans are more likely than older ones to be trying to avoid.

Older Americans (age 40 and over) are, however, far more likely than younger Americans to be taking steps to reduce their chances of getting diseases of old age -- a stroke, heart disease, and hypertension or high blood pressure. And men over the age of 50 are nearly twice as likely as men under

50 to say they are taking steps to reduce their risk of getting prostate cancer -- a disease most likely to strike elderly men.

Americans in their forties are more likely than other age groups to say they are trying to avoid getting lung cancer.

Women over the age of 40 (especially those between the ages of 40 and 64 are those) are more likely to be take specific steps to reduce their risk of getting breast cancer.

One pattern which is uniform for all seven diseases studies is the higher the educational level, the more likely an individual is to take steps to avoid contracting various diseases.

Among different racial groups, blacks appear to be more likely than whites or Hispanics to say they take steps to avoid AIDS and hypertension or high blood pressure (Table 8-2).

Observation:
There are clearly opportunities to further educate the American public and, especially, specific subgroups on various steps they can take to avoid getting serious illnesses.

Personal Worry About Getting Serious Illnesses

While AIDS is by far the disease Americans are most trying to avoid, illnesses such as hypertension or high blood pressure, heart disease, lung cancer, and a stroke are much more likely to be those they worry they are personally at risk of getting. More generally, Americans appear to be much more likely to take steps to reduce their risk of getting a serious illness than to worry they are personally at risk of getting such an illness.

* Nearly one-third say they personally worry about getting hypertension or high blood pressure (32%) and heart disease (31%), compared with about half who take steps to reduce their risk of getting these diseases.

* About one quarter say they are concerned about getting lung cancer (28%) and a stroke (25%), about half the proportion of those who take steps to reduce their chances of getting these diseases.

* Only one-fifth of Americans (21%) worry they are personally at risk of contracting AIDS -- less than one-third the proportion who say they take steps to avoid getting this disease (67%).

* Only 12% of Americans worry that they are personally at risk of contracting tuberculosis.

* For the sex-specific diseases, a quite high 36% of women say they worry they are personally at risk of getting breast cancer, and a lower 25% of men say they worry about being personally at risk of getting prostate cancer (Table 8-3).

Observation:
The contrast between the very high proportion (67%) who say they take steps to reduce their chance of getting AIDS and the low proportion (21%) who worry they are personally at risk may indicate that Americans feel fairly secure about their ability to control this disease for themselves.

Differences among demographic groups are less marked for those who personally worry about getting a certain disease. Men are just likely as women to worry about getting a non-sex specific disease. Similarly, Americans at all educational levels are virtually equally likely to say they personally worry about contracting one of the illnesses mentioned. This is also true for racial groups, with the exception of AIDS -- Blacks and Hispanics are far more likely than whites to say they are concerned about getting this disease.

By age, however, notable differences emerge. Once again, just as AIDS is a disease which has struck the young in high numbers, this is the group, especially 18 to 29 year olds, which most worries about contracting this disease (Table 8-4).

Taking Steps By Personally Worry

It is not surprising to see that those who personally worry that they are at risk of getting a disease are more likely than those who do not worry to take steps to reduce their risk of getting such an illness. This pattern is especially pronounced for prostate cancer (among men) -- men who worry are nearly three times as likely to take steps as those who do not.

Encouragingly, relatively high proportions of those who say they do not worry about getting a disease, but still take steps to avoid getting such a disease (Table 8-5).

Q. C5

Table 8-1

WHETHER TAKE STEPS TO REDUCE RISK OF GETTING SERIOUS ILLNESSES

Q: In your daily life, do you take any specific steps to reduce your risk of getting/having (READ EACH ITEM), or not?

		Yes	No	Already Have (vol)	Not Sure
Base: 1251					
AIDS	%	67	31	*	2
Hypertension or high blood pressure	%	53	42	4	1
Heart disease	%	52	45	2	*
A stroke	%	49	49	1	1
Breast cancer (Women only) Base: 668	%	47	50	1	1
Lung cancer	%	44	55	*	1
Prostate cancer (Men only) Base: 583	%	25	70	1	4

* Less than 0.5%

Q.C5

Table 8-2

WHETHER TAKE STEPS TO REDUCE RISK OF GETTING SERIOUS ILLNESSES BY DEMOGRAPHIC CHARACTERISTICS
(TAKE STEPS)

Q.: In your daily life, do you take any specific steps to reduce your risk of getting/having (READ EACH ITEM), or not?

	Take Steps to Reduce Risk of Getting Each Serious Illness												
		Sex		Race			Age					Education	
	Total	Male	Female	White	Black	His-panic	18-29	30-39	40-49	50-64	65+	Less Than High School	College Grad/ Post Grad
Base	1251 %	583 %	668 %	1078 %	93 %	70 %	317 %	283 %	211 %	220 %	212 %	139 %	378 %
AIDS	67	65	68	65	85	73	77	74	70	60	46	56	70
Hypertension or high blood pressure	53	49	57	51	68	52	45	53	59	56	55	50	58
Heart disease	52	46	58	53	50	47	43	49	60	58	55	39	67
A stroke	49	44	53	48	57	43	35	43	56	57	59	47	55
Breast cancer (Women Only Base: 668)	*	-	47	47	53	48	39	47	55	53	45	42	49
Lung cancer	44	41	46	43	51	39	39	40	53	46	44	37	52
Prostate cancer (Men Only Base: 583)	*	25	-	24	31	23	12	18	25	39	39	18	33

* Only asked of women (breast cancer) or men (prostate cancer).

Q. C6

Table 8-3

WHETHER WORRY THAT PERSONALLY AT RISK OF GETTING SERIOUS ILLNESSES

Q: Do you worry that you're personally at risk of getting this, or not?

Base: 1251		Yes, worry	No, don't worry	Already Have This (Vol)	Not Sure
Breast cancer (Women only) Base: 668	%	36	62	1	1
Hypertension or high blood pressure	%	32	64	4	1
Heart disease	%	31	66	2	*
Lung cancer	%	28	72	*	*
A stroke	%	25	73	1	1
Prostate cancer (Men only) Base: 583	%	25	72	1	3
AIDS	%	21	78	*	*
Tuberculosis	%	12	88	NA	*

*Less than 0.5%

Q.C6

Table 8-4

WHETHER WORRY THAT PERSONALLY AT RISK OF GETTING SERIOUS ILLNESSES BY DEMOGRAPHIC CHARACTERISTICS

Q.: Do you worry that you've personally at risk of getting this, or not?

	Worry that personally at risk of getting each serious illness:												
		Sex		Race			Age					Education	
	Total	Male	Female	White	Black	His-panic	18-29	30-39	40-49	50-64	65+	Less Than High School	College Grad/ Post Grad
Base	1251 %	583 %	668 %	1078 %	93 %	70 %	317 %	283 %	211 %	220 %	212 %	139 %	378 %
Breast cancer (Women Only Base: 668)	*	-	36	36	33	42	40	38	42	34	26	34	39
Hypertension or high blood pressure	32	33	30	31	36	43	34	35	31	27	29	35	31
Heart disease	31	30	32	31	29	44	28	32	34	32	32	32	36
Lung cancer	28	29	28	28	27	26	30	33	33	24	20	30	24
A stroke	25	25	25	24	30	35	20	26	27	29	28	29	27
Prostate cancer (Men Only Base = 583)	*	25	-	26	14	29	18	20	32	29	30	23	32
AIDS	21	21	21	19	30	36	32	20	21	15	13	22	21
Tuberculosis	12	10	13	10	16	25	10	9	14	14	13	17	11

* Only asked of women (breast cancer) or men (prostate cancer).

Q.C5, C6

Table 8-5

TAKING STEPS BY PERSONAL WORRY

Base: All but those who already have serious illness

Q: In your daily life, do you take any specific steps to reduce your risk of getting/having (READ EACH ITEM), or not?

Q: Do you worry that you're personally at risk of getting this, or not?

	Base		Total	Worry	Don't Worry
AIDS	1249	%	67	86	62
Hypertension or high blood pressure	1204	%	55	73	46
A stroke	1245	%	49	76	39
Heart disease	1224	%	54	74	44
Lung cancer	1249	%	44	49	42
Breast cancer (Women only)	661	%	48	63	39
Prostate cancer (Men only)	579	%	25	49	17

APPENDIX A: METHODOLOGY

METHODOLOGY

The 1992 survey data in this report are based on interviews with 1,251 randomly selected adults across the country, conducted by telephone from December 10 through 28, 1992. The overall completion rate for this survey was 60% of eligible households reached. The 40% noncompletion rate includes initial refusals, plus terminations during the course of the interview.

For the trended questions, the 1983 through 1992 surveys followed the same procedures in order to facilitate comparisons.

Introduction

Louis Harris and Associates' telephone surveys are based on a national sample of the civilian population (18 years of age and older) of the United States. Those living in Alaska and Hawaii are not represented, nor are those in prisons, hospitals, or religious and educational institutions, unless such individuals have their own outside phone line. Samples are based on the Census Bureau's adult population figures for each state in the country. These figures are updated by intercensal estimates produced annually by the Census Bureau, and sample locations are selected biennially to reflect changes in the country's demographic and geographic profile.

National samples are stratified on two dimensions -- geographic region and metropolitan versus nonmetropolitan residence. Stratification ensures that the sample will reflect, within 1%, those living in different regions of the country and those living in SMSA's and non-SMSA's. Within each stratum, the selection of the primary sampling unit (PSU) is achieved through multistage, unclustered sampling. Each PSU yields one interview. First states, thencounties, and then minor civil divisions are selected, with probability of selection proportionate to Census Bureau estimates of their respective populations.

Random-Digit Dialing

Louis Harris and Associates employs a random-digit-dialing procedure to select households within primary sampling units. Random-digit dialing is a significant improvement over previously used techniques, extending the potential coverage rate to almost 95% of the U.S. population.

Unless some method of random-digit dialing is used, telephone samples must be drawn directly from published lists. However, since the population of unlisted phone number subscribers is large and demographically dissimilar to subscribers with listed phone numbers, reliance on telephone directories alone yields seriously biased samples. For this reason, using published phone listings as the universe is inadequate for telephone surveys and inferior to using random-digit dialing.

The use of a random-digit-dialing method offers other important advantages:

-- The sample is highly representative.

-- Unlisted telephone numbers have the same probability of inclusion in the sample as listed numbers. This is particularly important in reaching both high income and minority populations.

-- Respondents are geographically dispersed, rather than clustered.

-- Households with multiple phone listings have the same probability of inclusion in the sample as households with a single phone listing.

Sample Development

Virtually all of the hundreds of national telephone surveys conducted by the Harris organization each year are based on a modified, stratified, random-digit-dialing method. In addition, Harris telephone surveys use a stratified area-probability approach rather than a single-stage sample.

There are three important advantages to using an area-probability approach:

-- It allows greater stratification of the population (Harris samples have twelve strata).

-- It allows comparisons with Census Bureau data and other published demographic information that have a geographic base.

-- It is compatible with sampling for in-person interviewing, thus providing greater versatility in study design.

The sample is developed in a multistage process. First, a listing is constructed of the latest estimates of the adult population of every state within each region in rank order, then a running cumulative total of gross sums is produced. Next, a skip factor is calculated as t/n, where t is the adult population of the stratum and n is the number of sample points needed. Then a random number, Ψ, smaller than the skip factor, is selected. Beginning with the random number , the sample points are then assigned according to where the numbers Ψ, (Ψ + t/n), (Ψ + 2 t/n), (Ψ + 3 t/n) . . . . (Ψ + (n-1) t/n) fall on the running cumulative total of the adult population within that stratum. This same procedure is applied to each state within each region to form PSUs.

At the next stage of selection, one telephone number for each PSU is randomly selected from the updated Harris library of telephone directories. The selected numbers are then altered by dropping the last two digits (or occasionally just the last digit in rural areas) and replacing them with randomly selected two-digit numbers. As many randomly selected two-digit numbers as needed are successively appended until a working residential number is reached, or until an interview is completed in each PSU. Technically, this method of sampling produces an epsem sample of all published banks of telephone numbers, i.e., a sample with an equal probability of selection method.

Stratification of Telephone Sample

The core telephone exchanges are stratified by two variables -- geographic region and place of residence. The United States is divided into four regions, as follows:

1. East: Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut, New York, New Jersey, Pennsylvania, Delaware, Maryland, District of Columbia, and West Virginia.

2. South: Virginia, North Carolina, South Carolina, Florida, Georgia, Kentucky, Tennessee, Alabama, Mississippi, Arkansas, Louisiana, Texas, and Oklahoma.

3. Midwest: Ohio, Michigan, Indiana, Illinois, Wisconsin, Minnesota, Iowa, Missouri, Kansas, Nebraska, South Dakota, and North Dakota.

4. West: Montana, Wyoming, Colorado, New Mexico, Arizona, Utah, Idaho, Nevada, California, Oregon, and Washington.

We also use three categories for place of residence:

1. Central City: Every place defined by the Census Bureau as a central city of a Standard Metropolitan Statistical Area.

2. Rest of Metropolitan Area: Every place that is not a central city but is within SMSA boundaries.

3. Outside Metropolitan Area: Every place that is not included in any of the other two categories.

We then define each place of residence category within each region as a stratum.

Control of the Sample

In order to maintain reliability and integrity in the sample, the telephone field staff follows these procedures when a respondent contact is attempted:

-- A nonanswering telephone is dialed two more times over a three-day period. At the end of this time, if no contact is made, a new telephone number is generated for that PSU.

-- If a business telephone is reached, or if contact is made with a household in which a potential respondent presents a language barrier, a new telephone number is generated for that PSU.

-- Once a residential contact is established, the interviewer uses a respondent selection procedure to designate someone in the household for the interview.

Respondent Selection

Within each household contacted for the survey, the interviewer uses a respondent selection procedure to determine which adult member of the household will be interviewed. Under the standardized procedure, the interviewer asks for one of the following household members, in order of priority: (1) youngest adult male at home; (2) next youngest adult male at home; (3) youngest adult female at home; or (4) next youngest adult female at home. This procedure results in a good distribution of respondents by sex and age. It also avoids

automatically accepting as a respondent the adult in the household who routinely answers the phone.

Callback Strategy

In order to attain the highest possible response rates within reasonable cost constraints, callbacks are made according to the following guidelines:

No Answer/Not-at-Homes: An initial call and then two callbacks to reach an adult member of the household. Callbacks are made on different days and at different times of the day. After the third call, the household is replaced by another number in that PSU.

Refusals: One callback to try to convert any designated respondent who has refused or terminated an interview. If after the conversion attempt the designated respondent still declines the interview, another household is selected in that PSU.

Unavailable Respondents: An initial call and two callbacks to reach the designated member of the household. If after the third call the respondent is still not available for the interview, another household is selected in that PSU.

Busy Signals: An initial call, a follow-up fifteen minutes later, and two callbacks to reach a member of the household. Callbacks are made on different days and at different times of the day. If the telephone is still busy after the fourth call, a new number is selected in that PSU and the household is replaced.

Weighting

National public cross sections are weighted to the Census Bureau's latest population parameters on sex, race, age, and education. This adjusts these key variables, where necessary, to their actual proportions in the population. Only slight weighting is necessary in Harris samples (see Table A-1) to correct for subgroup variations in telephone penetration and nonresponse rates.

All surveys tend to underrepresent to some extent the most disadvantaged stratum of society due to the inherent difficulty of reaching it. Weighting of data by race and income serves to correct any such underrepresentation and to assure that final results are fully projectable.

Sampling Error

The results achieved from national public cross sections are subject to sampling error. Sampling error is defined as the difference between the results obtained from the sample and those that would have been obtained had the entire population been surveyed. The size of sampling error varies both with the size of the sample and with the percentage giving a particular answer. The following table sets forth the range of error in samples of different sizes at different percentages of response:

RECOMMENDED ALLOWANCE FOR
SAMPLING ERROR OF PROPORTIONS
(PLUS OR MINUS)

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Any Individual Percentage Result

Approximate Sample Size of Any Group Asked Question on Which Survey Result Is Based	Approximate Magnitude of Results				
	Survey Percentage Result at 10% or 90%	Survey Percentage Result at 20% or 80%	Survey Percentage Result at 30% or 70%	Survey Percentage Result at 40% or 60%	Survey Percentage Result at 50%
1,250	2	2	3	3	3
1,000	2	2	3	3	3
500	3	4	4	4	4
300	3	5	5	6	6
200	4	6	6	7	7
100	6	8	9	10	10
50	8	11	13	14	14

For example, if the response for a sample size of 1,000 is 30%, in 95 cases out of 100 the response in the total population would be between 27% and 33%.

Note that survey results based on subgroups of small size can be subject to large sampling error. For example, the results based on the 77 Hispanics in the sample could be subject to a sampling error of up to ±11.

The recommended allowances for sampling error were calculated based on a simple random sample.

Significance of Difference Between Proportions

The difference between the percentage responses given by two independent samples to the same question may or may not be significant. To determine whether or not such a difference is indeed significant, the size of the samples involved and the percentage giving each response must be taken into account. The following table shows the margin of error that must be allowed for different sample sizes at different percentages of response:

SAMPLING ERROR OF DIFFERENCE BETWEEN PROPORTIONS

Sampling Tolerances (at 95% Confidence Level)
To Use in Evaluating Differences Between Two Percentage Results

Approximate Sample Size of Two Groups Asked Question on Which Survey Results Are Based	Approximate Magnitude of Results				
	Survey Percentage Results at 10% or 90%	Survey Percentage Results at 20% or 80%	Survey Percentage Results at 30% or 70%	Survey Percentage Results at 40% or 60%	Survey Percentage Results at 50%
1,250 vs. 1,250	2	3	4	4	4
1,000	2	3	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	4	6	7	7	7
100	6	8	9	10	10
50	8	11	13	14	14
1,000 vs. 1,000	3	4	4	4	4
500	3	4	5	5	5
300	4	5	6	6	6
200	5	6	7	7	8
100	6	8	9	10	10
50	9	11	13	14	14
500 vs. 500	4	4	6	6	6
300	4	6	7	7	7
200	6	7	8	8	8
100	7	9	10	11	11
50	9	12	13	14	15
300 vs. 300	5	6	7	8	8
200	5	7	8	9	9
100	7	9	10	11	11
50	9	12	14	15	15
200 vs. 200	6	8	9	10	10
100	7	10	11	12	12
50	9	12	14	15	15
100 vs. 100	8	11	13	14	14
50	10	14	16	17	17
50 vs. 50	12	16	18	19	20

For example, suppose one group of size 1,000 has a response of 34% "yes" for a question, and an independent group of size 300 has a response of 27% "yes" for the same question, for a difference of 7 percentage points. According to the table, this difference is subject to a potential sampling error of plus or minus 6 percentage points. Since the observed difference is greater than the potential sampling error, the observed difference is significant. Moreover, if the entire population were interviewed, the difference would be from 1 to 13

percentage points (the 7-point observed difference plus or minus the 6-point potential sampling error) in 95 cases out of 100.

The recommended allowances for significance of difference apply both to comparisons between surveys from any two years, as well as to subgroup comparisons within any one year's survey.

The recommended allowances for significance of difference were calculated based on a simple random sample.

Sampling error is only one way in which survey findings may vary from the findings that would result from interviewing every adult member of the population. Survey research is susceptible to human and mechanical errors as well, such as interviewer recording and data handling errors. However, the procedures used by the Harris firm keep errors of this kind to a minimum.

Table A-1

PROFILE OF THE 1992 ADULT SAMPLE

	Base	Unweighted Proportion In Sample	Weighted Proportion In Sample
Total Adults	1251	100	100
Region			
East	301	24	22
South	390	31	33
Midwest	306	24	25
West	254	20	20
Urbanism			
Central city	418	33	34
Rest of metropolitan area	561	45	43
Outside metropolitan area	272	22	23
Sex			
Male	583	47	48
Female	668	53	52
Race			
White	1078	86	82
Black	93	7	12
Hispanic	70	6	8
Age			
18-29 years	317	25	24
30-39 years	283	23	23
40-49 years	211	17	18
50-64 years	220	18	18
65 and over	212	17	17
Education			
Not high school graduate	139	11	21
High school graduate	418	33	35
Some college	312	25	19
Four-year college graduate	378	30	25
Household Income			
$7,500 or less	121	10	12
$7,501-$15,000	141	11	12
$15,001-$25,000	212	17	17
$25,001-$35,000	214	17	17
$35,001-$50,000	214	17	17
$50,001 and over	262	21	18

APPENDIX B: THE QUESTIONNAIRE

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

/ FOR OFFICE USE ONLY:
/
/ Questionnaire No.:_____
/
/_____(1-5)___

Study No. 923009 (Health Habits)
(8-13)

Card No. (6-7)

January 21, 1993

Sample Point No. / / / / / / / / /
4* 24-25-26-27-28-29-30

Time Started:_____A.M./P.M.

Interviewer:_____ Date:_____

Area Code:_____ Telephone No.:_____
4*(9-11) 4*(12-18)

Hello, I'm _____ from Louis Harris and Associates, the national survey research firm in New York. We are conducting a survey of the American people on the subject of health and safety. May I please speak to the youngest adult (male/female/ person) in the household over 18 who is at home now?

1* (14) Continue ____-1

FROM OBSERVATION: Respondent Sex:

Male.....(15(_48_-1
Female.....52_-2

A1. In general, how would you describe your own health -- is it excellent, very good, good, fair, or poor?

Excellent	(16(24	-1
Very good	32	-2
Good	28	-3
Fair	12	-4
Poor	5	-5
Not sure	*	-6
Refused	*	-7

A2. How often do you have a blood pressure reading? DO NOT READ LIST

More often than once a year.	(17(55	-1
Once a year	29	-2
Every two years	5	-3
Every three or four years	3	-4
Every five years or less often	2	-5
Never	4	-6
Not sure	2	-7
Refused	*	-8

A3. How often do you have a blood test for your cholesterol level? DO NOT READ LIST

More often than once a year.	(18(21	-1
Once a year	35	-2
Every two years	8	-3
Every three or four years	3	-4
Every five years or less often	4	-5
Never	25	-6
Not sure	4	-7
Refused	*	-8

A4. How often do you go to the dentist for treatment or a checkup? DO NOT READ LIST

More often than once a year.	(19(51	-1
Once a year	22	-2
Every two years	7	-3
Every three or four years	3	-4
Every five years or less often	4	-5
Never	11	-6
Not sure	3	-7
Refused	-	-8

A5. Thinking about your personal diet and nutrition, do you try a lot, try a little, or don't you try at all to (READ EACH ITEM)?

ROTATE -- START AT "X"		Try a Lot	Try a Little	Don't Try at All	Not Sure	Refused
( )	a. Avoid eating too much salt or sodium..(20	46 -1	31 -2	22 -3	1 -4	* -5
( )	b. Avoid eating too much fat.....(21	51 -1	34 -2	14 -3	1 -4	* -5
( )	c. Eat enough fiber from whole grains, cereals, fruits, and vegetables.....(22	53 -1	35 -2	11 -3	1 -4	* -5
( )	d. Avoid eating too many high-cholesterol foods, such as eggs, dairy products, and fatty meats.....(23	44 -1	38 -2	17 -3	1 -4	* -5
( )	e. Get enough calcium in foods or in supplements.....(24	48 -1	33 -2	17 -3	2 -4	* -5
DO NOT ROTATE						
	f. Eat vegetables in the cabbage family, such as cabbage, broccoli, Brussels sprouts, and cauliflower.....(25	57 -1	30 -2	12 -3	1 -4	* -5

A6. In feet and inches, what is your height without shoes on? ROUND TO NEXT HIGHEST INCH

4'-10" or less.....(26	* -1
4'-11"	1 -2
5'-0"	4 -3
5'-1"	3 -4
5'-2"	6 -5
5'-3"	7 -6
5'-4"	9 -7
5'-5"	8 -8
5'-6"	9 -9
5'-7".....(27	9 -0
5'-8"	8 -1
5'-9"	8 -2
5'-10"	7 -3
5'-11"	6 -4
6'-0"	7 -5
6'-1"	3 -6
6'-2"	2 -7
6'-3"	1 -8
6'-4"	1 -9
6'-5".....(28	* -0
6'-6"	- -1
More than 6'-6"	* -2
Not sure	* -3
Refused	- -4

A7. Please tell me your present weight without clothes. WRITE IN NUMBER

130lbs. or less = 22%
131-155 = 25%
156-180 = 27%
181 and over = 24%
Mean = 161

/ / / / lbs. 1-997
(29-31)

Not sure..(29-31) 1 -998
Refused..... 1 -999

A8. What kind of body frame or bone structure would you say you have -- small, medium, or large?

Small.....(32(18 -1
Medium..... 58 -2
Large..... 24 -3
Not sure..... - -4
Refused..... - -5

A9. At the present time, do you get any regular exercise, either at work or somewhere else?

Get regular exercise...(33(76 -1
Do not get regular exercise 23 -2
Not sure..... 1 -3
Refused..... - -4

A10. How often do you exercise strenuously -- that is, so you breathe heavily and your heart and pulse rate are accelerated for a period lasting at least twenty minutes -- never, less than 1 day a month, 1 to 3 days a month, 1 day a week, 2 days a week, 3 days a week, 4 to 5 days a week, or 6 to 7 days a week?

Never.....(34(20 -1
Less than 1 day a month..... 7 -2
1 to 3 days a month..... 14 -3
1 day a week..... 11 -4
2 days a week..... 12 -5
3 days a week..... 14 -6
4 to 5 days a week..... 11 -7
6 to 7 days a week..... 8 -8
Not sure..... 2 -9
Refused.....(35(- -0

A11. Do you smoke cigarettes now, or not?

Smoke now.....(36(24 -1
Don't smoke now..... 76 -2
Not sure..... - -3
Refused..... - -4

A12. Do you ever smoke a pipe or cigar or use chewing tobacco, or not?
MULTIPLE RECORD IF NECESSARY

Pipe	(37(3	-1
Cigar	2	-2
Chewing tobacco	4	-3
None of these	92	-4
Not sure	*	-5
Refused	=	-6

A13. Does anyone in your household ever smoke in bed, or not?

Yes, someone smokes in bed	(38(11	-1
No, no one ever smokes in bed	82	-2
No one in household smokes (vol.)	7	-3
Not sure	*	-4
Refused	=	-5

A14. About how often do you socialize with close friends, relatives, or neighbors?
READ LIST IF NECESSARY

More than twice a week	(39(45	-1
Twice a week	18	-2
Once a week	19	-3
2 to 3 times a month	7	-4
Once a month	7	-5
Less than once a month	2	-6
Never	2	-7
Not sure	*	-8
Refused	=	-9

A15. Almost all people have some stress in their lives, but some have a great deal of stress. How often do you feel under great stress -- almost every day, several days a week, once or twice a week, less often than once a week, or never?

Almost every day	(40(18	-1
Several days a week	15	-2
Once or twice a week	30	-3
Less often than once a week	27	-4
Never	10	-5
Not sure	1	-6
Refused	=	-7

A16. How many hours do you usually sleep each 24-hour day in total? DO NOT READ LIST

Less than 5 hours	(41(4	-1
5 hours	6	-2
6 hours	22	-3
7 hours	31	-4
8 hours	27	-5
9 hours	5	-6
10 hours or more	4	-7
Not sure	1	-8
Refused	=	-9

A17. In general, how often do you consume alcoholic beverages -- that is, beer, wine, or liquor -- never, less than 1 day a month, 1 to 3 days a month, 1 to 2 days a week, 3 to 4 days a week, 5 to 6 days a week, or daily?

Never	(42(40 -1	(SKIP TO Q.A19)
Less than 1 day a month	15 -2	
1 to 3 days a month	18 -3	
1 to 2 days a week	14 -4	
3 to 4 days a week	5 -5	
5 to 6 days a week	2 -6	(ASK Q.A18)
Daily/7 days a week	5 -7	
Not sure	* -8	
Refused	- -9	

A18. On a day when you do drink alcoholic beverages, on average, how many drinks do you have? By a "drink" we mean a drink with a shot of hard liquor, a can or bottle of beer, or a glass of wine. DO NOT READ LIST

1 drink	(43(35 -1
2 drinks	28 -2
3 drinks	17 -3
4 drinks	8 -4
5 or more drinks	9 -5
Not sure	3 -6
Refused	* -7

ASK EVERYONE

A19. How often do you wear a seat belt when you are in the front seat of a car -- all the time, sometimes, or never?

All the time	(44(70 -1
Sometimes	19 -2
Never	9 -3
Not applicable (vol.)	* -4
Not sure	* -5
Refused	- -6

A20. Do you drive a car?

Yes, drive	(45(89 -1	(ASK Q.A21)
No, do not drive	11 -2	(SKIP TO Q.A23)
Refused	* -3	

A21. How often do you drive at or below the speed limit -- all the time, sometimes, or never?

All the time	(46(49 -1
Sometimes	45 -2
Never	5 -3
Not sure	1 -4
Refused	* -5

A22. If you ever drink alcoholic beverages, how often do you drive after drinking -- all the time, sometimes, or never?

All the time	(47(	2 -1
Sometimes		15 -2
Never		66 -3
Don't drink (vol.)		17 -4
Not sure		* -5
Refused		* -6

ASK EVERYONE

A23. Do you have a smoke detector in your home, or not?

Have a smoke detector	(48(	90 -1
Do not have a smoke detector		10 -2
Not sure		* -3
Refused		* -4

A24. How often do you use any recreational drugs, such as marijuana, speed, and downers -- frequently, sometimes, only occasionally, or never?

Frequently	(49(	1 -1
Sometimes		1 -2
Only occasionally		3 -3
Never		95 -4
Not sure		* -5
Refused		* -6

ASK Q.A25-A27 OF WOMEN ONLY -- SKIP MEN TO Q.B1.

A25. How often do you have a Pap smear test for cancer? DO NOT READ LIST

More often than once a year	(50(	12 -1
Once a year		61 -2
Every 2 years		7 -3
Every 3 years		3 -4
Every 4 or 5 years		3 -5
Every 6 years or less often		3 -6
Never		8 -7
Not applicable (vol.)		1 -8
Not sure		1 -9
Refused	(51(	* -0

A26. How often do you yourself examine your breasts to detect any possible cancer -- at least once a month, several times a year, once a year, less than once a year, or never?

At least once a month	(52(49	-1
Several times a year	23	-2
Once a year	11	-3
Less than once a year	3	-4
Never	11	-5
I never do it -- doctor does it (vol.)	2	-6
Not applicable (vol.)	*	-7
Not sure	*	-8
Refused	1	-9

A27. How often do you have a mammogram test for breast cancer?

More often than once a year	(53(3	-1
Once a year	32	-2
Every 2 years	9	-3
Every 3 years	5	-4
Every 4 or 5 years	2	-5
Every 6 years or less often	2	-6
Never	42	-7
Have had baseline mammogram (vol.)	2	-8
Not applicable (vol.)	1	-9
Not sure	(54(2	-0
Refused	1	-1

Smoking:

ASK Q.B1 OF THOSE WHO SMOKE NOW FROM Q.A11; OTHERS SKIP TO Q.B3

B1. Would you like to stop smoking, or not?

Yes	71 -1	(ASK Q.B2a)
No	26 -2	(SKIP TO Q.B3)
Not sure	3 -3	
Refused	- -4	

B2a. How interested would you be in counseling or advice on how to quit smoking from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

ROTATE -- START AT "X"	Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Not Sure	Refused
( ) 1. Your doctor	35 -1	34 -2	9 -3	21 -4	2 -5	- -6
( ) 2. A local hospital	22 -1	29 -2	13 -3	34 -4	1 -5	1 -6
( ) 3. Government studies and reports	17 -1	30 -2	13 -3	38 -4	1 -5	- -6
( ) 4. Your employer	15 -1	17 -2	12 -3	40 -4	12 -5	4 -6
( ) 5. Newspapers, magazines and television	16 -1	29 -2	13 -3	40 -4	2 -5	- -6

61-62Z

B2b. From which of these sources would you be most interested in learning more about how to quit smoking? SINGLE RECORD - IF HESITANT READ LIST

Your doctor	56 -1
A local hospital	7 -2
Government studies and reports	9 -3
Your employer	4 -4
Newspapers, magazines and television	14 -5
Not sure	6 -6
Refused	4 -7

Nutrition:

B3. Would you like to learn more about following good nutritional habits, or not?

Yes	43 -1	(ASK Q.B4a)
No	56 -2	(SKIP TO Q.B5)
Not sure	1 -3	
Refused	* -4	

B4a. How interested would you be in counseling or advice on good nutritional habits from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

ROTATE -- START AT "X"	Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Not Sure	Refused
( ) 1. Your doctor	50 -1	37 -2	6 -3	6 -4	1 -5	- -6
( ) 2. A local hospital	32 -1	36 -2	14 -3	17 -4	1 -5	- -6
( ) 3. Government studies and reports	31 -1	45 -2	9 -3	15 -4	1 -5	* -6
( ) 4. Your employer	18 -1	29 -2	12 -3	28 -4	10 -5	3 -6
( ) 5. Newspapers, magazines and television	33 -1	49 -2	7 -3	10 -4	* -5	1 -6

70-71Z

B4b. From which of these sources would you be most interested in learning more about good nutritional habits? SINGLE RECORD - IF HESITANT READ LIST

Your doctor	(72(50	-1
A local hospital	6	-2
Government studies and reports	14	-3
Your employer	3	-4
Newspapers, magazines and television	25	-5
Not sure	2	-6
Refused	*	-7

Weight Loss:

B5. Would you like to lose weight, or not?

Yes	(73(43	-1	(ASK Q.B6a)
No	57	-2	(SKIP TO Q.B7)
Not sure	1	-3	
Refused	*	-4	

B6a. How interested would you be in counseling or advice on losing weight from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

ROTATE -- START AT "X"		Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Not Sure	Refused
( ) 1.	Your doctor.....(74(	47 -1	29 -2	7 -3	15 -4	1 -5	* -6
( ) 2.	A local hospital..(75(	24 -1	27 -2	14 -3	34 -4	1 -5	* -6
( ) 3.	Government studies and reports.....(76(	18 -1	34 -2	15 -3	32 -4	1 -5	- -6
( ) 4.	Your employer.....(77(	11 -1	18 -2	12 -3	42 -4	12 -5	5 -6
( ) 5.	Newspapers, magazines and television....(78(	19 -1	37 -2	13 -3	30 -4	* -5	* -6

79-80Z

B6b. From which of these sources would you be most interested in learning more about losing weight? SINGLE RECORD - IF HESITANT READ LIST

Your doctor	2*(08(61	-1
A local hospital	6	-2
Government studies and reports	6	-3
Your employer	2	-4
Newspapers, magazines and television	18	-5
Not sure	5	-6
Refused	1	-7

Exercise:

ASK Q.B7 OF THOSE WHO ARE NOT CURRENTLY EXERCISING REGULARLY (Q.A9); OTHERS SKIP TO Q.B9

B7. Would you like to start exercising regularly, or not?

Yes	(09(53	-1	(ASK Q.B8a)
No	41	-2	(SKIP TO Q.B9)
Not sure	6	-3	
Refused	-	-4	

B8a. How interested would you be in counseling or advice on starting a regular exercise routine from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

ROTATE -- START AT "X"	Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Not Sure	Refused
( ) 1. Your doctor.....(10(	37 -1	34 -2	12 -3	16 -4	1 -5	- -6
( ) 2. A local hospital...(11(	20 -1	38 -2	13 -3	29 -4	- -5	- -6
( ) 3. Government studies and reports.....(12(	16 -1	30 -2	17 -3	36 -4	1 -5	- -6
( ) 4. Your employer.....(13(	12 -1	19 -2	17 -3	43 -4	6 -5	3 -6
( ) 5. Newspapers, magazines and television.....(14(	18 -1	40 -2	12 -3	31 -4	- -5	- -6

15-16Z

B8b. From which of these sources would you be most interested in learning more about starting a regular exercise routine? SINGLE RECORD - IF HESITANT READ LIST

Your doctor.....(17(49 -1
A local hospital..... 13 -2
Government studies and reports..... 4 -3
Your employer..... 10 -4
Newspapers, magazines and television.. 17 -5
Not sure..... 6 -6
Refused..... 1 -7

Alcohol Use/Abuse:

B9. Have you ever had a drinking problem, or not?

Yes.....(18(6 -1 (ASK Q.B10)

No..... 94 -2 (SKIP TO Q.B13)
Not sure..... - -3
Refused..... - -4

ASK Q.B10 ONLY OF THOSE WHO DRINK ALCOHOL FROM Q.A17 -- ALL OTHERS SKIP TO Q.B13

B10. Do you still have a drinking problem, or not?

Yes.....(19(30 -1 (ASK Q.B11)

No..... 68 -2 (ASK Q.B13)
Not sure..... 2 -3
Refused..... - -4

B11. Would you like to get counseling or advice on overcoming your drinking problem, or not?

Base = 12

Yes.....(20(17 -1 (ASK Q.B12a)
Currently get counseling.... 23 -2

No..... 60 -3 (SKIP TO Q.B13)
Not sure..... - -4
Refused..... - -5

B12a. How interested would you be in counseling or advice on overcoming your drinking problem from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

Base = 5

ROTATE -- START AT "X"	Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Not Sure	Refused
( ) 1. Your doctor.....(21	13 -1	- -2	- -3	87 -4	- -5	- -6
( ) 2. A local hospital...(22	13 -1	- -2	13 -3	73 -4	- -5	- -6
( ) 3. Government studies and reports.....(23	42 -1	- -2	- -3	58 -4	- -5	- -6
( ) 4. Your employer.....(24	- -1	- -2	- -3	56 -4	44 -5	- -6
( ) 5. Newspapers, magazines and television.....(25	- -1	29 -2	- -3	71 -4	- -5	- -6

26-27Z

B12b. From which of these sources would you be most interested in learning more about how to overcome your drinking problem? SINGLE RECORD - IF HESITANT READ LIST

Base = 5

Your doctor.....(28(13 -1
A local hospital..... 13 -2
Government studies and reports..... 29 -3
Your employer..... - -4
Newspapers, magazines and television.. - -5
Not sure..... 44 -6
Refused..... - -7

Drug Use/Abuse:

B13. Have you ever had a drug problem, or not?

Yes.....(29(4 -1 (ASK Q.B14)

No..... 96 -2 (SKIP TO Q.C1)
Not sure..... * -3
Refused..... - -4

B14. Do you still have a drug problem, or not?

Yes.....(30(7 -1 (ASK Q.B15)

No..... 93 -2 (ASK Q.C1)
Not sure..... - -3
Refused..... - -4

B15. Would you like to do something about your drug problem, or not?

Base = 3

Yes.....(31(78 -1 (ASK Q.B16a)

No..... 22 -2 (SKIP TO Q.C1)
Not sure..... - -3
Refused..... - -4

ASK Q.B16a OF THOSE WHO WOULD LIKE TO DO SOMETHING ABOUT THEIR DRUG PROBLEM:

B16a. How interested would you be in counseling or advice on overcoming your drug problem from each of the following sources (READ EACH ITEM) -- very interested, somewhat interested, not very interested, or not at all interested?

Base = 3

ROTATE -- START AT "X"		Very Interested	Somewhat Interested	Not Very Interested	Not At All Interested	Not Sure	Refused
( ) 1.	Your doctor.....(32	-1	-2	-3	100 -4	-5	-6
( ) 2.	A local hospital...(33	-1	-2	-3	100 -4	-5	-6
( ) 3.	Government studies and reports.....(34	51 -1	49 -2	-3	-4	-5	-6
( ) 4.	Your employer.....(35	-1	-2	-3	100 -4	-5	-6
( ) 5.	Newspapers, magazines and television.....(36	-1	100 -2	-3	-4	-5	-6

37-38Z

B16b. From which of these sources would you be most interested in learning more about how to overcome your drug problem? SINGLE RECORD - IF HESITANT READ LIST

Base = 3

Your doctor.....(39 -1
A local hospital..... -2
Government studies and reports.....100 -3
Your employer..... -4
Newspapers, magazines and television.. -5
Not sure..... -6
Refused..... -7

ASK EVERYONE

C1. When it comes to informing you about and motivating you to have good health habits, how good a job do/does (READ EACH ITEM) do for you personally -- excellent, pretty good, only fair, or poor?

ROTATE -- START AT "X"	Excellent	Pretty Good	Only Fair	Poor	Not Sure	Refused
( ) 1. Doctors.....(40(	23 -1	42 -2	21 -3	11 -4	2 -5	1 -6
( ) 2. Local hospitals..(41(	13 -1	31 -2	25 -3	21 -4	9 -5	1 -6
( ) 3. Government studies and reports.....(42(	6 -1	31 -2	36 -3	21 -4	6 -5	1 -6
( ) 4. Your employer....(43(	10 -1	19 -2	17 -3	29 -4	20 -5	6 -6
( ) 5. Newspapers, magazines and television..(44(	10 -1	41 -2	32 -3	13 -4	3 -5	1 -6

C2. Do you think that people who have unhealthy habits like smoking, drinking a lot, or not wearing seat belts should (READ EACH ITEM) than people who have good health habits, or not?

ROTATE -- START AT "X"

	Should Pay more	Should not Pay more	Not Sure	Refused
( ) a. Pay more for their health insurance .....(45(	57 -1	38 -2	4 -3	1 -4
( ) b. Pay for a bigger share of their medical bills.....(46(	51 -1	42 -2	6 -3	* -4

C3. If you or a member of your family had an unhealthy habit such as smoking, drinking a lot, or not wearing seat belts, how effective do you think having to pay higher insurance premiums would be in encouraging you or them to adopt more healthy habits -- very effective, somewhat effective, not very effective, or not effective at all?

Very effective.....(47(	33 -1
Somewhat effective.....	33 -2
Not very effective.....	17 -3
Not at all effective.....	15 -4
Not sure.....	3 -5
Refused.....	* -6

ASK SMOKERS ONLY (Q.A11)

C4. How likely would you be to quit smoking if you were required to pay significantly more for your health insurance -- very likely, somewhat likely, not very likely, not likely at all?

Very likely.....(48(	30 -1
Somewhat likely.....	27 -2
Not very likely.....	11 -3
Not at all likely.....	30 -4
Not sure.....	2 -5
Refused.....	* -6

ASK EVERYONE Q.C5 AND Q.C6 IN SEQUENCE FOR EACH ITEM

C5. In your daily life, do you take any specific steps to reduce your risk of getting/having (READ EACH ITEM), or not?

IF ALREADY HAVE IN Q.C5 SKIP ITEM IN Q.C6 (EXCEPT ITEM 5)
C6. Do you worry that you're personally at risk of getting this, or not?

ROTATE -- START AT "X"	Q.C5 Yes	Q.C5 No	Q.C5 Already Have This(vol.)	Q.C5 Not Sure	Q.C5 Refused	Q.C6 Yes, Worry	Q.C6 No, Don't Worry	Q.C6 Not Sure	Q.C6 Refused
( ) 1. AIDS	(49(67 -1	31 -2	* -3	2 -4	- -5	(57(21 -1	78 -2	* -3	* -4
( ) 2. Hypertension or high blood pressure	(50(53 -1	42 -2	4 -3	1 -4	- -5	(58(33 -1	66 -2	1 -3	- -4
( ) 3. A stroke	(51(49 -1	49 -2	1 -3	1 -4	* -5	(59(26 -1	73 -2	1 -3	- -4
( ) 4. Heart disease	(52(52 -1	45 -2	2 -3	* -4	* -5	(60(32 -1	67 -2	* -3	* -4
( ) 5. Tuberculosis	(53(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					(61(12 -1	88 -2	* -3	- -4
( ) 6. Lung cancer	(54(44 -1	55 -2	* -3	1 -4	- -5	(62(28 -1	72 -2	* -3	- -4
ASK WOMEN ONLY: 115 (2)									
( ) 7. Breast cancer	(55(47 -1	50 -2	1 -3	1 -4	1 -5	(63(36 -1	63 -2	* -3	1 -4
ASK MEN ONLY: 115 (1)									
( ) 8. Prostate cancer	(56(25 -1	70 -2	1 -3	4 -4	* -5	(64(25 -1	72 -2	3 -3	1 -4

C7. Which one of these is the strongest motive for you to adopt healthier habits? (READ LIST) SINGLE RECORD

ROTATE -- START AT "X"

( ) 1. To live longer.....(65(20 -1

Or

( ) 2. To be healthier while alive..... 45 -2

Or

( ) 3. To feel good about yourself today..... 33 -3

Not sure..... 1 -4
Refused..... * -5

C8. How important do you think it is that insurance or health plans pay for most of each of these types of care (READ EACH ITEM) -- absolutely essential, very important, somewhat important, not very important, or not important at all?

ROTATE -- START AT "X"	Absolutely essential	Very important	Somewhat important	Not very important	Not Important At All	Not Sure	Refused
( ) a. Smoking cessation programs.....(66(	13 -1	39 -2	27 -3	9 -4	8 -5	3 -6	1 -7
( ) b. Prenatal care....(67(	37 -1	48 -2	9 -3	2 -4	1 -5	3 -6	* -7
( ) c. Physical check-ups for adults.....(68(	27 -1	52 -2	18 -3	1 -4	1 -5	1 -6	* -7
( ) d. Immunizations, boosters.....(69(	36 -1	47 -2	12 -3	2 -4	1 -5	1 -6	* -7
( ) e. Screening for blood pressure...(70(	22 -1	51 -2	21 -3	3 -4	2 -5	1 -6	* -7
( ) f. Mammograms.....(71(	28 -1	53 -2	13 -3	3 -4	1 -5	2 -6	* -7
( ) g. Breast exams.....(72(	28 -1	54 -2	13 -3	2 -4	1 -5	1 -6	* -7
( ) h. Pap smears.....(73(	30 -1	51 -2	13 -3	2 -4	1 -5	3 -6	* -7
( ) i. Diet and nutrition counseling.....(74(	8 -1	35 -2	39 -3	10 -4	4 -5	1 -6	1 -7
( ) j. Physical check-ups for children.....(75(	34 -1	52 -2	10 -3	2 -4	1 -5	1 -6	* -7

F. Factuals

ASK EVERYONE

F1. How old are you? IF HESITANT, READ LIST

18 to 20.....(76(	6	-1
21 to 24.....	7	-2
25 to 29.....	10	-3
30 to 34.....	11	-4
35 to 39.....	12	-5
40 to 44.....	10	-6
45 to 49.....	7	-7
50 to 54.....	7	-8
55 to 59.....	5	-9
60 to 64.....(77(	6	-0
65 and over.....	17	-1
Not sure.....	*	-2
Refused.....	1	-3

F2. What is the highest level of school you have completed or the highest degree you have received?

Less than high school (grades 1-11, grade 12 but no diploma).....(78(	21	-1
High school graduate or equivalent (e.g. GED).....	35	-2
Some college but no degree (incl. 2 year occupational or vocational programs)....	19	-3
College graduate (e.g. BA, AB, BS).....	19	-4
Postgraduate (e.g. MA, MS, MEng, Med, MSW, MBA, MD, DDS, DVM, LLB, JD, PhD, EdD).....	6	-5
Not sure.....	*	-6
Refused.....	*	-7

*INTERVIEWER: PROBE FOR LAST LEVEL OF FORMAL EDUCATION AND CODE INTO APPROPRIATE CATEGORY

F3. Which of the following income categories best describes your total 1991 household income? Was it (READ LIST)?

$7,500 or less.....(79(	12	-1
$7,501 to $15,000.....	12	-2
$15,001 to $25,000.....	17	-3
$25,001 to $35,000.....	17	-4
$35,001 to $50,000.....	17	-5
$50,001 or over.....	18	-6
Not sure.....	3	-7
Refused.....	4	-8

INTERVIEWER: TOTAL HOUSEHOLD INCOME BEFORE TAXES FROM ALL SOURCES -- IF UNSURE OF 1991 INCOME, PROBE FOR ESTIMATE

F4. Are you of Hispanic descent, or not?

Yes, of Hispanic descent.....(80(	8	-1
No, not of Hispanic descent.....	90	-2
Not sure.....	2	-3
Refused.....	-	-4

F5. Do you consider yourself white, black, African American, Asian, or some other race?

White	3*(08(82	-1
Black	8	-2
African American	3	-3
Asian or Pacific Islander	1	-4
American Indian or Alaskan native	1	-5
Not sure	4	-6
Refused	1	-7

3* 09-80Z

Thank you very much for your cooperation!

TIME ENDED:_____AM/PM