

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Demographics														
Children <18	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Children 0<6									X					
Children 6<=12									X					
Children 13<=17									X					
Children 7-10 or <10			X		X									
Children <7					X									
Age	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sex	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ethnicity	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hispanic/Latino origin	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Race	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asian ancestry												X	X	X
West Indies origin													X	X
Where born - foreign/US	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Country father born					X									
Country mother born					X									
Father nativity (U.S., P.R. or other)														X
Mother nativity (U.S., P.R. or other)														X
Spouse nativity (U.S., P.R. or other)														X
Years in country	X	X	X		X	X	X	X	X	X	X	X	X	X
Lived in NYC since 2003							X							
Language in home				X	X	X	X	X	X	X	X	X	X	X
Marital status	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sexual orientation		X		X	X	X	X	X	X	X	X	X	X	X
Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Employment	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Serious on-the-job injuries	X													
Annual household income	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Poverty			X	X	X	X	X	X	X	X	X	X	X	X
Civic participation	X	X												
Safe neighborhood	X									X				
Height	X	X	X	X	X	X	X	X	X	X	X	X	X	
Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	
Social isolation - have at least 1 person in neighborhood who could help														X
Household size	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of adults in household	X	X	X	X	X	X	X	X	X	X	X	X	X	X

Access

Have health coverage		X	X	X	X	X	X	X	X	X	X	X	X	X
Health coverage type	X	X		X	X	X	X	X	X	X	X	X	X	X
Get insurance through NY Exchange														X
Main reason uninsured														X
Medicaid HMO Question (list of plans provided)								X						
Managed Care		X					X							
Without coverage last 12 months							X		X					
PCP	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Seen PCP in last 12 months						X	X	X					X	
Seen any doctor last 12 months							X							

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What used to record info last doctor visit							X	X						
Last time saw doctor and got a prescription, was a computer print out, written on a pad or called/faxed pharmacy								X						
Didn't get needed care	X				X		X		X	X	X	X	X	X
Didn't fill prescription due to cost		X				X								
Didn't get care due to cost		X				X								
See doctor routine exam		X												
Last routine visit			X	X							X	X		
See doctor, other reason			X											
Partial insurance		X		X										
How long partial		X												
Where do you go if you're sick or need advice		X		X							X	X		X
How quickly get appointment				X							X	X		X
Follow doctor's advice				X										
Advice not followed, why				X										
Quality of care from doctor (listens, etc.)				X										
Counseling on weight, nutrition, exercise				X										
Discrimination in health care				X										

Alcohol Consumption and RX abuse

Number days drink	X	X	X	X	X		X	X	X	X	X	X	X	X
How many drinks	X	X	X	X	X		X	X	X	X	X	X	X	X
Drink >5 drinks	X	X	X	X	X		X	X	X	X				
Binge (5 for men and 4 for women)											X	X	X	X
Largest number of drinks											X		X	X
Counseling or medication for an alcohol problem							X							
Type of alcohol most often drink											X			
Doctor asked about alcohol consumption											X			
Past 12 mos., use prescription pain killer recreationally											X	Wave 1		
How often use Rx pain killer recreationally											X	Wave 1		
Past 12 mos., use prescription tranquilizer recreationally											X	Wave 1		
How often use Rx tranquilizer recreationally											X	Wave 1		
Ever have Rx pain reliever prescribed												Wave 2	X	X
Past 12 mos., take prescribed pain reliever												Wave 2	X	X
Past 12 months, ever take more pain reliever than prescribed												Wave 2	X	X
Past 12 months, ever take pain reliever not prescribed												Wave 2	X	X
How often take Rx pain reliever more than prescribed												Wave 2	X	X
How often take Rx pain reliever without prescription												Wave 2	X	X

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How often take Rx pain reliever more than prescribed or without prescription												Wave 2		X
Ever have Rx tranquilizer prescribed												Wave 2	X	
Past 12 mos., take prescribed tranquilizer												Wave 2	X	
Past 12 months, ever take more tranquilizer than prescribed												Wave 2	X	
Past 12 months, ever take tranquilizer not prescribed												Wave 2	X	
How often take Rx tranquilizer more than prescribed												Wave 2	X	
How often take Rx tranquilizer without prescription												Wave 2	X	
How often take Rx tranquilizer more than prescribed or without prescription												Wave 2		
Taken ecstasy (MDMA), past 12 months														X

Asthma (WTC)

Ever asthma	X	X		X		X	X	X	X	X	X	X	X	X
Year diagnosed with asthma (before or after 9/11)								X						
Asthma attack past 12 months	X	X		X		X	X	X	X	X	X	X	X	X
ED for asthma	X	X		X		X			X	X				
Asthma plan		X												
Difficulty sleeping				X										
Ever seen a doctor for persistent cough							X							
Persistent cough in past 30 days							X	X						
Shortness of breath in past 30 days								X						
Wheezing in past 30 days								X						

Blackout

Day and time power came back on in house			X											
Fri-Sun after the blackout ate food out of the refrigerator			X											
Fri-Sun after the blackout ate food that tasted spoiled			X											
Fri-Sun after the blackout ate in a restaurant			X											
In the week after the blackout, had diarrhea			X											
In the week after the blackout, saw messages about what to do with food			X											

Cancer Screening

Ever/when colonoscopy		X		X	X	X	X	X	X	X	X	X	X	X
Ever/when sigmoidoscopy		X												
Ever colonoscopy or sigmoidoscopy	X	X												
FOBT		X												
Ever/when last mammogram	X			X	X	X	X	X	X	X		X		X
Ever/when last pap test	X			X	X	X	X	X	X	X		X		

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Had a hysterectomy	X			X										
Ever other test for colon cancer/when (sigmoidoscopy, FOBT)							X							
Ever/when home blood stool test												X		
Where last colonoscopy											X			

Cardiovascular Disease Prevention

Blood pressure checked	X													X
Blood pressure numbers	X													
How long blood pressure checked						X						X		
Ever told you have high blood pressure	X				X	X	X	X	X	X	X	X	X	X
Ever told you need blood pressure medication					X	X	X		X	X	X	X		X
Currently taking blood pressure medication	X				X	X	X	X	X	X	X	X		X
Self-check blood pressure at home						X			X	X				
Cholesterol checked ever	X				X		X			X				
How long cholesterol checked	X				X		X			X		X		X
Ever told you have high cholesterol	X						X	X	wave 2 only	X	X	X	X	X
Cholesterol level	X													
Told need cholesterol medication										X	X	X		X
Medication for high cholesterol	X						X	X	wave 2 only	X	X	X		X
Aspirin for heart	X							X		X				

Child Module

Children <3				X										
Parent/guardian				X										
Delays in children				X										
Unusual medical care needs				X										
Developmental disability				X										
Early intervention				X										
Improvement (EIP ways to help child)				X										
Breast feeding				X										
SIDS risk				X										
Age of youngest child							X							
Day Care arrangement for past year							X							
Preferred a different day care arrangement							X							
What is the preferred day care arrangement							X							
Reason child not in this type of care							X							

Children with Asthma

Children <18	X	X				X								
Diagnosed with asthma	X	X				X								
Attack past 12 months		X												
Asthma plan		X												

Commuting Pattern

Where spend time 9 to 5						X				X				X
How usually get there (work or school)						X				X				X
How many minutes one way commute										X				

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Weekdays take subway						X								
Work/school zip code/cross street						X								
Cross streets of work/school/borough						X								

Debriefing Questions

How difficult to understand most questions						X						X		
How comfortable answering most questions						X						X		
Any questions unwilling to answer truthfully						X								
Interviewer: how difficult for respondent to understand most questions						X								
Interviewer: how difficult for respondent to answer most questions						X								
Interviewer: how comfortable was respondent answering most questions						X								
Interviewer: think the respondent provided truthful answers						X								
Interviewer: how comfortable conducting interview						X								

Dentist

How long since cleaning	X												X	X
Regular source of dental care							X							
Most recent visit to dental care provider							X							

Diabetes

Ever diabetes	X	X	X	X		X	X	X	X	X	X	X	X	X
Gestational diabetes	X		X	X		X	X							
Signs and symptoms			X											
Hemoglobin A one C test	X					X	X							
A one C level	X					X	X							
Class on management			X	X										
How old at diabetes diagnosis	X		X	X				X			X			
Now taking insulin							X							
Taking diabetic pills							X							

Disability Issues

Activities limited because of impairment or health problem			X											
How long activities limited			X											
Need help with personal care because of limitation			X											
Have a health problem that requires use of special equipment			X											
Arthritis of hip or knee												X		

Domestic Violence

Frightened for safety	X		X	X	X	X		X						
Injuries	X		X	X		X								
Since 18, unwanted sexual contact								X						
Doctor asked about conflict in relationship								X						

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Drug Use and Incarceration

Illegal drug use				X										
Needle use				X								X		
Crystal Meth (all)				X	X									
Crystal Meth (MSM only)						X								
Correctional facility				X										

Health Care

didn't get prescription last 12 months							X							
didn't get lab tests last 12 months							X							
didn't get eye care last 12 months							X							
didn't get dental care last 12 months							X							
didn't get hospital care last 12 months							X							
didn't get medical care from doctor last 12 months							X							

Health Status

General health status	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop doing usual activities due to physical health		X		X										
Stop doing usual activities due to mental health		X		X										
Stop doing usual activities due to physical or mental health			X											
Days physical health not good					X	X								
Days mental health not good					X	X	X	X						

Heat

AC in home			X				X						X	
Use AC during summer							X							
Times did not turn on AC because of electric bill			X											
Times did not turn on AC because asked to conserve			X											

HIV Testing

HIV test past year		X			X	X	X	X	X	X	X	X	X	X
HIV test ever	X			X	X		X	X	X	X	X	X	X	X
Year of last HIV test	X			X	X									
HIV test prior to last one		X												
HIV test 1-5 yrs. ago or >5 yrs. ago							X							
Blood donation		X												
Why HIV test	X													
Where HIV test	X													
Type of test used					X									
Got HIV test results							X							
Results same day/wait						X	X							
Use rapid home test						X								
Doctor recommend HIV test						X	X			X	X			
Followed advice and got HIV test							X							
Doctor ever told HIV+						X	X							
Seen a doctor for HIV medical care							X							

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Flu shot defined period						X	X	X	X	X	X	X	X	X
Why no flu shot														
Pneumonia shot ever	X	X		X		X		X		X		X		
Where flu shot		X			X	X						X		
When flu shot					X									
Tried to get flu shot but unable					X									
H1N1 vaccination since October 2009										X				
Try to get H1N1 shot but couldn't										X				
Work in health care setting					X		X		X					
Ever hepatitis B vaccine							X					X		
Work in a health care setting with direct contact with patients														X

Initiatives

Hear or see patches						X								
Hear or see free condoms						X	X	X						
Were they condoms with logo						X								
Used a condom with a logo						X	X	X						
Ever received TCNY passport						X								
Entered info in TCNY passport						X								

Mental Health

Emotional distress (sad, hopeless, worthless, etc.) - K6 [Past 30 days]	X	X			X	X		X	X	X		X	X	
Emotional distress (sad, hopeless, worthless, etc.) - K6 [Worst Month]											X	X		
Worst month, past 12 months												X		
how often bothered little interest or pleasure past 2 weeks							X							
how often bothered down, depressed, hopeless past 2 weeks							X							
Mental health affects activities		X							X	X		X	X	
Mental health affect ability to work or go to school during that month (special MH for 2011)											X			
Mental health affect social life during that month (special MH for 2011)											X			
Mental health affect family life or home responsibilities during that month (special MH for 2011)											X			
When last receive counseling for mental health problems (special MH for 2011)											X			
When last take Rx for mental health problem (special MH for 2011)											X			
Past 12 mos., how many times go to ER for MH problems (special MH for 2011)											X			

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Past 12 mos., how many times admitted to hospital for MH problems (special MH for 2011)											X			
Past 12 mos., stayed overnight in a shelter or on street (special MH for 2011)											X			
Past 12 mos., how many times moved (special MH for 2011)											X			
Past 12 months, arrested and booked (special MH for 2011)											X			
Past 12 mos., stay overnight or longer in jail (special MH for 2011)											X			
Past 12 mos., have a case manager (special MH for 2011)											X			
How many other adult HH members have MH problems that interferes with their daily life (special MH for 2011)											X			
Contact with relatives or friends											X			
Can talk to relatives or friends											X			
Can call relatives or friends for help											X			
50+: contact with relatives or friends							X							
50+: can talk to relatives or friends							X							
50+: can call relatives or friends for help							X							
Herbal or naturopathic remedies for mental health		X												
Needed treatment, didn't get it		X			X	X							X	X
Informal Support		X												
Ever told have depression					X	X	X	X	X	X			X	X
First told depression last 12 months						X	X	X	X				X	
Counseling or medication for depression last 12 months							X	X						X
Counseling or medication for mental health past 30 days									X	X		X		
Counseling or medication for mental health past 12 months					X	X			X	X		X		
Counseling for mental health, past 12 months		X											X	X
Medication for mental health, past 12 months		X											X	X
Whom would you consult after a disaster							X							
Ever diagnosed with schizophrenia, bipolar, mania or psychosis												X		X

Noise and Hearing Problems

Past 12 mos., ringing in ears											X			
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How often use birth control, 12 months						X		X						
Last sex use birth control pills													X	X
Any other method of birth control at last sex													X	X
Type of other birth control last sex													X	X
Last time sex, intend to get pregnant/get partner pregnant		X		X	X	X							X	X
Counseling/prescription for EC					X	X	X							
Where receive EC						X	X							
Ever use female condom						X								
Get it for free						X								
Told you have an STD		X												
Ever used needle for non-prescribed drug		X												
Currently pregnant							X							
Pregnant last 5 years				X										
Last pregnancy - intend to get pregnant				X										
Last pregnancy - live birth				X										
Last pregnancy - stillbirth, miscarriage				X										
Operation preventing having children							X							
Past 12 mos., use internet to find sex partner											X	X		
Doctor ask about sexual history											X			

Syndromic Surveillance, flu and diarrhea

Flu-like illness in past 30 days			X											
During illness purchased non-prescription meds			X											
During illness missed work/school			X											
During illness, called doctor for advice			X											
During illness, called nurse or health hotline			X											
During illness, visited doctor			X											
During illness, visited ER			X											
During illness, visited other health care facility			X											
Which did first			X											

Take Care NY

Ever received passport						X								
Entered info in passport						X								

TANF, food insecurity, homelessness

TANF/welfare				X										
Concerned about not having enough food			X	X										
Homeless/shelter				X										

Telephone (for weighting)

Number telephone lines	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Residential numbers	X	X	X	X	X	X	X	X	X					
How many telephone numbers for exclusive data use						X	X							
Without telephone service/ for how long	X	X		X	X	X	X							

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Without telephone service for one week or more								X	X	X	X	X	X	
E-mail				X										
Receive information				X										
Cell phone for personal use							X	X	X	X	X	X	X	X
Have a cell phone and share with others							X	X	X	X	X	X	X	X
Don't have a cell phone but share with others							X	X	X					
How many adults share cell phone							X	X	X					
How likely to use only cell phone					X	X	X	X	X					
Percent of calls received on cell phone								X	X					
Of all calls, how many received on cell											X	X	X	X

Tobacco Use and Cessation

100 cigarettes	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Now smoke every day, some days, not at all	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of cigarettes smoked per day	X	X	X	X	X	X		X	X	X	X	X	X	X
Days per month you smoke						X		X	X	X	X	X	X	X
Heavy smoker	X	X	X	X		X		X	X	X	X	X	X	X
Type of smoker	X	X	X	X		X		X	X	X	X	X	X	X
How soon after wake up			X	X					X	X				
How old when started			X	X	X	X	X		X					X
Quit attempt past 12 months, how many times	X	X	X	X	X	X	X	X	X	X	X	X	X	
Longest time without smoking			X											
Want to stop			X											
Thinking of quitting next 30 days			X	X		X								
Thinking of quitting next 6 months			X	X										
If quit, how old when started			X											
If quit, how soon after wake up				X										
Smoking 12 months ago			X				X		X					
Smoking 12 months ago: everyday or some days			X				X		X					
How long since smoked regularly	X	X	X	X	X	X	X	X	X	X	X	X	X	
Number of cigarettes smoked per day before quit		X	X	X										
Cigarette cost	X	X												
Price increase, did you smoke less								X		X	X			
Price increase, seriously consider quitting								X						
Price increase, did you switch to a cheaper brand								X						
Price increase, did you buy more on the street								X						
Price increase, did you purchase more outside NYS, internet, mail or on reservation								X						
Price increase, buy more loosies								X						
Price increase, switch to smoking pipe, chewing tobacco								X						

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Price increase, affect decision to quit								X		X				
Where from - carton, loose, etc.		X	X	X	X	X	X	X	X	X		X	X	X
How much paid		X	X	X	X	X		X	X	X			X	X
Where bought	X	X	X	X	X	X	X	X	X	X		X	X	X
Discount single pack													X	X
Effect of SFAA		X	X				X							
Cessation aids (individual/group counseling, telephone, internet)	X		X	X		X				X				
Last 12 months used NRT to quit								X	X	X	X	X		
Where get NRT										X				
Last 12 months used RX to quit								X	X	X	X	X		
Where get RX to quit										X				
Provider asked about smoking						X					X			
Advice to quit from provider	X		X			X				X	X	X		
Advice to quit from dentist													X	
Provider recommended cessation aids						X								
Bar/nightclub smoking			X											
Used a coupon for cigarettes													X	X
How much was coupon for													X	X
Past 30 days, smoke little cigar/cigarillo													X	X
How many days (past 30) smoked little cigars/cigarillos													X	X
How many cigars/cigarillos per day													X	X
Smoked hookah, past 30 days														X
E-cigs, past 12 months														X
E-cigs, past 30 days														X

West Nile Virus

Early morning of a typical week spent > 30 minutes at beaches			X											
Early morning of a typical week spent > 30 minutes at parks			X											
Early morning of a typical week spent > 30 minutes outside home			X											
Early morning of a typical week spent > 30 minutes in neighborhood			X											
How often insect repellent use			X											
Evening of a typical week spent > 30 minutes outside home			X											
Evening of a typical week spent > 30 minutes in neighborhood			X											
Insect repellent has DEET			X											
Primary source of information about WNV and spraying			X											

WTC Health Registry

