**1992 North Carolina Behavioral Risk Factor Surveillance System (BRFSS) Questionnaire**  
N = 2140 Respondents

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**Note:** This electronic questionnaire is from CDC and is formatted differently from their paper version in the questionnaire binder.
The interview will only take a short time, and all the information obtained in this study will be confidential. First, I'd like to begin by asking you about using seatbelts. . . .

Section A: Seatbelts

1. How often do you use seatbelts when you drive or ride in a car? (33)
   
   Would you say: Please Read
   
   a. Always 1
   b. Nearly always 2
   c. Sometimes 3
   d. Seldom 4
   or
   e. Never 5
   Don't know/Not sure 7
   Never drive or ride in a car 8
   Refused 9

Section B: Hypertension

These next questions are about hypertension or high blood pressure:

2. About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional? (34)
   
   Was it: Please Read
   
   a. Within the past six months (0 to 6 months ago) 1
   b. Within the past year (7 to 12 months ago) 2
   c. Within the past two years (13 to 24 months ago) 3
   d. Within the past five years (25 to 60 months ago) 4
   or
   e. More than five years ago (61+ months ago) 5
   Don't know/Not sure 7
   Never 8
   Refused 9
3. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (35)
   a. No Go to Section C (p. 6) 1
   b. Yes, by a doctor 2
   c. Yes, by a nurse 3
   d. Yes, by other health professional 4
   Don't know/Not sure Go to Section C (p. 6) 7
   Refused Go to Section C (p. 6) 9

4. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (36)
   a. More than once 1
   b. Only once 2
   Don't know/Not sure 7
   Refused 9

5. Is any medicine currently prescribed for your high blood pressure? (37)
   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9
Section C: Exercise

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

6. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (38)
   a. Yes 1
   b. No Go to Section D (p. 9) 2
      Don't know/Not sure Go to Section D (p. 9) 7
      Refused Go to Section D (p. 9) 9

7. What type of physical activity or exercise did you spend the most time doing during the past month? (39–40)
   Activity (specify): ____________________ __ __ See coding list A
   Refused Go to Q. 11 (p. 7) 9 9
   Ask question 8 only if answer to question 7 is running, jogging, walking, or swimming. All others, go to question 9.

8. How far did you usually walk/run/jog/swim? (41–43)
   Miles and tenths __ __.__
   Don't know/Not sure 7 7 7
   Refused 9 9 9

9. How many times per week or per month did you take part in this activity during the past month? (44–46)
   a. Times per week 1 __ __
   b. Times per month 2 __ __
      Don't know/Not sure 7 7 7
      Refused 9 9 9

10. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (47–49)
    Hours and minutes ___:___ ___
    Don't know/Not sure 7 7 7
    Refused 9 9 9
11. Was there another physical activity or exercise that you participated in during the last month? (50)
   a. Yes 1
   b. No Go to Section D (p. 9) 2
      Don't know/Not sure Go to Section D (p. 9) 7
      Refused Go to Section D (p. 9) 9

12. What other type of physical activity gave you the next most exercise during the past month? (51–52)
    Activity (specify): __________________________ __ __
    See coding list A
    Refused Go to Section D (p. 9) 9 9
    Ask question 13 only if answer to question 12 is running, jogging, walking, or swimming. All others go to question 14.

13. How far did you usually walk/run/jog/swim? (53–55)
    Miles and tenths __ __.__
    Don't know/Not sure 7 7 7
    Refused 9 9 9

14. How many times per week or per month did you take part in this activity? (56–58)
   a. Times per week 1 __ __
   b. Times per month 2 __ __
      Don't know/Not sure 7 7 7
      Refused 9 9 9

15. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (59–61)
    Hours and minutes __ : __ __
    Don't know/Not sure 7 7 7
    Refused 9 9 9
Section D: Weight Control

The next few questions are about efforts to lose weight.

16. Are you now trying to lose weight? (62)
   a. Yes 1
   b. No Go to Section E (p. 10) 2
       Refused Go to Section E (p. 10) 9

17. Are you eating fewer calories to lose weight? (63)
   a. Yes 1
   b. No 2
       Don't know/Not sure 7
       Refused 9

18. Have you increased your physical activity to lose weight? (64)
   a. Yes 1
   b. No 2
       Don't know/Not sure 7
       Refused 9

Section E: Tobacco Use

Now I'd like to ask you a few questions about cigarette smoking.

19. Have you smoked at least 100 cigarettes in your entire life? (65)
   a. Yes 1
   b. No Go to Section F (p. 12) 2
       Don't know/Not sure Go to Section F (p. 12) 7
       Refused Go to Section F (p. 12) 9

20. About how old were you when you first started smoking cigarettes fairly regularly? (66-67)
    Code age in years __ __
    Don't know/Not sure 7 7
    Never smoked regularly 8 8
    Refused 9 9
21. Do you smoke cigarettes now? (68)
   a. Yes 1
   b. No Go to Q. 24 (p. 11) 2
      Refused Go to Section F (p. 12) 9

22. On the average, about how many cigarettes a day do you now smoke? (69-70)
   a. Number of cigarettes __ __
   b. Don't smoke regularly 8 8
      Refused 9 9

23. During the past 12 months, have you quit smoking for 1 day or longer? (71)
   a. Yes Go to Section F (p. 12) 1
   b. No Go to Section F (p. 12) 2
      Don't know/Not sure Go to Section F (p. 12) 7
      Refused Go to Section F (p. 12) 9

24. About how long has it been since you last smoked cigarettes regularly? (72)
    Was it: Please Read
    a. Less than 1 month 1
    b. One month to less than 3 months 2
    c. Three months to less than 6 months 3
    d. Six months to less than 1 year 4
    e. One year to less than 5 years 5
    or
    f. Five or more years ago 6
       Don't know/Not sure 7
       Never smoked regularly 8
       Refused 9
Section F: Alcohol Consumption

These next few questions are about the use of beer, wine, wine coolers, cocktails, or liquor, such as vodka, gin, rum, or whiskey, all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

25. Have you had any beer, wine, wine coolers, cocktails, or liquor during the past month, that is, since____________? (73)
   a. Yes 1
   b. No Go to Section G (p. 14) 2
   Refused Go to Section G (p. 14) 9

26. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average? (74–76)
   a. Days per week 1 __ __
   b. Days per month 2 __ __
   Don't know/Not sure Go to Q. 28 (p. 13) 7 7 7
   Refused Go to Q. 28 (p. 13) 9 9 9

27. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average? (77–78)
   Number of drinks __ __
   Don't know/Not sure 7 7
   Refused 9 9

28. Considering all types of alcoholic beverages, that is beer, wine, wine coolers, cocktails, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? (79–80)
   a. Number of times __ __
   b. None 8 8
   Don't know/Not sure 7 7
   Refused 9 9

29. And during the past month, how many times have you driven when you've had perhaps too much to drink? (81–82)
   a. Number of times __ __
   b. None 8 8
   Don't know/Not sure 7 7
   Refused 9 9
Section G: Preventive Health Practices

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

30. About how long has it been since you last visited a doctor for a routine checkup? (83)
   Was it: Please Read
   a. Within the past year (0 to 12 months ago) 1
   b. Within the past two years (13 to 24 months ago) 2
   c. Within the past five years (25 to 60 months ago) 3
   or
   d. More than five years ago (61+ months ago) 4
     Don't know/Not sure 7
     Never 8
     Refused 9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

31. Have you ever had your blood cholesterol checked? (84)
   a. Yes 1
   b. No Go to Q. 36 (p. 16) 2
      Don't know/Not sure Go to Q. 36 (p. 16) 7
      Refused Go to Q. 36 (p. 16) 9

32. About how long has it been since you last had your blood cholesterol checked? (85)
   Was it: Please Read
   a. Within the past year (0 to 12 months ago) 1
   b. Within the past two years (13 to 24 months ago) 2
   c. Within the past five years (25 to 60 months ago) 3
   or
   d. More than five years ago (61+ months ago) 4
      Don't know/Not sure 7
      Never 8
      Refused 9
33. Have you ever been told your blood cholesterol level, in numbers? (86)
   a. Yes 1
   b. No  Go to Q. 35 (p. 16) 2
       Don't know/Not sure  Go to Q. 35 (p. 16) 7
       Refused  Go to Q. 35 (p. 16) 9

34. What is your blood cholesterol level? (87-89)
   Record the number __ __ __
   Don't know/Not sure  7 7 7
   Refused  9 9 9

35. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (90)
   a. Yes 1
   b. No 2
       Don't know/Not sure 7
       Refused 9

36. Next, I'd like to ask you about diabetes, sometimes called sugar diabetes.
   Have you ever been told by a doctor that you have diabetes? (91)
   a. Yes 1
   b. No 2
       Don't know/Not sure 7
       Refused 9
Section H: Health Insurance

These next questions are about health care plans which include health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare.

37. Do you have any kind of health care plan? (92)
   a. Yes 1
   b. No Go to Q. 41 (p. 18) 2
      Don't know/Not sure Go to Q. 41 (p. 18) 7
      Refused Go to Q. 41 (p. 18) 9

38. For hospital bills, does your health care plan cover all, most, some, or none of your expenses? (93)
   a. All 1
   b. Most 2
   c. Some 3
   d. None 4
      Don't know/Not sure 7
      Refused 9

39. For visits to a doctor’s office when you are sick, does your health care plan cover all, most, some, or none of your expenses? (94)
   a. All 1
   b. Most 2
   c. Some 3
   d. None 4
      Don't know/Not sure 7
      Refused 9

40. When you are not sick, does your health care plan cover all, most, some, or none of your checkups or other preventive services? (95)
    a. All 1
    b. Most 2
    c. Some 3
    d. None 4
      Don't know/Not sure 7
      Refused 9
41. Was there a time during the last 12 months when you needed to see a doctor, but could not because of the cost? (96)

   a. Yes 1
   b. No 2

   Don't know/Not sure 7
   Refused 9
Section I: Demographics

These next few questions ask for a little more information about yourself.

42. How old were you on your last birthday? (97-98)

   Code age in years
   Don't know/Not sure 0 7
   Refused 0 9

43. What is your race? (99)

   Would you say: Please Read
   a. White 1
   b. Black 2
   c. Asian, Pacific Islander 3
   d. Aleutian, Eskimo, or American Indian 4
   or
   e. Other: (specify)_____________________________ 5

   Don't know/Not sure 7
   Refused 9

44. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican, or Cuban? (100)

   a. Yes 1
   b. No 2
   Don't know/Not sure 7
   Refused 9
45. What is the highest grade or year of school you completed? (101)
   Read only if Necessary
   a. Eighth grade or less 1
   b. Some high school 2
   c. High school graduate or GED certificate 3
   d. Some technical school 4
   e. Technical school graduate 5
   f. Some college 6
   g. College graduate 7
   h. Postgraduate or professional degree 8
       Refused 9

46. Are you currently:
    Please Read (102)
   a. Employed for wages 1
   b. Self-employed 2
   c. Out of work for more than 1 year 3
   d. Out of work for less than 1 year 4
   e. Homemaker 5
   f. Student 6
       or
   g. Retired 7
       Refused 9
47. And are you:

   Please Read (103)

   a. Married 1
   b. Divorced 2
   c. Widowed 3
   d. Separated 4
   e. Never been married 5
   or
   f. A member of an unmarried couple 6
   Refused 9

48. Which of the following categories best describes your annual household income
from all sources? (104)

   Please Read

   a. Less than $10,000 1
   b. $10,000 to less than $15,000 2
   c. $15,000 to less than $20,000 3
   d. $20,000 to less than $25,000 4
   e. $25,000 to less than $35,000 5
   f. $35,000 to $50,000 6
   or
   g. Over $50,000 7
   Don't know/Not sure 8
   Refused 9

49. About how much do you weigh without shoes? (105-107)

   Weight __ __ __ pounds
   Don't know/Not sure 7 7 7
   Refused 9 9 9
50. About how tall are you without shoes? (108-110)

Height / ft / inches

Don't know/Not sure  7 7 7
Refused  9 9 9

Interviewer: Ask if necessary.

51. Indicate sex of respondent. (111)

a. Male Go to Section K (p. 28) 1
b. Female 2

Section J: Women's Health

I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast and involves pressing the breast between two plastic plates.

52. Have you ever had a mammogram? (112)

a. Yes 1
b. No Go to Q. 55 (p. 24) 2
  Don't know/Not sure Go to Q. 55 (p. 24) 7
  Refused Go to Q. 55 (p. 24) 9

53. How long has it been since you had your last mammogram? (113)

Read only if Necessary

a. 1 year ago or less 1
b. More than 1 year ago, but less than, or equal to, 2 years ago 2

  Don't know/Not sure 7
  Never 8
  Refused 9

116
54. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

<table>
<thead>
<tr>
<th>Option</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Routine checkup</td>
<td>1</td>
</tr>
<tr>
<td>b. Breast problem</td>
<td>2</td>
</tr>
<tr>
<td>c. Had breast cancer</td>
<td>3</td>
</tr>
<tr>
<td>Don't know/Not sure</td>
<td>7</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
</tr>
</tbody>
</table>
The next questions are about a clinical breast exam. During this exam, the breast is felt for lumps by a doctor, nurse, or other medical professional.

55. Have you ever had a clinical breast exam? (115)
   a. Yes 1
   b. No Go to Q. 58 (p. 25) 2
      Don't know/Not sure Go to Q. 58 (p. 25) 7
      Refused Go to Q. 58 (p. 25) 9

56. How long has it been since your last breast exam? (116)
    Read only if Necessary
    a. 1 year ago or less 1
    b. More than 1 year ago, but less than, or equal to, 2 years ago 2
    c. More than 2 years ago, but less than, or equal to, 3 years ago 3
    d. More than 3 years ago, but less than, or equal to, 5 years ago 4
    e. More than five years ago 5
       Don't know/Not sure 7
       Never 8
       Refused 9

57. Was your last breast exam done as part of a routine checkup, because of a breast problem other than cancer, or because you’ve already had breast cancer? (117)
   a. Routine checkup 1
   b. Breast problem 2
   c. Had breast cancer 3
      Don't know/Not sure 7
      Refused 9
These next questions are about Pap smears. A Pap smear is a test where material is taken from the cervix, that is the mouth of the womb, to see if any cancer cells are present.

58. Have you ever had a Pap smear?  
   a. Yes 1 
   b. No Go to Q. 61 (p. 26) 2 
      Don't know/Not sure Go to Q. 61 (p. 26) 7 
      Refused Go to Q. 61 (p. 26) 9 

59. How long has it been since you had your last Pap smear?  
   Read only if Necessary  
   a. 1 year ago or less 1 
   b. More than 1 year ago, but less than, or equal to, 2 years ago 2 
   c. More than 2 years ago, but less than, or equal to, 3 years ago 3 
   d. More than 3 years ago, but less than, or equal to, 5 years ago 4 
   e. More than 5 years ago 5 
      Don't know/Not sure 7 
      Never 8 
      Refused 9 

60. Was your last pap smear done as part of a routine exam, or to check a problem, or for some other reason?  
   a. Routine exam 1 
   b. Check problem 2 
   c. Other 3 
      Don't know/Not sure 7 
      Refused 9 

61. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?  
   a. Yes Go to Section K (p. 28) 1 
   b. No 2 
      Don't know/Not sure 7 
      Refused 9
Interviewer: Ask these two questions only of females between 18 and 45 years of age. Otherwise, go to Section K (p. 28).

62. To your knowledge, are you now pregnant? (122)
   a. Yes 1
   b. No  Go to Section K (p. 28) 2
       Don't know/Not sure  Go to Section K (p. 28) 7
       Refused  Go to Section K (p. 28) 9

63. During what month is your baby due? (123-124)
   Code Month
   Don't know/Not sure  7  7
   Refused  9  9

Section K: AIDS

These next few questions are to determine your beliefs and opinions about the national health problem of AIDS.

64. Have you ever heard the AIDS virus called by the name HIV? (125)
   a. Yes 1
   b. No 2
       Don't know/Not sure  7
       Refused  9

65. To your knowledge, are there drugs available that can lengthen the life of a person infected with the AIDS virus? (126)
   a. Yes 1
   b. No 2
       Don't know/Not sure  7
       Refused  9

66. Do you think a person who is infected with the AIDS virus can look and feel well and healthy? (127)
   a. Yes 1
   b. No 2
       Don't know/Not sure  7
       Refused  9
67. Do you think a person can get infected with AIDS or the AIDS virus from:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

a. Donating blood?  

b. Being cared for by a nurse, doctor, dentist, or other health care worker who has the AIDS virus?  

68. Do you think a pregnant woman who has the AIDS virus can give it to her baby?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

a. Yes  
b. No

don't know/Not sure

69. Do you have a child or children in kindergarten through eighth grade?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

a. Yes  
b. No

Go to Q. 72 (p. 30)

don't know/Not sure

Refused

70. Would you allow your child to be in the same classroom with a child who is infected with the AIDS virus?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>DK/NS</th>
<th>Ref</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

a. Yes  
b. No

don't know/Not sure

Refused

71. At what grade do you think your child should begin AIDS education in school?

<table>
<thead>
<tr>
<th>Code grade</th>
<th>Never</th>
<th>DK/NS</th>
<th>Ref</th>
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<tbody>
<tr>
<td>8</td>
<td>8</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

a. Code grade  
b. Never

don't know/Not sure

Refused
72. Would you eat in a restaurant where the cook is infected with the AIDS virus?  
(135)
a. Yes 1 
b. No 2  
   Don't know/Not sure 7  
   Refused 9  

73. Would you be willing to work with a person who is infected with the AIDS virus?  
(136)
a. Yes 1 
b. No 2  
   Don't know/Not sure 7  
   Refused 9  

74a. Where could you go to be tested for the AIDS virus infection?  
(137–138)
Facility code  __ __  
If respondent answered "No place," "Don't know," or "Refused," go to question 75.  

74b. Where else could you go?  
(139–140)
Facility code  __ __  
Please do not read list  
a. Private doctor, HMO 01  
b. Blood bank, plasma center, Red Cross 02  
c. Health department 03  
d. AIDS clinic, AIDS testing site 04  
e. Hospital, emergency room 05  
f. Family planning clinic 06  
g. STD clinic 07  
h. Community health clinic, primary care clinic 08  
i. Company or industry clinic 09  
j. Military induction or examination 10  
k. Other 87  
l. No place 88  
   Don't know/Not sure 77  
   Refused 99
75. Some people use condoms to keep from getting the AIDS virus through sexual activity. How effective do you think using a condom is in preventing getting the AIDS virus through sexual activity? (141)

Would you say: Please Read

a. Very effective 1
b. Somewhat effective 2

or

c. Not at all effective 3
Don't know how effective 4
Don't know method 5
Refused 9

76. How many different residential telephone numbers do you have at this household? (142)

Differentiate between telephone numbers and telephone set if necessary. Include all telephone numbers that can reach household.

Total telephone numbers

Closing Statement

That's my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

Module 1: County of Residence

1. What county do you live in? (144-146)

County code  

Don't know/Not sure 7 7 7
Refused 9 9 9
Code description

01. Aerobics class
02. Backpacking
03. Badminton
04. Basketball
05. Bicycling for pleasure
06. Boating (canoeing, rowing, sailing for pleasure or camping)
07. Bowling
08. Boxing
09. Calisthenics
10. Canoeing/rowing—in competition
11. Carpentry
12. Dancing-aerobics/ballet
13. Fishing from river bank or boat
14. Gardening (spading, weeding, digging, filling)
15. Golf
16. Handball
17. Health club exercise
18. Hiking—cross-country
19. Home exercise
20. Horseback riding
21. Hunting large game—deer, elk
22. Jogging
23. Judo/karate
24. Mountain climbing
25. Mowing lawn
26. Paddleball
27. Painting/papering house

Code description

28. Racketball
29. Raking lawn
30. Running
31. Rope skipping
32. Scuba diving
33. Skating—ice or roller
34. Sledding, tobogganing
35. Snorkeling
36. Snowshoeing
37. Snow shoveling by hand
38. Snow blowing
39. Snow skiing
40. Soccer
41. Softball
42. Squash
43. Stair climbing
44. Stream fishing in waders
45. Surfing
46. Swimming laps
47. Table tennis
48. Tennis
49. Touch football
50. Volleyball
51. Walking
52. Waterskiing
53. Weight lifting
54. Other______________
55. Bicycling machine exercise
56. Rowing machine exercise

Lap Swimming

<table>
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<th>Size pool</th>
<th>Laps</th>
<th>Distance</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 ft. pool</td>
<td>10 laps</td>
<td>.1 mile</td>
</tr>
<tr>
<td>100 ft. pool</td>
<td>5 laps</td>
<td>.1 mile</td>
</tr>
<tr>
<td>50 meter pool</td>
<td>3 laps</td>
<td>.1 mile</td>
</tr>
</tbody>
</table>

Running/Jogging/Walking

1/2 mile = .5 mile
1/4 mile = .3 mile
1/8 mile = .1 mile
1 block = .1 mile