

**2011 New York City
Community Health Survey
(NYC CHS)**

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COMMUNITY HEALTH SURVEY 2011
TABLE OF CONTENTS

HEALTH STATUS 6

ACCESS 7

CARDIOVASCULAR HEALTH 9

DIABETES 10

ASTHMA 10

MENTAL HEALTH 11

NUTRITION 17

PHYSICAL ACTIVITY 19

DEMOGRAPHICS 20

BMI FOLLOW-UPS 27

TOBACCO 31

IMMUNIZATIONS 34

CANCER 35

NOISE 36

BEDBUGS 39

HIV TESTING 40

SEXUAL BEHAVIOR 41

ALCOHOL AND PRESCRIPTION DRUG ABUSE 46

TELEPHONE MODULE 49

CLOSING: 50

**2011 Community Health Survey Questionnaire
Last updated (6.13.11)**

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. We're conducting an important study to improve the health of New Yorkers. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential.

[IF NEEDED] You don't have to give me any personal identifying information such as your full name or address.

REASONS TO CALL-BACK

- 01 No answer
- 02 Busy
- 03 Call-back
- 04 Answering machine
- 05 Spanish interviewer needed
- 06 Other language needed
- 07 END OF SHIFT/NUMBER NEVER TRIED

REASONS NOT TO CALL-BACK

- 11 Refused
- 12 Non-working/disconnected number
- 13 Non-residential number
- 14 Number-change
- 15 Fax machine
- 16 Beeper/Cell phone
- 17 Other phone problem
- 18 Physically/mentally unable

Q ZIP To make sure that your neighborhood is correctly identified, could I please have your five-digit zip code?

RECORD 77777 FOR DK
RECORD 99999 FOR Ref.

IF Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST

Q Confirm. Just to confirm, is your zipcode _____?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF RESPONDENT CONFIRMS ORIGINAL ZIPCODE, ASK Q BORO. IF RESPONDENT SAYS THE ZIP CODE FIRST GIVEN IS NOT CORRECT OBTAIN CORRECTED ZIP CODE. IF THIS ZIPCODE STILL DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST, OR IF Q ZIP = 77777 OR Q ZIP = 99999, ASK Q BORO

Q BORO In which of the five New York City boroughs are you residing?

READ IF NEEDED:

- 1 The Bronx
- 2 Brooklyn
- 3 Manhattan
- 4 Queens, or
- 5 Staten Island ?
- 6 DO NOT LIVE IN NYC [TERMINATE]
- 7 DON'T KNOW/NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

IF QUOTA OUT, WRITE DATA FOR QZIP (QZIP), QCONFIRM (QCONFIRM), AND QBORO (QBORO) FROM MAIN SUB_SCRIPT. WRITE DATA FROM SAMPLE FOR UHF, REPLICATE, QKEY - THE ORIGINAL ONE, MAILED, RESMC, CSS.

LEVEL =1

Q HH Now I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, INCLUDING YOURSELF, are 18 years of age or older?

READ IF NEEDED: Household members are those who spend a majority of their time living in the household.

RECORD 88 FOR NOT A PRIVATE RESIDENCE
 RECORD 99 FOR REFUSED/DK

_____ Number of adults [RANGE 1-20]

IF NO ADULTS (HH=0) OR NOT A PRIVATE RESIDENCE (HH=88) OR REFUSED/DK (HH=99):
 Those are all the questions I have for you. Thank you for your time.
TERMINATE INTERVIEW.

IF ONLY 1 ADULT (HH=1) ASK HHa, ELSE IF MORE THAN ONE ADULT (HH>1) ASK HHb.

HHa Are you the adult?

- 1 Yes
- 2 No
- 9 Refused

IF HHa=1, THEN READ S6A, ELSE SKIP TO S6B.

s6a Then you are the person I need to speak with. Let me start by saying your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 25 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

You will not be compensated for this study. However, in appreciation for your participation, if you choose, you will be entered in a drawing for \$50. You will not receive the \$50 unless you are randomly selected.

IF INTERVIEW BEFORE AUGUST 31: A total of 40 New Yorkers who complete the survey by August 31st will be randomly drawn.
IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: A total of 20 New Yorkers who complete the survey after August 31st will be randomly drawn.
[GO TO QWHICH]

IF HHa=2 (NOT THE ADULT)

s6b May I speak with the adult?

- 1 Yes - available (SKIP TO WHICH)
- 2 No - not available - [GO TO s6b1]
- 9 Refused

IF MORE THAN ONE ADULT (HH>1) ASK HHb.

HHb. NUMADULT How many of these adults are men and how many are women?

INTERVIEWER: RECORD 99 FOR REFUSED

_____ MEN
 _____ WOMEN

[If either NUMMEN or NUMWOMEN = 99 then Thank and terminate]

Q PICK Could I please speak with _____? [RANDOMLY PICKED]

- 1 Yes - available (SKIP TO WHICH)
- 2 No - not available - [GO TO S6b1]
- 9 Refused

IF PICKED PERSON IS NOT AVAILABLE:

S6b1. (If s6b = 2) May I please have the adult's name so we can ask for them when we call back?/(If q pick = 2) May I please have the (PICKED PERSON'S) name so that we can speak with [them] when we call back?

- 1 Gave response - (ENTER RESPONSE)
- 7 (VOL) Don't know - (Thanks and terminate)
- 9 (VOL) Refused - (Thanks and terminate)

Q WHICH INTERVIEWER: SELECT LANGUAGE

- 1 English
- 2 Spanish
- 3 Russian Paper
- 4 Chinese Paper

IF HHa = 1 GO TO Q1.1, ELSE GO TO Q HELLO

Q HELLO

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. We're conducting an important study to improve the health of New Yorkers. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential.

Your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 25 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

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IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: A total of 20 New Yorkers who complete the survey August 31st will be randomly drawn.

ENTER CHS MAIN SUBSCRIPT HERE. WRITE DATA FROM SAMPLE FOR UHF, REPLICATE, QKEY - THE ORIGINAL ONE, MAILED, RESMC, CSS. WRITE SCREENER VARIABLES TO CHS SUBSCRIPT.

HEALTH STATUS

CORE

ASK ALL

Q1.1 - Would you say that in general your health is excellent, very good, good, fair or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ACCESS

CORE

ASK ALL

Q2.1 - Do you have any kind of health insurance coverage, including private health insurance, prepaid plans such as H-M-Os, or government plans such as Medicare or Medicaid?

READ IF NEEDED: Medicare is a health insurance program for people 65 and older or persons with disabilities.

READ IF NEEDED: Medicaid is a health insurance program for persons whose income and resources cannot cover the costs of health care.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE

ASK IF Q2.1 = 1, ELSE SKIP TO Q2.3

Q2.2 - What type of health insurance do you use to pay for your doctor or hospital bills? Is it insurance through:

BEGIN READING ANSWER CHOICES
01 Your employer

IF R CLEARLY PICKS 1, STOP READING ANSWER CHOICES AND ENTER 1. OTHERWISE, READ ENTIRE LIST.

- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Family Health Plus or Medicaid including Medicaid Managed Care
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 COBRA, or
- 08 Some other source ?
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q2.3 - Do you have one person or more than one person you think of as your personal doctor or health care provider?

INTERVIEWER PROBE IF "YES": Do you have only one or more than one?

- 1 YES, ONLY ONE
- 2 YES, MORE THAN ONE
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q2.4 A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor or other health care provider for a routine checkup?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Within the past 6 months (anytime less than 6 months ago)
- 2 Within the past year (6 months but less than 12 months ago)
- 3 Within the past 2 years (1 year but less than 2 years ago)
- 4 Within the past 5 years (2 years but less than 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 8 Never
- 9 Refused

ASK ALL

Q2.5 When you are sick or need advice about your health, to which one of the following places do you usually go? [Interviewer: select only one]

READ:

- 1 A private doctor
- 2 Community health center
- 3 A hospital outpatient clinic
- 4 A hospital emergency room or urgent care center
- 5 An alternative health care provider (such as acupuncturist, chiropractor, traditional healer, or herbalist)
- 6 Other (specify) _____
- 88 [VOL] NO USUAL PLACE
- 77 DON'T KNOW/NOT SURE
- 99 Refused

ASK IF Q2.3 = 1 OR 2, ELSE GO TO Q2.7

Q2.6 The last time you needed care for an illness or injury and called your personal doctor's office for an appointment, how quickly did they see you?

READ:

- 1 Same day
- 2 next day
- 3 in 2-3 days
- 4 in 4-5 days
- 5 more than 5 days
- 6 I didn't call my doctor's office
- 7 DON'T KNOW
- 9 REFUSED

TCNY

ASK ALL

Q2.7 - Was there a time in the past 12 months when you needed medical care but did NOT get it? Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalizations.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CARDIOVASCULAR HEALTH**TCNY****ASK ALL**

Q3.1 - Have you ever been told by a doctor, nurse or other health professional that you have hypertension, also called high blood pressure?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY**ASK IF Q3.1 = 1**

Q3.2 - Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for your high blood pressure?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY**ASK IF Q3.2 = 1**

Q3.3 - Are you currently taking medication for your high blood pressure?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY**ASK ALL**

Q3.4 - Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE**ASK IF 3.4 = 1**

Q3.5 - Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for your high cholesterol?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY**ASK IF 3.4 = 1**

Q3.6 - Are you currently taking medication to lower your high cholesterol?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

DIABETES**CORE****ASK ALL**

Q4.1- Have you ever been told by a doctor, nurse or other health professional that you have diabetes?

INTERVIEWER: IF "YES", AND FEMALE ASK: "Was this only when you were pregnant?"

- 1 YES
- 2 YES, FEMALE TOLD ONLY DURING PREGNANCY
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q4.1 = 1

Q4.2 How old were you when you were first told you have diabetes?

- ___ AGE (Range 0-98)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASTHMA**CORE****ASK ALL**

Q4.3 - Have you ever been told by a doctor, nurse or other health professional that you had asthma?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE**ASK IF Q4.3 = 1**

Q4.4 - In the last 12 months, have you had an episode of asthma or an asthma attack?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

MENTAL HEALTH

READ: The next few questions are about problems with your emotions, nerves or mental health in the last 12 months.

ASK ALL

Q5.1 -Think of one month in the last 12 months when you were the most depressed, anxious, or emotionally stressed.

During that month, how often did you feel nervous?

All of the time, most of the time, some of the time,
a little of the time, OR none of the time?

READ IF NEEDED: If you cannot choose a month, think of last month.

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.2 - During that month when you were at your worst emotionally, how often did you feel hopeless?

All of the time, most of the time, some of the time,
a little of the time, OR none of the time?

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.3 - During that month, in the last 12 months, when you were at your worst emotionally, how often did you feel restless or fidgety?

(READ IF NEEDED: All of the time, most of the time, some of the time,
a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.4 - During that month when you were at your worst emotionally, how often did you feel so sad or depressed that nothing could cheer you up?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.5 - During that month when you were at your worst emotionally, how often did you feel that everything was an effort?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.6 - During that month when you were at your worst emotionally, how often did you feel down on yourself, no good or worthless?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

```

***GENERATE K6 score*****
FOR Q 5.1 - Q 5.6,
RETAIN ORIGINAL VALUES FOR Q5.1-Q5.6 BUT RECODE NEW VALUES FOR:

CODE 1 "All of the time" = 4
CODE 2 "Most of the time" = 3
CODE 3 "Some of the time" = 2
CODE 4 "A little of the of time" = 1
CODE 5 "None of the time" = 0
CODE 7 "DON'T KNOW" = 0
CODE 9 "REFUSED" = 0

K6SCORE = 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6
if K6SCORE >12 then SPD_PY=1;
else if K6SCORE <=12, THEN SPD_PY =2;

```

READ IF SPD_PY = 1, ELSE SKIP TO Q5.10:

For the next few questions I am still referring to that month in the last 12 months when you were the most depressed, anxious or emotionally stressed.

On a scale of 0 to 10, where 0 means it did not interfere at all and 10 means it interfered a lot, please tell me how much your emotions, nerves or mental health interfered with your ability to do each of the following activities in that month.

ASK IF SPD_PY = 1, ELSE SKIP TO Q5.10

Q5.7 - During that month, how much did your emotions interfere with your ability to work or do school work?

READ IF NEEDED: You can use any number between 0 and 10 to answer. 0 means no interference and 10 means it interfered a lot.

___ [RESPONSE 0-10]
 88 WAS NOT WORKING OR STUDYING DURING THAT PERIOD OF TIME
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK IF SPD_PY = 1

Q5.8 - How much did your emotions interfere with your ability to have a social life during that month?

READ IF NEEDED: You can use any number between 0 and 10 to answer. 0 means no interference and 10 means it interfered a lot.

___ [RESPONSE 0-10]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK IF SPD_PY = 1

Q5.9 - How much did your emotions interfere with your ability to take care of family life or home responsibilities during that month?

READ IF NEEDED: You can use any number between 0 and 10 to answer. 0 means no interference and 10 means it interfered a lot.

___ [RESPONSE 0-10]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

[CATI: IF Q5.7 >= 5 BUT NOT = 88, 77 OR 99 OR Q5.8 >= 5 BUT NOT = 77, 99 OR Q5.9 >= 5 BUT NOT = 77, 99 THEN MHIMPAIRED = 1, ELSE MHIMPAIRED = 2]

READ TO ALL: The next few questions are about treatment and counseling for problems with emotions, nerves or mental health.

ASK ALL

Q5.10 - If ever, when did you last receive counseling for any problem you were having with your emotions, nerves or mental health? Was it:

[READ ALL OPTIONS UNTIL RESPONDENT SELECTS ONE]

- 1 Never
- 2 In the last month
- 3 In the last 6 months
- 4 In the last year
- 5 Over a year ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.11 - If ever, when was the last time you took prescription medication for any problem you were having with your emotions, nerves, or mental health? Would you say:

[READ ALL OPTIONS UNTIL RESPONDENT SELECTS ONE]

- 1 Never
- 2 In the last month
- 3 In the last 6 months
- 4 In the last year
- 5 Over a year ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF SPD_PY = 1, ELSE SKIP TO Q5.12

Q5.13 - In the **last 12 months**, how many times, if ever, have you gone to a hospital **Emergency Room** to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health? Please do not include treatment for alcohol or drug use.

- 1 Never
- 2 Once
- 3 Twice
- 4 Three times
- 5 Four times
- 6 Five or more times
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF SPD_PY = 1

Q5.14 - In the **last 12 months**, how many times, if ever, have you **been admitted to a hospital** or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health? Please do not include treatment for alcohol or drug use.

- 1 Never
- 2 Once
- 3 Twice
- 4 Three times
- 5 Four times
- 6 Five or more times

7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF SPD_PY = 1

Q5.15 - During the last 12 months, have you either stayed overnight in a shelter or overnight on the street?

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF SPD_PY = 1

Q5.16 - How many times have you moved in the last 12 months?

READ IF NEEDED: By moved, I mean moving your residence.

____ [RESPONSE 0-52]
52 RESPONDENT MOVED 52 OR MORE TIMES
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK IF SPD_PY = 1

Q5.17 - Not counting minor traffic violations, in the last 12 months have you been arrested and booked for breaking the law?

[READ IF NEEDED: Being 'booked' means that you were taken into custody and processed by the police or by someone connected with the courts, even if you were then released.]

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF SPD_PY = 1

Q5.18 - During the last 12 months, did you stay overnight or longer in jail or prison?

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF SPD_PY = 1

Q5.22 - During the last 12 months, has a case manager, case worker or other paid employee of a social or medical service agency helped you arrange for services? These services may provide help with: making and keeping medical appointments, remembering to take medication, or finding a job or a place to live?

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF QHH GT 1

Q5.12 -You said earlier including yourself, there are [CATI FILL VALUE FROM QHH] adults living in your household. Now, not including yourself, how many adults 18 years or older who currently live in your household, have a mental health condition that interferes with their daily life or activities most of the time?

- _____ [RESPONSE 0-UPPER RANGE = QHH - 1]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

READ: And now for some questions about friends and family.

ASK IF SPD_PY = 1, ELSE SKIP TO Q6.1

Q5.19 - How many of your friends or relatives do you see or hear from at least once a month?

READ IF NEEDED:

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five to eight
- 6 Nine or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF SPD_PY = 1

Q5.20 - How many of your friends or relatives do you feel at ease with that you can talk to about private matters?

READ IF NEEDED:

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five to eight
- 6 Nine or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF SPD_PY = 1

Q5.21 - How many of your friends or relatives do you feel close to such that you could call on them for help?

READ IF NEEDED:

- 1 None
- 2 One
- 3 Two
- 4 Three or four
- 5 Five to eight
- 6 Nine or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

NUTRITION

READ SCREEN: And now some questions about food and drinks.

TCNY

ASK ALL

Q6.1 - Thinking about nutrition...how many total servings of fruit and/or vegetables did you eat yesterday? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

INTERVIEWER: IF RESPONDENT TELLS YOU WHAT FRUITS/VEGETABLES HE/SHE ATE, ADD UP THE SERVINGS AFTER REPEATING THE QUESTION ONCE.

PROBE: You ate (REPEAT ALL THE FRUITS AND VEGETABLES RESPONDENT SAID). That adds up to X servings. Would you say you ate X servings of fruits and vegetables yesterday?

_____ NUMBER OF SERVINGS [CATI RANGE 0 - 50]

77 DON'T KNOW/NOT SURE
99 REFUSED

TCNY

ASK ALL

Q6.2 - How often do you drink sugar sweetened soda? Do NOT include diet soda or seltzer.

READ IF NEEDED: How many sodas do you drink per day, per week or per month?

READ IF NEEDED: One drink of soda would equal a 12 ounce can, bottle or glass.

1__ PER DAY (RANGE 1-99)
2__ PER WEEK (RANGE 1-99)
3__ PER MONTH (RANGE 1-99)

888 NONE / NEVER / RARELY
777 DON'T KNOW/NOT SURE
999 REFUSED

CATI: ONLY ONE FIELD CAN BE ENTERED

TCNY

ASK ALL

Q6.3 - How often do you drink other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice.

READ IF NEEDED: How many sweetened drinks do you drink per day, per week or per month?

READ IF NEEDED: One drink of sweetened drinks would equal a 12 ounce can, bottle or glass.

1__ PER DAY (RANGE 1-99)
2__ PER WEEK (RANGE 1-99)
3__ PER MONTH (RANGE 1-99)

888 NONE / NEVER / RARELY
777 DON'T KNOW/NOT SURE
999 REFUSED

CATI NOTE: ONLY ALLOW ONE FIELD TO BE ENTERED.

CATI: set up a dummy question to indicate: 1) Ask both 6.4 & 6.4, or 2) randomly ask either 6.4/6.5. Set to 1 initially; may implement split later.

ASK ALL

Q6.4 - When buying canned or packaged products, how often do you choose products because you believe they are 'low salt' or 'low sodium'? Would you say frequently, sometimes, hardly ever or never?

- 1 FREQUENTLY
- 2 SOMETIMES
- 3 HARDLY EVER
- 4 NEVER
- 5 (VOL.) NEVER BUY CANNED/PACKAGED FOODS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q6.5 - Are you cutting down on salt to help-

(IF Q3.1 = 1: lower or control your high blood pressure?

(IF Q3.1 NE 1: prevent high blood pressure?

- 1 YES
- 2 NO
- 3 DO NOT USE SALT
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q6.6 - How many times per week or per month do you eat meals purchased from an eat-in or take-out restaurant? Please do not include meals from street vendors or delis.

- 1__ PER WEEK (RANGE 1-70)
- 2__ PER MONTH (RANGE 1-280)

- 888 NONE / NEVER / RARELY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK ALL

Q6.7 - In the last 30 days, have you seen a Health Department sanitary letter grade - an A, B, C or "Grade-Pending" sign in the window of any of the restaurants where you've considered eating or buying take-out?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q6.7 = 1

Q6.8 - In the last 30 days, has a Health Department sanitary letter grade influenced your decision to eat a meal from any particular restaurant?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

PHYSICAL ACTIVITY

TCNY

ASK ALL

Q7.1 - During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q7.2 - In the past 12 months, how often have you ridden a bicycle in one of the five boroughs of New York City? Would you say several times a month, at least once a month, a few times a year, or never?

IF ASKED: This does not include a stationary bike.

- 1 SEVERAL TIMES A MONTH
- 2 AT LEAST ONCE A MONTH
- 3 A FEW TIMES A YEAR
- 4 NEVER
- 5 [VOL] PHYSICALLY UNABLE TO RIDE A BIKE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q7.3 - How many total floors of stairs do you walk up on an average weekday at home, work and school combined? Do not count stairs in the subway.

READ ANSWER CHOICES:

- 1 0 floors per weekday
- 2 1-2 floors per weekday
- 3 3-5 floors per weekday
- 4 6 floors or more per weekday
- 5 [VOL] PHYSICALLY UNABLE TO WALK UP STAIRS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

DEMOGRAPHICS CORE

SCREEN: Now I'd like to ask you some questions about yourself and your household.

ASK ALL

Q8.1 - What is your age?

- _____ AGE IN YEARS [RANGE 18-98]
- 07 DON'T KNOW/NOT SURE
- 09 REFUSED

ASK IF Q8.1 = 07 OR 09, ELSE SKIP TO Q8.2

Q8.1a - We are only asking this information to make sure that we have talked to enough people in each age group. Can you just tell me if you are...?

READ ANSWER CHOICES:

- 1 65 or older
- 2 45-64
- 3 30-44
- 4 25-29, or
- 5 18-24
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.2 - Because it is sometimes difficult to determine over the phone, I am asked to confirm with everyone . . . Are you male or female?

- 1 MALE
- 2 FEMALE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.3 - Are you Hispanic or Latino?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.3 = 1, ELSE SKIP TO Q8.4

Q8.3a - Please tell me which group best represents your Hispanic or Latino origin or ancestry:

READ ANSWER CHOICES, ACCEPT FIRST RESPONSE [CATI: RANDMONIZE: 01-04]

- 01 Puerto Rican**
- 02 Cuban/Cuban-American**
- 03 Dominican/Dominican-American**
- 04 Mexican/Mexican-American**
- 05 Central or South American
- 06 Other Latin American, or
- 07 Other Hispanic/Latino
- 09 [VOL] SPANISH
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q8.4 - (READ IF Q8.3=1: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.)
Which one or more of the following would you say is your race?

READ ANSWER CHOICES, MULTIPLE RESPONSE:

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian, Alaska Native, or
- 08 Something else (SPECIFY) _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

QLEVEL = 4

ASK IF MORE THAN ONE ANSWER TO Q8.4, ELSE SKIP TO Q8.5

Q8.4a - Which one of these groups would you say best represents your race?

READ MENTIONED RACES:

CATI Note: Fill selected races from Q8.4.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 8 Other named in Q8.4
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.5 - Where were you born? Please tell me the country.

- 1 USA
- 2 Outside USA [List of countries, includes Puerto Rico and other US territories (**SKIP TO Q8.5a**)

INTERVIEWER: PUERTO RICO AND OTHER US TERRITORIES ARE CONSIDERED OUTSIDE OF THE UNITED STATES

ASK IF Q8.5 = 2

Q8.5a

- | | |
|------------------------|------------------------------|
| 01. ARGENTINA | 33. JAMAICA |
| 02. AUSTRALIA | 34. JAPAN |
| 03. BANGLADESH | 35. KOREA |
| 04. BARBADOS | 36. MEXICO |
| 05. BELARUS | 37. NICARAGUA |
| 06. BOLIVIA | 38. NIGERIA |
| 07. BRAZIL | 39. PAKISTAN |
| 08. CANADA | 40. PANAMA |
| 09. CARIBBEAN | 41. PERU |
| 10. CHILE | 42. PHILIPPINES |
| 11. CHINA | 43. POLAND |
| 12. COLOMBIA | 44. PUERTO RICO |
| 13. COSTA RICA | 45. ROMANIA |
| 14. CUBA | 46. RUSSIA |
| 15. DOMINICAN REPUBLIC | 47. SIERRA LEONE |
| 16. ECUADOR | 48. SOUTH AMERICAN |
| 17. EGYPT | 49. SPAIN |
| 18. EL SALVADOR | 50. TAIWAN |
| 19. FRANCE | 51. TRINIDAD AND TOBAGO |
| 20. GERMANY | 52. TURKEY |
| 21. GHANA | 53. UKRAINE |
| 22. GREECE | 54. UNITED KINGDOM (INCLUDES |
| 23. GUATEMALA | ENGLAND, N. IRELAND, |
| 24. GUYANA | SCOTLAND, WALES) |
| 25. HAITI | 55. VENEZUELA |
| 26. HONDURAS | 56. VIETNAM |
| 27. HONG KONG | 57. WEST INDIAN |
| 28. HUNGARY | 58. YUGOSLAVIA |
| 29. INDIA | 66. OTHER (SPECIFY) _____ |
| 30. IRELAND | 77. DON'T KNOW/NOT SURE |
| 31. ISRAEL | 99. REFUSE |
| 32. ITALY | |

ASK IF Q8.5 = 2, ELSE SKIP TO Q8.7

Q8.6 - How long have you lived in this country?

READ IF NEEDED:

- 1 Less than 5 years
- 2 5 to 9 years, or
- 3 10 or more years ?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.7 - What language do you speak most often at home?

- 1 ENGLISH
- 2 SPANISH
- 3 RUSSIAN
- 4 CHINESE (INCLUDES MANDARIN & CANTONESE)
- 5 INDIAN (INCLUDES HINDI & TAMIL)
- 6 OTHER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.8 - Are you. . .

READ ALL RESPONSES:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, or
- 6 A member of an unmarried couple living together
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.9 - Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

READ RESPONSES UNTIL RESPONDENT MAKES A SELECTION:

- 1 Heterosexual or straight
- 2 Homosexual, gay or lesbian
- 3 Bisexual
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF RESPONDENT INDICATES HIS/HER ANSWER AFTER READING THE WHOLE LIST THE FIRST TIME, YOU DON'T HAVE TO READ THE LIST AGAIN.

ASK ALL

Q8.10 - What is the highest grade or year of school you completed?

READ IF NEEDED:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (ELEMENTARY)
- 3 Grades 9 through 11 (SOME HIGH SCHOOL)
- 4 Grade 12 or GED (HIGH SCHOOL GRADUATE)
- 5 College 1 year to 3 years (SOME COLLEGE OR TECHNICAL SCHOOL), or
- 6 College 4 years or more (COLLEGE GRADUATE)?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.11 - How many children younger than 18 live in the household?

READ IF NEEDED: Include all children who live in the household the majority of a typical week.

- NUMBER OF CHILDREN [RANGE 0-25]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q8.12 - Are you currently. . .

- 01 Employed for wages or salary

IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES

- 02 Self-employed
- 03 A Homemaker
- 04 A Student
- 05 Retired
- 06 Unable to work
- 07 Unemployed for 1 year or more, or
- 08 Unemployed for less than 1 year ?
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

If Q8.11 = 77 or 99, skip to Q8.14
Create new field NHOUSE = QHH (Number of adults) + Q8.11 (Number of Children)
We will use NHOUSE to create a field (PVTYLVL) to populate the fill for Q8.13
PVTYLVL = 7070 + (NHOUSE * 3820)

TCNY

READ SCREEN: The next question is about your combined household income. [READ IF NHOUSE>1: By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.]

ASK ALL

Q8.13 - Is your household's annual income from all sources:

02 Less than \$ (PVTYLVL*2) IF "NO," ASK 05; IF "YES," ASK 01
01 Less than .
IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)
05 Less than \$ (PVTYLVL*5) IF "NO," ASK 06 (500-599%); IF "YES," ASK 04 (300-399%)
06 Less than \$ (PVTYLVL*6) IF "NO," CODE 07 (>600%); IF "YES," CODE 06 (500-599%)
04 Less than \$ (PVTYLVL*4) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)
07 \$ (PVTYLVL*6)
03 Less than \$ (PVTYLVL*3) IF "NO," CODE 04; IF "YES," CODE 03
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK IF Q8.13_02 = 77 OR 99, ELSE SKIP TO Q8.14

Q8.13a - Can you just tell me if your annual household income is less than \$ PVTYLVL?

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

IF Q2.1 = 2 AND Q8.13 = 01 OR Q8.13a = 1 THEN READ:

You indicated earlier that you do not currently have any health coverage. I just want to let you know that you may be eligible for free health insurance. You can call 311 for more information.

ASK ALL

Q8.14 - About how tall are you without shoes?

READ IF NEEDED: You can answer in either feet and inches OR in centimeters.

**NOTE: If respondent answers in metrics put "9" in first column
ROUND FRACTIONS DOWN**

__ / __ Height
(feet/inches or meters/centimeters)
[RANGES FEET=3-9/INCHES= 0-11 || METERS=0-3/CENTIMETERS=0-275]
7777 Don't Know
9999 Refused

YOU MUST ENTER EITHER BOTH FEET AND INCHES OR CENTIMETERS - NOT BOTH. IF 0 (ZERO) INCHES, PLEASE ENTER ZERO. DO NOT LEAVE BLANK.

CATI note: Require both feet and inches or centimeters. Do not allow entry of both. If 0 (zero) inches, must enter zero. Cannot have missing inches and not missing feet, or missing feet and not missing inches.

ASK ALL

Q8.15 - About how much do you weigh without shoes?

READ IF NEEDED: You can answer in either pounds OR kilograms.

**NOTE: If respondent answers in metrics put "9" in first column
ROUND FRACTIONS UP**

____ Weight
(pounds or kilograms)
[RANGES POUNDS=50-600 || KILOGRAMS= 20-275]
7777 Don't Know
9999 Refused

YOU MUST ENTER EITHER POUNDS OR KILOGRAMS - NOT BOTH.

BMI FOLLOW-UPS

IF Q8.15 (WEIGHT) = 9999 OR 7777 AND Q8.14 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q8.16a, Q8.16b, Q8.16c, Q8.16d (OR ASK Q8.16e, Q8.16f, Q8.16g, Q8.16h FOR METRIC).

IF Q8.14 (HEIGHT) = 9999 OR 7777 AND Q8.15 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q8.17a, Q8.17b, Q8.17c, Q8.17d (OR ASK Q8.17e, Q8.17f, Q8.17g, Q8.17h FOR METRIC).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: =
.049 * (Q8.14 height IN) * (Q8.14 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: =
.0427 * (Q8.14 height IN) * (Q8.14 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: =
.0356*(Q8.14 height IN)*(Q8.14 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: =
.0263*(Q8.14 height IN)*(Q8.14 height IN)

ASK IF Q8.15 = 9999 OR 7777 AND Q8.14 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.16a - Do you weigh less than [critical weight for **OBESE**]?

- 1 YES, WEIGH LESS [**SKIP TO Q8.16c**]
- 2 NO, DON'T WEIGH LESS [**SKIP TO Q8.16b**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.16a = 2, ELSE SKIP TO Q8.16C
Q8.16b - Do you weigh less than [critical weight for **VERY OBESE**]?

- 1 YES, WEIGH LESS
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.16a = 1, ELSE SKIP TO Q9.1
Q8.16C - Do you weigh less than [critical weight for **OVERWEIGHT**]?

- 1 YES, WEIGH LESS [**SKIP TO Q8.16d**]
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.16c = 1, ELSE SKIP TO Q9.1
Q8.16d - Do you weigh less than [critical weight for **UNDERWEIGHT**]?

- 1 YES, WEIGH LESS
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CRITICAL WEIGHT FOR METRIC VERY OBESE =
.0035 * (Q8.14 height CM)*(Q8.14 height CM)

CRITICAL WEIGHT FOR METRIC OBESE
= .003 * (Q8.14 height CM)*(Q8.14 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q8.14 height CM)*(Q8.14 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q8.14 height CM)*(Q8.14 height CM)

ASK IF Q8.15 = 9999 OR 7777 AND Q8.14 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.16e - Do you weigh less than [critical weight for **METRIC OBESE**]?

- 1 YES, WEIGH LESS [**SKIP TO Q8.16g**]
- 2 NO, DON'T WEIGH LESS [**SKIP TO Q8.16f**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.16e = 2, ELSE SKIP TO Q8.16g
Q8.16f - Do you weigh less than [critical weight for **METRIC VERY OBESE**]?

- 1 YES, WEIGH LESS
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.16e = 1, ELSE SKIP TO Q9.1
Q8.16g - Do you weigh less than [critical weight for **METRIC OVERWEIGHT**]?

- 1 YES, WEIGH LESS [**SKIP TO Q8.16h**]
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.16g = 1, ELSE SKIP TO Q9.1
Q8.16h - Do you weigh less than [critical weight for **METRIC UNDERWEIGHT**]

- 1 YES, WEIGH LESS
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CRITICAL HEIGHT IN INCHES FOR VERY OBESE =
= SQUARE ROOT OF (20.09 * Q8.15 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE:
= SQUARE ROOT OF (23.43 * Q8.15 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * Q8.15 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * Q8.15 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q8.14 = 9999 OR 7777 AND Q8.15 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1

Q8.17a - Is your height less than [critical height for **OBESE**]?

- 1 YES, LESS [**SKIP TO Q8.17b**]
- 2 NO, NOT LESS [**SKIP TO Q8.17c**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17a = 1, ELSE SKIP TO Q8.17c

Q8.17b - Is your height less than [critical height for **VERY OBESE**]?

- 1 YES, LESS
- 2 NO, NOT LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17a = 2, ELSE SKIP TO Q9.1

Q8.17c - Is your height less than [critical height for **OVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q8.17d**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17c = 2, ELSE SKIP TO Q9.1

Q8.17d - Is your height less than [critical height for **UNDERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CALCULATE CRITICAL HEIGHT FOR METRIC VERY OBESE =
= SQUARE ROOT OF (286 * Q8.15 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE
= SQUARE ROOT OF (333 * Q8.15 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * Q8.15 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * Q8.15 weight KILOS)

ASK IF Q8.14 = 9999 OR 7777 AND Q8.15 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.17e - Is your height less than [critical height for **METRIC OBESE**]?

- 1 YES, LESS [**SKIP TO Q8.17f**]
- 2 NO, NOT LESS [**SKIP TO Q8.17g**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17e = 1, ELSE SKIP TO Q8.17g
Q8.17f - Is your height less than [critical height for **METRIC VERY OBESE**]?

- 1 YES, LESS
- 2 NO, NOT LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17e = 2, ELSE SKIP TO Q9.1
Q8.17g - Is your height less than [critical height for **METRIC OVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q8.17h**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17g = 2, ELSE SKIP TO Q9.1
Q8.17h - Is your height less than [critical height for **METRIC UNDERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TOBACCO

TCNY

ASK ALL

Q9.1 - Have you smoked at least 100 cigarettes in your entire life?

READ IF NECESSARY: 100 cigarettes=5 packs.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY

ASK IF Q9.1 = 1, ELSE SKIP TO Q9.9

Q9.2 - Do you now smoke cigarettes every day, some days, or not at all?

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q9.2 = 1

Q9.3 - How many cigarettes on average do you smoke per day?

- _____ PER DAY [RANGE 1-200]
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK IF Q9.2 = 2

Q9.3a - On the days that you smoke, how many cigarettes on average do you smoke per day?

- _____ PER DAY [RANGE 1-200]
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK IF Q9.2 = 2 AND Q9.3a ≠ 777 OR 999

Q9.3b - On average, about how many days per month do you smoke?

- 1_ _ DAYS PER MONTH [RANGE 0-30]
- 2_ _ DAYS PER WEEK [RANGE 0-7]
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK IF Q9.2 = 1 OR 2

Q9.4 - During the past 12 months, have you stopped smoking for 24 hours or longer because you were trying to quit smoking?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q9.2 = 3

Q9.5 About how long has it been since you last smoked cigarettes regularly?

ENTER EITHER WEEKS, MONTHS OR YEARS - NOT MORE THAN ONE. ROUND TO CLOSEST WEEK, MONTH OR YEAR IF NECESSARY. [1 year = 12 months]

- 1 ___ WEEKS (RANGE 0-52)
- 2 ___ MONTHS (RANGE 0-12)
- 3 ___ YEARS (RANGE 0-99)
- 888 NEVER SMOKED REGULARLY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK IF Q9.2 = 1 or 2

Q9.6 - In July 2010, the price of cigarettes went up by at least one dollar-sixty cents (\$1.60) a pack. Have you smoked fewer cigarettes since the price went up?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q9.2 = 1, 2 OR Q9.5 < 1 YEAR

(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)

Q9.7 - During the last twelve months, did you use any of the following aids to help you quit? A Nicotine patch, nicotine gum, nicotine lozenge, nicotine nasal spray or nicotine inhaler?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q9.2 = 1, 2 OR Q9.5 < 1 YEAR

(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)

Q9.8 - (During the last twelve months, did you use) a prescription pill to block the craving of smoking, like Zyban, Bupropion or Chantix?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q9.9 - During the last 12 months, did any doctor, nurse or other health professional ask you if you smoke?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q9.2 = 1, 2 OR Q9.5 < 1 YEAR

(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)

Q9.10 - During the last 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q9.11 - Which statement best describes the rules about smoking inside your home?

READ IF NECESSARY: Exclude smoking in outside areas such balconies and patios

READ ALL ANSWER CHOICES:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home, OR
- 4 There are no rules about smoking inside the home.
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IMMUNIZATIONS

READ: The next few questions are about flu vaccinations.

CORE

ASK ALL

Q10.1 - During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?

IF NEEDED: This question is only asking about SEASONAL or regular flu, not H1N1 or Swine Flu

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE

ASK IF Q10.1 = 1

Q10.2 - Did you have a flu shot in your arm or a flu vaccine that was sprayed in your nose between the dates of September 1, 2010, and March 31, 2011?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CANCER

SCREEN: Now I will ask you some questions about cancer screenings.

TCNY

ASK IF Q8.1 >=45 (OR Q8.1a = 1 OR 2), ELSE SKIP TO Q12.1

Q11.1 - A colonoscopy [KOH-LUH-NOS-KUH-PEE] is an exam in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had a colonoscopy?

READ IF NEEDED: A colonoscopy involves examination of the entire colon, and usually involves taking medicine to make you have many watery stools the night before the exam and getting medicine through a needle in the arm to make you sleepy during the procedure.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY

ASK IF Q11.1 = 1

Q11.2 - When was your most recent colonoscopy [KOH-LUH-NOS-KUH-PEE] performed?

READ IF NEEDED

- 1 Less than 1 year ago
- 2 1 year ago but less than 5 years ago
- 3 5 years ago but less than 10 years ago, or
- 4 10 or more years ago ?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Ask if Q11.1 = 1

Q11.3 - Where was your most recent colonoscopy [KOH-LUH-NOS-KUH-PEE] performed?

- 1 Hospital
- 2 Ambulatory surgical center or clinic not in a hospital
- 3 Private doctor's office
- 4 [VOL] SOME OTHER PLACE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

NOISE

READ: Now for some questions about hearing loss and different types of noise.

ASK ALL

Q12.1 In the last 12 months, have you been bothered by ringing, roaring or buzzing in your ears or head that lasted for 5 minutes or more? [NHANES]

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q12.2 How often do you find it difficult to follow a conversation if there is background noise, for example, when other people are talking, TV or radio is on, or children are playing? Would you say.... [NHIS]

- 1 Always
- 2 Usually
- 3 About half the time
- 4 Seldom
- 5 Never
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q12.3 When was the last time you had your hearing tested? [NHANES]

READ:

- 1 Less than a year ago
- 2 One year to four years ago
- 3 Five years ago to nine years ago
- 4 Ten or more years ago
- 5 Never
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q12.3 EQ 1-4, ELSE SKIP TO Q12.5

Q12.4 The last time you had a hearing test, did a doctor, nurse or other health care professional tell you that you had hearing loss or a hearing problem?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q12.5 In the last 12 months, have you worn a hearing aid at least 5 hours a week during most weeks? [NHANES]

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

READ: Now I will ask you some questions about your exposure to loud noises. By loud noise, I mean noise so loud that you must speak in a raised voice to be heard when another person is at arms length.

ASK ALL

Q12.6 Have you ever had a job where you were exposed to loud noise for 5 or more hours a week? [NHANES]

READ IF NEEDED: By loud noise I mean noise so loud that you had to speak in a raised voice to be heard when another person is at arms length.

READ IF NEEDED: These include jobs like construction, transportation, entertainment, landscaping and manufacturing.

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q12.6 = 1

Q12.7 Are you currently working at a job where you are exposed to loud noise for 5 or more hours a week?

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q12.7 = 1

Q12.8 When you are at work, how often do you wear hearing protection devices such as ear plugs or ear muffs to block the loud noise? [MODIFIED FROM NHANES]

- 1 Most of the time
- 2 Sometimes
- 3 Rarely/seldom
- 4 Never
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q12.9 In an average week, about how many days are you exposed to loud traffic noise from subways or buses?

READ IF NEEDED: Loud means so loud that you must speak in a raised voice to be heard when another person is standing at arms length.

- (RANGE 0-7)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q12.9 NE 0, 77 OR 99

Q12.10 On an average day when you are exposed, how many hours are you exposed to loud traffic noise from subways or buses? Would you say...

READ IF NEEDED: Loud means so loud that you must speak in a raised voice to be heard when another person is standing at arms length.

READ:

- 1 1 hour or less
- 2 More than 1 hour but less than 4 hours
- 3 4 hours or more

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q12.11 In an average week, about how many days do you listen to a personal music player, such as an MP3 player or iPod, with headphones?

READ IF NEEDED: Personal music players include iPods, MP3 players, portable CD players, radios or any other device which is usually carried by the individual and for which headphones are used for listening.

- _____ (RANGE 0-7)
- 66 USE ONE, BUT LESS THAN WEEKLY???
 - 88 DO NOT OWN PERSONAL MUSIC PLAYER
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

ASK IF Q12.11 NE 0, 88, 77 OR 99

Q12.12 - On an average day that you listen to a personal music player with headphones, about how many hours do you listen at more than half the volume? Would you say:

READ:

- 1 1 hour or less
- 2 More than 1 hour but less than 4 hours
- 3 4 hours or more

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

READ IF NEEDED: Personal music players include Ipods, MP3 players, portable CD players, radios or any other device which is usually carried by the individual and for which ear plugs are used for listening.

ASK ALL

Q12.13 Have you ever used firearms for target shooting, hunting or for any other purposes? [NHANES]

READ IF NECESSARY: Please include guns such as pistols, shotguns and rifles; but NOT BB guns, starter pistols or guns that cannot fire.

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q12.14 Are any firearms kept in your home, or around your home, such as in a garage, outdoor storage area or motor vehicle? Please include guns such as pistols, shotguns and rifles; but NOT BB guns, starter pistols or guns that cannot fire.

READ IF NECESSARY: We are asking this question because we are concerned about safety issues related to firearms.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q12.14 = 1

Q12.15 Do you regularly keep all firearms in or around your home locked in a safe place?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

BEDBUGS

ASK ALL

Q13.1 During the past 12 months, have you had a problem with bed bugs in your home that required an exterminator?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q13.1 = 1

Q13.2 Did an exterminator come to your home and confirm that you had bed bugs?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

HIV TESTING

SCREEN: Now I am going to ask you about HIV testing. Do NOT count any test you might have had as a part of a blood donation.

CORE

ASK ALL

Q14.1 - Have you had an HIV test in the last 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY

ASK IF Q14.1 NE 1

Q14.2 - Have you ever had an HIV test?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q14.3 - In the past 12 months has a doctor, nurse or other health professional recommended that you have an HIV test?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

SEXUAL BEHAVIOR

SCREEN: The next few questions are about your sexual behavior. Again, your answers are strictly confidential and you don't have to answer any question you don't want to.

WOMEN ONLY:

CORE

ASK IF Q8.2 = 2, ELSE SKIP TO Q15.1m (ASK ALL WOMEN)

Q15.1f - During the past 12 months, with how many men have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation.

___ NUMBER [CATI RANGE 0 - 499]

777 DON'T KNOW/NOT SURE

999 REFUSED

CORE

ASK IF Q15.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q15.3f

Q15.2f - The last time you had sex, did you use a condom?

IF ASKED: This includes the "female condom"

IF ASKED: This is the last time you had sex with a man.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

CORE

ASK IF Q8.2 = 2 (ASK ALL WOMEN)

Q15.3f - During the past 12 months, with how many women have you had sex?

READ IF NEEDED: By sex we mean oral, vaginal or anal sex, but not masturbation.

___ NUMBER [CATI RANGE 0 - 499]

777 DON'T KNOW/NOT SURE

999 REFUSED

CORE

ASK IF Q15.3f = 0

Q15.4f - Have you ever had sex with a woman?

READ IF NEEDED: By sex we mean oral, vaginal or anal sex, but not masturbation.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

CORE

ASK IF Q15.1f > 0 AND NOT 777 OR 999

Q15.5f - In the past 12 months, have you had anal sex?

READ IF NEEDED: By anal sex, we mean having your partner put his penis in your rectum.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE

ASK IF Q15.5f = 1

Q15.6f - In the past 12 months, when you have had anal sex have you or your partner used a condom? Every time, some of the time, or never?

- 1 EVERY TIME
- 2 SOME OF THE TIME
- 3 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q15.1f OR Q15.3f > 0 AND NOT 777 OR 999

Q15.7f - Have you used the internet to meet a partner for a sexual encounter in the past 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q15.8f - Thinking about the last time you visited your personal doctor or health care provider, did he or she ask you any questions about your sexual history?

READ IF NEEDED: Questions about your sexual history could be things like whether you have had sex, the number of sex partners you have had, or the gender of your sex partners.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

SEXUAL BEHAVIOR

MEN ONLY:

CORE

ASK IF Q8.2 = 1, ELSE SKIP TO Q16.1 (ASK ALL MEN)

Q15.1m - During the past 12 months, with how many women have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation.

_____ NUMBER [CATI RANGE 0 - 499]
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

TCNY

ASK IF Q8.2 = 1 (ASK ALL MEN)

Q15.2m - During the past 12 months, with how many men have you had sex?

READ IF NEEDED: By sex we mean oral or anal sex, but not masturbation.

_____ NUMBER [CATI RANGE 0 - 499]
777 DON'T KNOW/NOT SURE
999 REFUSED

TCNY

ASK IF Q15.2m = 0, ELSE SKIP TO Q15.4m

Q15.3m - Have you ever had sex with a man?

READ IF NEEDED: By sex we mean oral or anal sex, but not masturbation.

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

CORE

ASK IF Q15.2m >0 and NOT 777,999 (Only Gay or Bisexual Men who were active in past 12 months), ELSE SKIP TO Q15.5m

Q15.4 m - The last time you had sex with a man, did you use a condom?

IF ASKED : This includes the "female condom"

1 YES
2 NO
3 [VOLUNTEERED] DIDN'T HAVE ANAL SEX

7 DON'T KNOW/ NOT SURE
9 REFUSED

CORE

ASK IF (Q15.1m >0 AND Q15.1m <500, AND (Q15.2m = 0 AND (Q15.3m = 2,7 OR 9)) OR ((Q15.1m >0 AND Q15.1m <500) AND (Q15.2m = 777 OR Q15.2m = 999)), ELSE SKIP TO Q15.6m (Only heterosexual males with no bisexual history)

Q15.5m - The last time you had sex, did you use a condom?

IF ASKED : This includes the "female condom"

1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

CORE

ASK IF Q15.1m > 0 AND NOT 777 OR 999, AND Q15.2m > 0 AND NOT 777 OR 999, OR Q15.3m = 1 (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q15.7

Q15.6m - The last time you had sex with a woman, did you use a condom?

IF ASKED : This includes the "female condom"

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY

ASK IF Q15.1m OR Q15.2m > 0 AND NOT 777 OR 999

Q15.7m - In the past 12 months, have you had anal sex?

READ IF NEEDED:

(IF Q15.1m>0 AND Q15.2m=0) By anal sex, we mean putting your penis in your partner's rectum.

(IF Q15.2m>0 AND Q15.1m>=0) By anal sex, we mean putting your penis in your partner's rectum or having your partner put his penis in your rectum.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY

ASK IF Q15.7m = 1

Q15.8m - In the past 12 months, when you have had anal sex have you or your partner used a condom? Every time, some of the time, or never?

- 1 EVERY TIME
- 2 SOME OF THE TIME
- 3 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q15.1m OR Q15.2m > 0 AND NOT 777 OR 999

Q15.9m - Have you used the internet to meet a partner for a sexual encounter in the past 12 months?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q15.10m - Thinking about the last time you visited your personal doctor or health care provider, did he or she ask you any questions about your sexual history?

READ IF NEEDED: Questions about your sexual history could be things like whether you have had sex, the number of sex partners you have had, or the gender of your sex partners.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ALCOHOL AND PRESCRIPTION DRUG ABUSE

SCREEN: Now a few questions about alcohol.

CORE

ASK ALL

Q16.1 - A drink of alcohol 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. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage?

- 1 ___ DAYS PER WEEK [RANGE 1-7]
- 2 ___ DAYS IN PAST 30 [RANGE 1-30]

888 NO DRINKS IN THE PAST 30 DAYS
777 DON'T KNOW/NOT SURE
999 REFUSED

CATI Note: Only allow one field to be entered.

CORE

ASK IF Q16.1 > 0 BUT NOT 777 OR 999

Q16.2 - On the days when you drank, about how many drinks did you drink on average?

INTERVIEWER: ROUND UP. 1/2 A DRINK CODE AS "1 DRINK"

- ___ NUMBER OF DRINKS [RANGE OF 1-50 WITH A MINIMUM OF 1 DRINK]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CORE

ASK IF Q16.1 > 0 BUT NOT 77 OR 99

Q16.3 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have

[IF Q8.2 = 1 READ: 5 or more drinks on one occasion?]

[IF Q8.2 = 2 OR IF Q8.2 = 7|9 READ: 4 or more drinks on one occasion?]

- ___ NUMBER OF TIMES [CATI RANGE 0 -50]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q16.3 GE 1 BUT NOT 77 OR 99

Q16.4 - You just said in the past 30 days you drank

[IF Q8.2 = 1 READ: 5 or more drinks on one occasion.]

[IF Q8.2 = 2 OR IF Q8.2 = 7|9 READ: 4 or more drinks on one occasion.]

During the past 30 days, what is the largest number of drinks you had on any occasion?

- ___ NUMBER OF DRINKS [CATI RANGE FOR MEN: 5-50; CATI RANGE FOR WOMEN: 4-50]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q16.1 NE 888,777,OR 999

Q16.5 - When you drink alcoholic beverages, which type of beverage do you usually drink?

READ RESPONSE OPTIONS:

- 1 Wine
- 2 Beer
- 3 Liquor
- 4 Wine coolers
- 5 [VOL] NO ONE TYPE OF ALCOHOL
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q16.6 - In the last 12 months has a doctor, nurse or other health professional asked or talked to you about alcohol use?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

READ: The next few questions are about prescription medications. These questions ask if you took certain kinds of prescription medicines that were either not prescribed for you, or that were prescribed for you but that you used in a way other than how it was prescribed.

NOTE: Wave 2 wording different for Q16.1-Q16.10)

ASK ALL

Q16.7 - In the past 12 months, have you ever, even once used a prescription pain reliever such as oxycodone or hydrocodone, that was either not prescribed for you or a prescription pain reliever that was prescribed for you but that you used in a way other than how it was prescribed? Do not count 'over the counter' medications such as aspirin, Tylenol, or Advil which can be bought in drug stores without a doctor's prescription.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q16.7 = 1

Q16.8 - In the past 12 months, how often did you take a prescription pain reliever that was either not prescribed for you or that was prescribed for you but that you used in a way other than how it was prescribed?

READ IF NECESSARY: You can answer with the number of days per week, days per month or days per year.

- 1__ DAYS PER WEEK (RANGE 1-7)
- 2__ DAYS PER MONTH (RANGE 1-30)
- 3__ DAYS PER YEAR (RANGE 1-365)

- 888 NONE / NEVER / RARELY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK ALL

Q16.9 - In the past 12 months, have you ever, even once used a prescription tranquilizer, such as Xanax or valium, that was either not prescribed for you or a prescription tranquilizer that was prescribed for you but that you used in a way other than how it was prescribed?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q16.9 = 1

Q16.10 - In the past 12 months, how often did you take a prescription tranquilizer that was either not prescribed for you or that was prescribed for you but that you used in a way other than how it was prescribed?

READ IF NECESSARY: You can answer with the number of days per week, days per month, or days per year.

- 1__ DAYS PER WEEK (RANGE 1-7)
- 2__ DAYS PER MONTH (RANGE 1-30)
- 3__ DAYS PER YEAR (RANGE 1-365)

- 888 NONE / NEVER / RARELY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

TELEPHONE MODULE

SCREEN: And now, because this is a telephone survey I need to ask you a few more questions about your telephone usage. These questions are only asked for statistical purposes.

CORE

ASK ALL

Q17.1 - Do you have more than one telephone number in your household? Do NOT include cell phones or numbers that are only used by a computer or fax machine.

INTERVIEWER NOTE: Cordless telephones should be counted as landline telephones.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE

ASK ALL

Q17.2 - During the past 12 months, has your household been without telephone service for 1 week or more? Do NOT include interruptions of telephone service because of weather or natural disasters.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE

ASK ALL

Q17.3 - Do you have a cell phone for personal use? Please include cell phones if they are used for any personal use.

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE

ASK IF Q17.3=2

Q17.4 - Do you share a cell phone for personal use with other adults?

- 1 YES
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q17.3 OR Q17.4 = 1

Q17.5 - Of all of the phone calls that you receive, are...(Read List)

- 1 all or almost all calls received on cell phones,
- 2 some received on cell phones and some received on land lines, or
- 3 very few or none on cell phones.
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Thanks again for completing the survey.
Terminate.