

2013 New York City
Community Health Survey
(NYC CHS)

CHS Coordinator

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**2013 Community Health Survey Questionnaire
Last updated (9.9.13)**

LANDLINE INTRODUCTION -SKIP TO CELL INTRODUCTION IF CELL VERSION

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.

In appreciation for your participation, after you complete the interview you can choose to enter a drawing for \$100.

IF INTERVIEW BEFORE AUGUST 31: A total of five New Yorkers who complete the survey by August 31st will be randomly drawn.

IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: A total of five 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.

In appreciation for your participation, after you complete the interview you can choose to enter a drawing for \$100.

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END LANDLINE INTRODUCTION

CELL PHONE INTRODUCTION

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 telephone survey to learn more about the health of New Yorkers. Your cell phone number was randomly chosen to participate in our study. I just have a few questions to find out if you are eligible for the study.

Programmer: For the voice mail messages, respondents to receive a voice mail message on the first, third and ninth unsuccessful attempts to make contact.

ELIGIBILITY QUESTIONS

Q CONF_ADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [GO TO DRIVING]
- 2 NO [GO TO CONF_ADULT]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_ADULT2 Is this your own cell phone or does it belong to one of your parents or a guardian?

- 1 CELL PHONE BELONGS TO MINOR
- 2 CELL PHONE BELONGS TO PARENT OR GUARDIAN [CALLBACK1]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF CELL PHONE BELONGS TO MINOR [ANSWER = 1] READ: Thank you very much, but we are only interviewing persons aged 18 or older at this time. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CALLBACK1 When would be a better time to call back and speak to a parent or guardian?

_____Day _____Time

Q DRIVING In order to ensure your safety I'd like to ask you, are you driving a car right now?

- 1 YES [GO TO CALLBACK2]
- 2 NO [GO TO Q CONF_PHN]
- 7 DON'T KNOW/ NOT SURE
- 9 REFUSED

Q CALLBACK2 When would be a better time to call you back?

_____Day _____Time

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_PHN Is this (PHONE NUMBER)?

- 1 YES [GO TO CONF_CELL]
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF NO: Thank you very much but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you for your time. **END SURVEY**

Q CONF_CELL In order to make sure our information is correct, I would just like to double check with you. Is this a cellular telephone?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [GO TO CONF_PRVRES]
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

CATI: CREATE 'PTYPE' VARIABLE. SET TO 1 IF QCONF_CELL=1 (CELL); SET TO 2 (LANDLINE) IF QCONF_CELL=2. TERMINATE IF SCREENING FOR CELL-ONLY HHS (SAMPLE ELEMENT GENDER=2) & PTYPE=2.

CONF_PRVRES Do you live in a private residence, that is, not in a dormitory or other type of group living situation?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

- 1 YES [Go to CONF_NYC]
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF NO: Thank you very much, but we are only interviewing people who live in private residences at this time. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_NYC In which of the five New York City boroughs do you live?

READ IF NECESSARY: The five boroughs of New York City include The Bronx, Brooklyn, Manhattan, Queens and Staten Island.

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

IF RESPONDENT DOES NOT LIVE IN NYC [ANSWER = 6]: Thank you very much, but we are only interviewing people who currently live in New York City. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

IF PTYPE=2, SKIP TO QZIP

Q LANDLINE Do you also have a landline telephone that is used to make and receive calls in your home?

READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. This would also include a cordless phone that receives service by being connected to outside telephone lines through a jack in the wall."

INTERVIEWER: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES
- 2 NO [GOTO INTRO1]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**
 IF 'YES' & SCREENING FOR CELL-ONLY HHS (SAMPLE ELEMENT GENDER=2): Thank you very much for your time. **END SURVEY.**

INTRO1 FOR PTYPE=1 (CELL PHONES) - SKIP TO QHELLO IF PTYPE=2

INTRO1 Thank you. Your cell phone number has been chosen randomly, and I would like to ask some further questions about your health and health practices.

Participation is voluntary: you can stop the interview at any time or decide not to answer any question. Any information you give me will be confidential. 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.

In appreciation for the time that you spend answering our questions on your cell phone, we will provide you with ten dollars in compensation for this interview.

In appreciation for your participation, if you choose, you will also be entered in a drawing for \$100. You will not receive the \$100 unless you are randomly selected.

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

Q ZIP Could I please have your five-digit zip code?

RECORD 99999 FOR DK/RF

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 PTYPE=2, SKIP TO QHH (IN LANDLINE INTRO)

Q WHICH INTERVIEWER: SELECT LANGUAGE

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

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 IF Q2.3 = 1 OR 2, ELSE SKIP TO Q2.5

Q2.4 - Have you seen your personal doctor or health care provider in the last 12 months?

READ IF NECESSARY: Seen for a checkup or medical treatment.

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

ASK ALL

Q2.5 - 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

ASK ALL

Q2.6 - How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Less than six months ago
- 2 6 months ago but less than 1 year ago
- 3 1 year ago but less than 2 years ago
- 4 2 years ago but less than 5 years ago
- 5 5 or more years ago
- 6 NEVER
- 7 Don't know/Not sure
- 9 Refused

CARDIOVASCULAR HEALTH

Next are some questions about issues related to your health.

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

ASK ALL

Q3.2 - 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

DIABETES AND ASTHMA

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 ALL

Q4.2 - 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

ASK IF Q4.2 = 1

Q4.3 - 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 your mental health

ASK ALL

Q5.1 - During the past 30 days, how often did you feel

So sad that nothing could cheer you up?

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: THE NUMBER IS (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 the past 30 days, 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?

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (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 - (READ IF NEEDED: During the past 30 days), 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: THE NUMBER IS (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 - (READ IF NEEDED: During the past 30 days), how often did you feel

Hopeless?

(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: THE NUMBER IS (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 - (READ IF NEEDED: During the past 30 days), 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: THE NUMBER IS (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 - (READ IF NEEDED: During the past 30 days), how often did you feel

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: THE NUMBER IS (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;
    
```

ASK IF SPD_PY=1

Q5.7 We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- 1 A LOT
- 2 SOME
- 3 A LITTLE
- 4 NOT AT ALL
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.8- In the past 12 months, have you taken a prescription medication for a mental health problem?

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

ASK ALL

Q5.9- In the past 12 months, have you received any counseling for a mental health problem?

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

ASK ALL

Q5.10 - Was there a time in the past 12 months when you needed treatment for a mental health problem, but did not get it?

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

ASK ALL

Q5.11 - Have you ever been told by a doctor, nurse, or other health professional that you have depression?

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

ASK IF Q5.11 = 1

Q5.12 - Were you FIRST told by a doctor, nurse or other health professional that you have depression in the LAST 12 MONTHS?

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

TOBACCO

READ: The next few questions are about your use of tobacco.

ASK ALL

Q6.1 - Have you smoked at least 100 cigarettes in your entire life?

READ IF NEEDED: 100 cigarettes=5 packs.

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

ASK IF Q6.1 = 1, ELSE SKIP TO Q6.12

Q6.2 - 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 Q6.2 = 1

Q6.3 - 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 Q6.2 = 2

Q6.3a - 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 Q6.2 = 2 AND Q6.3a ≠ 777 OR 999

Q6.3b - 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 Q6.2 = 1 OR 2

Q6.4 - 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 Q6.2 = 3

Q6.5 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 Q6.2 = 1 OR 2

(CURRENT SMOKERS)

Q6.6 - Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummed or did you roll your own?

- 1 CARTON
- 2 PACK
- 3 SINGLE/LOOSIE
- 4 BUMMED
- 5 ROLLED OWN
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q6.6 = 1, 2 OR 3

Q6.7 How much did you pay for that [ANSWER TO Q6.6]?

DO NOT ROUND - PUT IN EXACT DOLLARS/CENTS

Q6.7A CARTON: ENTER PRICE IN DOLLARS AND CENTS

- \$___. __ [RANGE 1-120 DOLLARS]
- 8888 DID NOT PAY FOR CIGARETTES
- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

Q6.7B PACK: ENTER PRICE IN DOLLARS AND CENTS

- \$___. __ [RANGE 1-14 DOLLARS]
- 8888 DID NOT PAY FOR CIGARETTES
- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

Q6.7C SINGLE/LOOSIE: ENTER PRICE IN CENTS

- \$___. __ [RANGE 1 CENT to 1 DOLLAR]
- 8888 DID NOT PAY FOR CIGARETTES
- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

ASK IF Q6.6 = 1, 2 OR 3

Q6.8 - (CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)

Where did you get that [ANSWER FROM Q6.6]?

- 01 From a gas station, deli or other store in New York City
 IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES
 02 From another person or on the street in New York City
 03 Outside New York City but in New York State
 04 In a different state
 05 Through the internet or mail
 06 Indian Reservation
 07 Outside the US
 88 Somewhere else (SPECIFY) _____
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK IF Q6.2 = 1 OR 2

Q6.9 - The last time you bought a SINGLE PACK OF CIGARETTES, did you receive any type of discount on the pack? This includes buying a pack advertised as 'on sale', getting a special offer such as buy-one-get-one-free or using an on-pack or manufacturer's coupon. Do not include the purchase of cartons or loosies.

- 1 YES
 2 NO
 3 [VOL] DO NOT BUY SINGLE PACKS
 7 DON'T KNOW/NOT SURE
 9 REFUSED

ASK IF Q6.9 = 1

Q6.10 - The last time you used a discount or special offer to buy a single pack of cigarettes, about how much did you save?

PROBE IN NEEDED: Your best estimate is fine.

- 1 Less than \$0.50
 2 \$0.50 to less than \$1.00
 3 \$1.00 to less than \$1.50
 4 \$1.50 to less than \$2.00
 5 More than \$2.00
 6 [VOL] USED A BUY-ONE-GET-ONE-FREE OFFER
 7 DON'T KNOW/NOT SURE
 9 REFUSED

ASK IF Q6.2 = 1, 2 OR Q6.5 < 1 YEAR

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

Q6.11 - During the last 12 months, has a dentist or dental hygienist advised you to quit smoking?

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

ASK ALL

Q6.12 - In the past 30 days, have you smoked a cigarillo or little cigar with a plastic or filter tip, such as Black & Mild, Swisher Sweet or Cheyenne?

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

ASK IF Q6.12 = 1, ELSE SKIP TO Q6.15

Q6.13 - On how many days during the past 30 days have you smoked cigarillos or little cigars?

READ IF NECESSARY: Include cigarillos or little cigars with a plastic or filter tip, such as Black & Mild, Swisher Sweet or Cheyenne?

_____ NUMBER OF DAYS [RANGE 1-30]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK IF Q6.13 NE 00, 77 OR 99, ELSE SKIP TO Q6.15

Q6.14 - During the past 30 days, on days that you smoked cigarillos or little cigars, how many on average did you smoke per day?

Interviewer: Round up if answer is given in fractions. I.e. "one and a half" little cigars should be recorded as 2.

_____ PER DAY [RANGE 1-40]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK ALL

Q6.15 - Which statement best describes the rules about smoking inside your home?

READ IF NEEDED: 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

ASK ALL

Q6.16 - How often do you smell cigarette smoke in your home that comes from another home or apartment or from outside?

- READ:
- 1 Every day
 - 2 A few times per week
 - 3 A few times per month
 - 4 A few times per year
 - 5 Never
 - 7 DON'T KNOW/NOT SURE
 - 9 REFUSED

DEMOGRAPHICS

SCREEN: Now I'd like to ask you some questions about yourself and your household. Your answers are only used for research purposes.

ASK ALL

Q7.1 - What is your age?

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

ASK IF Q7.1 = 07 OR 09, ELSE SKIP TO Q7.2

Q7.1a - 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:

- 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

Q7.2 - 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

Q7.3 - Are you Hispanic or Latino?

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

ASK IF Q7.3 = 1, ELSE SKIP TO Q7.4

Q7.3a - 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

Q7.4 - (READ IF Q7.3=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 Q7.4, ELSE SKIP TO Q7.5

Q7.4a - Which one of these groups would you say best represents your race?

READ MENTIONED RACES:

CATI Note: Fill selected races from Q7.4.

- 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 Q7.4
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.4 = 3 [ASIAN]

Q7.5 - Please tell me which group best represents your Asian heritage or ancestry?

READ ANSWER CHOICES, ACCEPT FIRST RESPONSE [CATI: RANDMONIZE: 01-06]

- 01 Chinese
- 02 Asian Indian
- 03 Filipino
- 04 Korean
- 05 Japanese
- 06 Vietnamese
- 07 Something else _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q7.6 - 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 Q7.6a)

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

ASK IF Q7.6 = 2

Q7.6a

- | | |
|------------------------|--------------------------------------------------------------------------|
| 60. AFRICA | 81. IRAN |
| 61. ALBANIA | 30. IRELAND |
| 62. ANTIGUA | 31. ISRAEL |
| 01. ARGENTINA | 32. ITALY |
| 64. AUSTRIA | 33. JAMAICA |
| 02. AUSTRALIA | 34. JAPAN |
| 03. BANGLADESH | 35. KOREA |
| 04. BARBADOS | 87. MALAYSIA |
| 05. BELARUS | 36. MEXICO |
| 68. BELIZE | 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 |
| 73. CZECHOSLOVAKIA | 47. SIERRA LEONE |
| 15. DOMINICAN REPUBLIC | 48. SOUTH AMERICAN |
| 16. ECUADOR | 49. SPAIN |
| 17. EGYPT | 102. ST. LUCIA |
| 18. EL SALVADOR | 103. ST. VINCENT |
| 74. ENGLAND | 50. TAIWAN |
| 75. EUROPE | 51. TRINIDAD AND TOBAGO |
| 19. FRANCE | 52. TURKEY |
| 20. GERMANY | 53. UKRAINE |
| 21. GHANA | 54. UNITED KINGDOM (INCLUDES
ENGLAND, N. IRELAND, SCOTLAND,
WALES) |
| 22. GREECE | 109. UZBEKISTAN |
| 78. GRENADA | 55. VENEZUELA |
| 23. GUATEMALA | 56. VIETNAM |
| 24. GUYANA | 110. VIRGIN ISLANDS |
| 25. HAITI | 57. WEST INDIAN |
| 26. HONDURAS | 58. YUGOSLAVIA |
| 27. HONG KONG | 66. OTHER (SPECIFY) _____ |
| 28. HUNGARY | 77. DON'T KNOW/NOT SURE |
| 29. INDIA | 99. REFUSE |

ASK IF Q7.4 = 2 AND Q7.6 = 1 [BLACK/AFRICAN AMERICAN AND U.S. BORN]

Q7.6b - Were either of your parents born in the West Indies?

READ IF NECESSARY: We are referring to your biological or birth parents

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

ASK IF Q7.6 = 2, ELSE SKIP TO Q7.8

Q7.7 - 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

Q7.8 - 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

Q7.9 - 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

Q7.10 - 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

Q7.11 - 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 IF PTYPE=1

CQHH - 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 99 FOR REFUSED/DK

_____ Number of adults [RANGE 1-20]

ASK ALL

Q7.12 - 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

Q7.13 - 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 Q7.12 or CQHH = 77 or 99, skip to Q7.15
 Create new field NHOUSE = QHH/CQHH (Number of adults) + Q7.12 (Number of Children)
 We will use NHOUSE to create a field (PVTYLVL) to populate the fill for Q7.14
 PVTYLVL = 7,470 + (NHOUSE * 4,020)

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

Q7.14 - 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 (PVTYLVL) .
 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 Q7.14_02 = 77 OR 99, ELSE SKIP TO Q7.15

Q7.14a - 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

ASK IF Q7.14 IS 100%-199% FPL [q7.14=2 OR q7.14A=2]

Q7.14b - Is your combined household's annual income from all sources less than [PVTYLVL*1.38]?

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

IF Q2.1 = 2 AND Q7.14 = 01 OR Q7.14a = 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

Q7.15 - 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.

**IF RESPONDENT ANSWERS IN CENTIMETERS AND HEIGHT IS LESS THAN 92 CM OR GREATER THAN 274 CM THEN ASK
Q7.15a - Just to confirm, your height is [CATI FILL] centimeters?**

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

IF RESPONDENTS CONFIRMS ORIGINAL CENTIMETERS, MARK 'YES'. IF RESPONDENT ANSWERS 'NO', OBTAIN CORRECT HEIGHT IN CENTIMETERS.

ASK ALL

Q7.16 - 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 Q7.16 (WEIGHT) = 9999 OR 7777 AND Q7.15 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q7.17a, Q7.17b, Q7.17c, Q7.17d (OR ASK Q7.17e, Q7.17f, Q7.17g, Q7.17h FOR METRIC).

IF Q7.15 (HEIGHT) = 9999 OR 7777 AND Q7.16 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q7.18a, Q7.18b, Q7.18c, Q7.18d (OR ASK Q7.18e, Q7.18f, Q7.18g, Q7.18h FOR METRIC).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: =
.049 * (Q7.15 height IN) * (Q7.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: =
.0427 * (Q7.15 height IN) * (Q7.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: =
.0356*(Q7.15 height IN)*(Q7.15 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: =
.0263*(Q7.15 height IN)*(Q7.15 height IN)

ASK IF Q7.16 = 9999 OR 7777 AND Q7.15 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1
Q7.17a - Do you weigh less than [critical weight for **OBESE**]?

- 1 YES, WEIGH LESS[**SKIP TO Q7.17c**]
- 2 NO, DON'T WEIGH LESS[**SKIP TO Q7.17b**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.17a = 2, ELSE SKIP TO Q7.17c
Q7.17b - 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 Q7.17a = 1, ELSE SKIP TO Q8.1
Q7.17c - Do you weigh less than [critical weight for **OVERWEIGHT**]?

- 1 YES, WEIGH LESS[**SKIP TO Q7.17d**]
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.17c = 1, ELSE SKIP TO Q8.1
Q7.17d - 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 * (Q7.15 height CM)*(Q7.15 height CM)

CRITICAL WEIGHT FOR METRIC OBESE
= .003 * (Q7.15 height CM)*(Q7.15 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q7.15 height CM)*(Q7.15 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q7.15 height CM)*(Q7.15 height CM)

ASK IF Q7.16 = 9999 OR 7777 AND Q7.15 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1
Q7.17e - Do you weigh less than [critical weight for **METRIC OBESE**]?

- 1 YES, WEIGH LESS[**SKIP TO Q7.17g**]
- 2 NO, DON'T WEIGH LESS[**SKIP TO Q7.17f**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.17e = 2, ELSE SKIP TO Q7.17g
Q7.17f - 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 Q7.17e = 1, ELSE SKIP TO Q8.1
Q7.17g - Do you weigh less than [critical weight for **METRIC OVERWEIGHT**]?

- 1 YES, WEIGH LESS[**SKIP TO Q7.17h**]
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.17g = 1, ELSE SKIP TO Q8.1
Q7.17h - 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 * Q7.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE:
 = SQUARE ROOT OF (23.43 * Q7.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
 = SQUARE ROOT OF (28.12 * Q7.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
 = SQUARE ROOT OF (38 * Q7.16 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q7.16 = 9999 OR 7777 AND Q7.15 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1

Q7.18a- Is your height less than [critical height for **OBESE**]?

- 1 YES, LESS [**SKIP TO Q7.18b**]
- 2 NO, NOT LESS [**SKIP TO Q7.18c**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.18a = 1, ELSE SKIP TO Q7.18c

Q7.18b- 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 Q7.18a = 2, ELSE SKIP TO Q8.1

Q7.18c - Is your height less than [critical height for **OVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q7.18d**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.18c = 2, ELSE SKIP TO Q8.1

Q7.18d - 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 * Q7.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE
 = SQUARE ROOT OF (333 * Q7.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
 = SQUARE ROOT OF (400 * Q7.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
 = SQUARE ROOT OF (540.5 * Q7.16 weight KILOS)

ASK IF Q7.16 = 9999 OR 7777 AND Q7.15 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1
Q7.18e - Is your height less than [critical height for **METRICOBESE**]?

- 1 YES, LESS [**SKIP TO Q7.18f**]
- 2 NO, NOT LESS [**SKIP TO Q7.18g**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.18e = 1, ELSE SKIP TO Q7.18g
Q7.18f - Is your height less than [critical height for **METRIC VERYOBESE**]?

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

ASK IF Q7.18e = 2, ELSE SKIP TO Q8.1
Q7.18g - Is your height less than [critical height for **METRICOVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q7.18h**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.18g = 2, ELSE SKIP TO Q8.1
Q7.18h - Is your height less than [critical height for **METRICUNDERWEIGHT**]?

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

NUTRITION

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

ASK ALL

Q8.1 - 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

ASK ALL

Q8.2 - In the last 30 days, was there a time when you changed your mind about buying a food product because of the sodium or salt content listed on the nutrition facts panel?

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

ASK ALL

Q8.3 - 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?

INTERVIEWER: IF RESPONDENT IS UNSURE ABOUT THE SIZE OF A SERVING, INSTRUCT THEM TO THINK OF THE SIZE THEY USUALLY DRINK

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

ASK IF Q8.3 NE 888,777,999

Q8.3a - When you drink sugar sweetened soda, what size do you usually drink?

READ:

1 Less than 12 ounces
2 12 ounces
3 16 ounces
4 20 ounces
5 32 ounces
6 More than 32 ounces
7 DON'T KNOW/NOT SURE
9 REFUSED

TCNY

ASK ALL

Q8.4 - 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?

- 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.

ASK IF Q8.4 NE 888,777,999

Q8.4a - When you drink other sweetened drinks, what size do you usually drink?

READ IF NEEDED: Other sweetened drinks include 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:

- 1 Less than 12 ounces
- 2 12 ounces (a regular can of soda)
- 3 16 ounces
- 4 20 ounces (a regular or typical bottle of soda)
- 5 32 ounces
- 6 More than 32 ounces
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

PHYSICAL ACTIVITY

READ: Now I will ask you some questions about physical activity.

ASK ALL

Q9.1 - 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

Q9.1a - 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 once a week or more, 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 ONCE A WEEK OR MORE
- 2 SEVERAL TIMES A MONTH
- 3 AT LEAST ONCE A MONTH
- 4 A FEW TIMES A YEAR
- 5 NEVER
- 6 [VOL] PHYSICALLY UNABLE TO RIDE A BIKE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

READ: The next few questions are about the usual way you travel to and from places such as work, shopping or school.

ASK ALL

Q9.2 - During the last 7 days, did you walk for at least 10 minutes at a time to get to and from places such as work, shopping, or other activities?

READ IF NECESSARY: This refers to walking outside of your home.

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

ASK IF Q9.2 = 1, ELSE SKIP TO Q9.5

Q9.3 - During the last 7 days, on how many days did you walk to get to and from places?

CATI: HARD EDIT 1-7

- |__|__|
- ENTER NUMBER OF DAYS [RANGE: 1-7]
- 77 DON'T KNOW
- 99 REFUSED

ASK IF Q9.3 NE 77 OR 99 ELSE SKIP TO Q9.5

Q9.4 - How many hours or minutes did you spend walking to get from place to place on an average day during the last 7 days?

READ IF NEEDED: Think about yesterday if an average day is too difficult to determine.

SOFT EDIT: >4 HOURS. SOFT EDIT WORDING: INTERVIEWER, YOU HAVE RECORDED THAT THE RESPONDENT SPENDS MORE THAN 4 HOURS WALKING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH RESPONDENT THAT OVER 4 HOURS IS CORRECT.

SOFT EDIT: >4 HOURS.
 HARD EDIT: >24 HOURS.
 HARD EDIT: <10 MINUTES.

___ MINUTES [RANGE 00-59]
 ___ HOURS [RANGE 0-24]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK ALL

Q9.5 - During the last 7 days did you use a bicycle to get to and from places?

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

ASK IF Q9.5 = 1, ELSE SKIP TO Q9.8

Q9.6 - During the last 7 days, on how many days did you bicycle to get to and from places?

PROBE: This question asks about travel to and from places such as work, shopping, or other activities.

CATI: HARD EDIT 1-7

|___|___|
 ENTER NUMBER OF DAYS [RANGE: 1-7]
 77 DON'T KNOW
 99 REFUSED

ASK IF Q9.6 NE 77 OR 99, ELSE SKIP TO Q9.8

Q9.7 - How many hours or minutes did you spend bicycling to get from place to place on an average day during the last 7 days?

PROBE IF DIFFICULTY: Think about the last day when you used your bicycle to go from one place to another.

SOFT EDIT: >4 HOURS. SOFT EDIT WORDING: INTERVIEWER, YOU HAVE RECORDED THAT THE RESPONDENT SPENDS MORE THAN 4 HOURS BICYCLING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH RESPONDENT THAT OVER 4 HOURS IS CORRECT.

SOFT EDIT: >4 HOURS.
 HARD EDIT: >24 HOURS.

___ MINUTES [RANGE 00-59]
 ___ HOURS [RANGE 0-24]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK ALL

Q9.8 - The next questions are about sports, fitness and recreational activities. Exclude the activities you have told me about for getting around and focus on sports, fitness and recreation.

During the last 7 days, did you do any sports, fitness or recreational activities that caused an increase in your breathing or heart rate? Examples would be swimming, working out or jogging.

READ IF NEEDED: This includes brisk walking or fast biking that are for exercise (and not for getting place to place).

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

ASK IF Q9.8 = 1, ELSE SKIP TO Q3.18

Q9.9 - During the last 7 days, on how many days, if any, did you do sports, fitness or recreational activities that increased your breathing or heart rate?

CATI: HARD EDIT 1-7

|__|__|
 ENTER NUMBER OF DAYS [RANGE: 1-7]
 77 DON'T KNOW
 99 REFUSED

ASK IF Q9.9 NE 77 OR 99, ELSE SKIP TO Q3.18

Q9.10 - On an average day during the last 7 days, how many hour or minutes did you spend doing these sports, fitness or recreational activities?

SOFT EDIT: >4 HOURS. SOFT EDIT WORDING: INTERVIEWER, YOU HAVE RECORDED THAT THE RESPONDENT SPENDS MORE THAN 4 HOURS DOING RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH RESPONDENT THAT OVER 4 HOURS IS CORRECT.
 SOFT EDIT: >4 HOURS.
 HARD EDIT: >24 HOURS.

__ MINUTES [RANGE 00-59]
 __ HOURS [RANGE 0-24]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK IF Q9.10 NE 77 OR 99

Q9.11 - How many, if any, of those (FILL HOURS OR MINUTES FROM ABOVE) doing sports, fitness or recreational activities were vigorous activity that caused a **large** increase in your breathing or heart rate?

CATI: RESTRICT ANSWER TO LESS THAN OR EQUAL TO TOTAL MINUTES

____ HOURS
 _____ MINUTES
 888 NONE
 777 DON'T KNOW/NOT SURE
 999 REFUSED

Q3.18-3.19 TO BE ASKED IN WAVE 2 ONLY

Now I am going to ask you about how much time you spent in the last 7 days sitting at work, at home, in a car, or on the subway.

3.18 On an average day during the last 7 days, from the time you woke up to around 5 o'clock in the evening, how many hours or minutes did you spend sitting?

READ IF DIFFICULTY: Think about yesterday if needed.

HARD EDIT: >12 HOURS.

|__|__|__|
 ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-12]
 DON'T KNOW..... 777
 REFUSED..... 999

3.19 And from 5 o'clock in the evening to the time you went to bed on an average day during the last 7 days, how many hours or minutes did you spend sitting?

READ IF DIFFICULTY: Think about yesterday if needed.

HARD EDIT: >12 HOURS.

|__|__|__|
 ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-12]
 DON'T KNOW..... 777
 REFUSED..... 999

ASK ALL

Q9.12 - How many total floors of stairs do you walk DOWN on an average weekday at home, work and school combined? Do not count stairs in the subway or other public transportation.

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

ASK ALL

Q9.13 - 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 or other public transportation.

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

ENVIRONMENTAL

READ: And now a few questions about your home.

ASK ALL

Q10.1 - Is this home or apartment owned or rented?

- 1 OWNED BY YOU OR SOMEONE IN YOUR FAMILY
- 2 RENTED
- 3 (VOL.) OCCUPIED WITHOUT PAYMENT OF RENT
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q10.2 - How many living units or apartments are in your building?

INTERVIEWER NOTE: A SINGLE FAMILY HOME SHOULD BE CODED AS '1'

- 1 1 to 2
- 2 3 to 9
- 3 10 to 49
- 4 50 or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.1 ≥ 65 OR Q7.1a = 1

Q10.3 - Do you have a functioning air conditioner in any room of your home?

IF YES PROBE: Do you have one or more window unit air conditioners or do you have central air conditioning?

INTERVIEWER: DO NOT INCLUDE FANS. DO INCLUDE OTHER TYPES OF NON-CENTRAL AC SUCH AS WALL UNITS AND DUCTLESS UNITS.

- 1 YES - RESPONDENT HAS ONE OR MORE WINDOW AIR CONDITIONERS
- 2 YES - RESPONDENT HAS CENTRAL AIR CONDITIONING
- 3 NO - RESPONDENT DOES NOT HAVE ANY KIND OF AIR CONDITIONERS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q10.4 - Does your household have at least one computer or other device with access to the internet? Include tablets but NOT smartphones or TVs.

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

ASK IF Q10.4 = 1

Q10.5 - Does your household have a working printer for any device with access to the internet?

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

READ: And now, some questions about pets in your home.

ASK ALL

Q10.6 - How many cats, if any, does your household have?

INTERVIEWER READ IF NEEDED: Do not include stray cats that you may feed from time to time.

- _____ (RANGE: 00 - 25)
- 00 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q10.6 NE 00, 77 OR 99, ELSE SKIP TO Q11.1.

Q10.7 - Spaying and neutering is a surgery that prevents an animal from being able to reproduce. Some people also call it "fixing" or "altering" an animal.

[IF Q10.6 GT 1 READ] How many of these cats are spayed or neutered?

[IF Q10.6 = 1 READ] Is this cat spayed or neutered?

INTERVIEWER: IF ONLY ONE CAT IN HH AND IT IS FIXED ENTER '1' FOR YES, IF NOT FIXED ENTER '0' FOR NO

- _____ (RANGE: 00 - 25) CATI CHECK NEEDED - RANGE SHOULD BE NO HIGHER THAN ANSWER FROM Q10.6
- 00 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI:
 SKIP TO Q11.1 IF Q10.7=77 OR 99
 V_UNALTERED = Q10.6 - Q10.7
 IF Q10.6 = 1 AND V_UNALTERED NE 0 [ONLY ONE CAT THAT IS NOT FIXED] ASK Q10.8
 IF Q10.6 GT 1 AND V_UNALTERED NE 0 [MORE THAN ONE CAT AND NOT ALL CATS ARE FIXED], ASK Q10.8
 IF Q10.6 = 1 AND V_UNALTERED = 0 [ONLY ONE CAT AND CAT IS FIXED], SKIP TO Q11.1
 IF Q10.6 GT 1 AND V_UNALTERED = 0 [MORE THAN ONE CAT AND ALL CATS ARE FIXED], SKIP TO Q11.1

Q10.8 -

[IF Q10.6 = 1 AND V_UNALTERED NE 0 READ:]Does the unaltered cat go outdoors?

Don't include taking the cat out to go to a vet, boarding location or pet sitter, or allowing the cat onto a balcony without access to the ground.

[IF Q10.6 GT 1 AND V_UNALTERED NE 0 READ] : How many of the [V_UNALTERED] unaltered cats go outdoors?

Don't include taking the cat out to go to a vet, boarding location or pet sitter, or allowing the cat onto a without access to the ground.

INTERVIEWER: IF ONLY ONE CAT IN HH AND IT GOES OUTDOORS ENTER '1' FOR YES, IF IT DOES NOT GO OUTDOORS ENTER '0' FOR NO

_____ (RANGE: 00 - 25)CATI CHECK NEEDED - RANGE SHOULD BE NO HIGHER THAN V_UNALTERED

- 00 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

HURRICANE SANDY

READ: The next few questions are about Hurricane Sandy.

ASK ALL

Q11.1 - What is the zip code of the place where you were living right before Hurricane Sandy hit on October 29, 2012?

RECORD ZIP
 66666 SAME ZIP CODE NOW AS DURING HURRICANE SANDY
 77777 DON'T KNOW/NOT SURE
 99999 REFUSED

```

CATI: CREATE SANDYZIP.
IF Q11.1 = 66666 THEN SANDYZIP=FIXZIP
IF Q11.1 = FIXZIP THEN SANDYZIP=FIXZIP
IF Q11.1 NE FIXZIP THEN SANDYZIP = Q11.1
IF Q11.1 = 77777 OR 99999 THEN SKIP TO Q12.1
    
```

FOR Q11.2 AND Q11.3-
ASK IF SANDYZIP INCLUDES [10004, 10005, 10006, 10009,10038, 10280, 10282, 10303, 10305, 10306, 10307, 10309, 10314,11096, 11109, 11224, 11231, 11235, 11691, 11692, 11693, 11694, 11695, 11697]

Q11.2 - Based on your zip code, you lived in or near an area that was prone to flooding from Hurricane Sandy. Did you evacuate from your home, at any time, because of Hurricane Sandy?

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

ASK IF Q11.2 = 1, ELSE SKIP TO Q12.1

Q11.3 - Did you first evacuate from your home before, during or after Hurricane Sandy?

- 1 BEFORE HURRICANE SANDY
- 2 DURING HURRICANE SANDY
- 3 AFTER HURRICANE SANDY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q11.2 = 1

Q11.4 - How many days were you not able to stay in your home because of the need to evacuate because of Hurricane Sandy?

READ IF NEEDED: Or are you still unable to go home?

- _____ DAYS (RANGE: 1 TO 400 DAYS)
- _____ MONTHS (RANGE: 1 TO 16 MONTHS)
- 555 EVACUATED FOR FEWER THAN 24 HOURS
- 666 STILL UNABLE TO GO HOME OR HOME WAS DESTROYED
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

IMMUNIZATIONS

READ: The next few questions are about vaccinations.

CORE**ASK ALL**

Q12.1 - 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 Q12.1 = 1**

Q12.2 - 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, 2012, and March 31, 2013?

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

CANCER

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

ASK IF Q7.1 >=45 (OR Q7.1a = 1 OR 2), ELSE SKIP TO Q14.1

Q13.1 - 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

ASK IF Q13.1 = 1

Q13.2 - 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

HIV TESTING

SCREEN: Now I am going to ask you about HIV testing and then testing for the Hepatitis C virus. Do NOT count any test you might have had as a part of a blood donation.

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

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 - Now I am going to ask you about Hepatitis C testing. Have you ever had a Hepatitis C test? Do NOT count any test you might have had as part of a blood donation.

- 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 Q7.2 = 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

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

ASK IF Q7.2 = 2 AND Q7.1 ≤45 (OR Q7.1a = 3,4,5) AND Q15.1f > 0 AND NOT 777,999

[ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]

Q15.3f - The last time you had vaginal sex, were you taking birth control pills?

1 YES

2 NO

3 (VOL) NEVER HAD VAGINAL SEX

7 DON'T KNOW/NOT SURE

9 REFUSED

IF Q15.3f = 3 [ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER, UNLESS Q15.3f = 3 (NEVER HAD VAGINAL SEX)]

Q15.4f - The last time you had vaginal sex, did you or your partner use any other method of birth control to prevent a pregnancy?

READ IF NECESSARY: This includes the withdrawal or rhythm method

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

ASK IF Q15.4f = 1, ELSE SKIP TO Q15.6f
Q15.5f - What method or methods did you use?

READ LIST IF NEEDED

ACCEPT MULTIPLE RESPONSES

- 1 Injectable birth control ("the shot", "Depo-Provera"), vaginal ring ("Nuva-Ring"), patch ("Ortho - Evra")
- 2 Intrauterine device/IUD ("Mirena" or "Copper-T"), or implant ("Implanon")
- 3 Emergency contraception ("Morning-after pill")
- 4 Withdrawal, Rhythm Method, diaphragm, cervical cap, sponge, female condom, jelly, cream or spermicide
- 5 Sterilization(Tubes Tied, Vasectomy or Hysterectomy)
- 6 I did not use any of these methods
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q15.2f = 2 AND Q15.3f = 2 AND Q15.4f = 2 [THOSE WHO DID NOT USE A CONDOM, BIRTH CONTROL PILLS OR OTHER TYPE OF BIRTH CONTROL METHOD AT LAST VAGINAL SEX]

Q15.6f - The last time you had vaginal sex, did you intend to get pregnant? Would you say yes, no, or no, but YOU wouldn't have minded?

- 1 YES
- 2 NO
- 3 NO, BUT WOULDN'T HAVE MINDED
- 4 (VOL.) RESPONDENT WAS ALREADY PREGNANT
- 5 (VOL.) RESPONDENT IS UNABLE TO GET PREGNANT OR PARTNER UNABLE TO GET PREGNANT (FERTILITY ISSUES)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CORE

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

Q15.8f - 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 Q15.8f = 1

Q15.9f - 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 Q15.8f = 1 AND Q15.9f = 1 OR 2

Q15.10f - The last time you had anal sex did you or your partner use a condom?

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

CORE

ASK IF Q7.2 = 2 [ASK ALL WOMEN]

Q15.7f - 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

SEXUAL BEHAVIOR

MEN ONLY:

CORE

ASK IF Q7.2 = 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 Q7.2 = 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

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 Q15.4m

Q15.3m - 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)) OR ((Q15.1m >0 AND Q15.1m <500) AND (Q15.2m = 777 OR Q15.2m = 999)), ELSE SKIP TO Q15.5m (ONLY HETEROSEXUAL MALES)
 Q15.4m - 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). (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q15.6
 Q15.5m - 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

ASK IF Q7.2 = 1 AND Q7.1 ≤65 (OR Q7.1a = 2,3,4,5) AND Q15.1m > 0 AND NOT 777,999 [ASK OF MEN 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER]
 Q15.6m - The last time you had vaginal sex, was your partner taking birth control pills?

- 1 YES
- 2 NO
- 3 (VOL.) NEVER HAD VAGINAL SEX
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF Q15.6m = 3 SKIP TO Q15.10m [ASK OF MEN 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER, UNLESS Q15.6m = 3 (NEVER HAD VAGINAL SEX)]

Q15.7m - The last time you had vaginal sex, did you or your partner use any other method of birth control to prevent a pregnancy?

READ IF NECESSARY: This includes the withdrawal or rhythm method

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

ASK IF Q15.7m = 1, ELSE SKIP TO Q15.9m
Q15.8m - What method or methods did you use?

READ LIST IF NEEDED

ACCEPT MULTIPLE RESPONSES

- 1 Injectable birth control ("the shot", "Depo-Provera"), vaginal ring ("Nuva-Ring"), patch ("Ortho - Evra")
- 2 Intrauterine device/IUD ("Mirena" or "Copper-T"), or implant ("Implanon")
- 3 Emergency contraception ("Morning-after pill")
- 4 Withdrawal, Rhythm Method, diaphragm, cervical cap, sponge, female condom, jelly, cream or spermicide
- 5 Sterilization (Tubes Tied, Vasectomy or Hysterectomy)
- 6 I did not use any of these methods
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF (Q15.4m = 2 or Q15.5m = 2) AND Q15.6m = 2 and Q15.7m = 2 [THOSE WHO DID NOT USE A CONDOM, BIRTH CONTROL PILLS OR OTHER TYPES OF BIRTH CONTROL METHOD AT LAST VAGINAL SEX]

Q15.9m - The last time you had vaginal sex, did you intend to get your partner pregnant? Would you say yes, no, or no, but YOU wouldn't have minded?

- 1 YES
- 2 NO
- 3 NO, BUT WOULDN'T HAVE MINDED
- 4 (VOL.) PARTNER WAS ALREADY PREGNANT
- 5 (VOL.) RESPONDENT IS UNABLE GET PARTNER PREGNANT OR PARTNER UNABLE TO GET PREGNANT (FERTILITY ISSUES)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY

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

Q15.10m - 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 Q15.10m = 1

Q15.11m - 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 Q15.10m = 1 AND Q15.11m = 1 OR 2

Q15.12m - The last time you had anal sex did you or your partner use a condom?

- 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 888, 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 888, 777 OR 999

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

- [IF Q7.2 = 1 READ: 5 or more drinks on one occasion?]
- [IF Q7.2 = 2 OR IF Q7.2 = 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 Q16.1 > 0 BUT NOT 888, 777 OR 999

Q16.4 - During the past 30 days, what is the largest number of drinks you had on any occasion?

- ___ NUMBER OF DRINKS [CATI RANGE FOR MEN: 1-50; CATI RANGE FOR WOMEN: 1-50]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

READ: The next few questions are about medications that require a prescription. Do not include 'over the counter' medications. Your answers are strictly confidential and your name or phone number will not be given to the health department. It is important that you provide accurate answers.

I will first ask you about prescription pain relievers and then I will ask you about prescription tranquilizers.

ASK ALL

Q16.5a - Have you ever had a prescription pain reliever such as oxycodone or hydrocodone prescribed to you?

READ IF NEEDED: 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 Q16.5a = 1, ELSE SKIP TO Q16.5d

Q16.5b - In the past 12 months, have you even once taken any of the prescription pain relievers that had been prescribed to you?

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

ASK IF Q16.5b = 1

Q16.5c - When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.

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

ASK ALL

Q16.5d - In the past 12 months have you ever, even once taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

READ IF NEEDED: 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 Q16.5c = 1

Q16.6a - In the past 12 months, how often did you take a prescription pain reliever that was prescribed for you, but that you took at a higher dosage or took more often than was directed?

READ: 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 IF Q16.5d = 1

Q16.6b - In the past 12 months, how often did you take a prescription pain reliever that was not prescribed for you?

READ: 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

READ: Now I will ask you about prescription tranquilizers.

ASK ALL

Q16.7a - Have you ever had a prescription tranquilizer such as Xanax or Valium prescribed to you?

READ IF NEEDED: Tranquilizers are usually prescribed to relax people or calm them down. Some people call tranquilizers 'nerve pills'.

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

ASK IF Q16.7a = 1, ELSE SKIP TO Q16.7d

Q16.7b - In the past 12 months, have you even once taken any of the prescription tranquilizers that had been prescribed to you?

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

ASK IF Q16.7b = 1

Q16.7c - When you took prescription tranquilizers in the past 12 months, did you ever, even once take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed?

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

ASK ALL

Q16.7d - In the past 12 months have you ever, even once taken a prescription tranquilizer such as Xanax or Valium that was not prescribed for you?

READ IF NEEDED: Tranquilizers are usually prescribed to relax people or calm them down. Some people call tranquilizers 'nerve pills'.

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

ASK IF Q16.7c = 1

Q16.8a - In the past 12 months, how often did you take a prescription tranquilizer that was prescribed for you, but that you took at a higher dosage or took more often than was directed?

READ: 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 IF Q16.7d = 1

Q16.8b - In the past 12 months, how often did you take a prescription tranquilizer that was not prescribed for you?

READ: 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

LANDLINE TELEPHONE MODULE QUESTIONS (ASK IF LANDLINE VERSION OR PTYPE=2)

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

END LANDLINE TELEPHONE MODULE QUESTIONS

CELL PHONE TELEPHONE MODULE QUESTIONS (ASK IF CELL VERSION AND PTYPE=1)

SCREEN: And now, because this is a cell phone survey I need to ask you a few more questions about your cell phone usage for statistical purposes.

ASK ALL

CQ17.1 How long have you had this cell phone number?

INTERVIEWER: WE ARE INTERESTED IN WHETHER THE RESPONDENT HAS HAD THE NUMBER ASSOCIATED WITH THE CELL PHONE FOR ALL OF THE PAST 12 MONTHS.

- 1 Less than 12 months
- 2 12 months or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF CQ17.1= 1 ELSE SKIP TO CQ17.3

CQ17.2 For the time that you have had this cell phone, was there a time when you had an interruption in cell phone service for 1 week or more?

INTERVIEWER: WE ARE INTERESTED IN CONTINUOUS SERVICE IN THIS QUESTION. IF SOMEONE HAS SWITCHED CELL PHONE COMPANIES BUT DID NOT HAVE A BREAK IN SERVICE THE ANSWER TO THIS QUESTION IS NO.

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

ASK IF C17.1 = 2, 7, or 9 ELSE SKIP TO CQ17.4

CQ17.3 Was there a time in the past 12 months that you had an interruption in cell phone service for 1 week or more?

INTERVIEWER: WE ARE INTERESTED IN CONTINUOUS SERVICE IN THIS QUESTION. IF SOMEONE HAS SWITCHED CELL PHONE COMPANIES BUT DID NOT HAVE A BREAK IN SERVICE THE ANSWER TO THIS QUESTION IS NO.

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

ASK IF QLANDLINE=1

CQ17.4 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

END CELL PHONE TELEPHONE MODULE QUESTIONS

MOBILITY QUESTIONS (9/5/2013)
{ASK ALL}

M1 Did you live in this house or apartment 1 year ago?

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

IF M1=2, ASK M2.

M2 Where were you living 1 year ago? Was it a house or apartment: [READ CHOICES]

- 1 In one of the five boroughs of New York City (Bronx, Brooklyn, Manhattan, Queens, Staten Island),
- 2 Outside of New York City but in New York State, In the U.S. but not in New York State (excludes Puerto Rico), OR
- 3 Outside of the U.S. (includes Puerto Rico).
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ADDRESS (What is your street address?) ENTER STREET ADDRESS
CITY (What is the city?) ENTER CITY
ZIP (What is your zip code?) ENTER ZIP CODE

[ASK ALL]
CLOSING:

Thank you for participating in this important survey about the health of New Yorkers. If you have any additional questions about this survey, would like survey results, or have further questions about your rights in this study, I can provide you with the appropriate telephone numbers. If you would like more information on where you could go to get help with a health problem, I can also give you the number for the Health Department's helpline.

Would you like any of these phone numbers?

- 1 YES
- 2 NO

IF YES: Which number would you like?

1 MORE INFORMATION ABOUT THE SURVEY OR SURVEY RESULTS-

READ: You can call the principal investigator at 347-396-2821.

2 INFORMATION ABOUT PARTICIPANTS RIGHTS

READ: You can call the Institutional Review Board Chairperson at 347-396-6051.

3 INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY

READ: You can call the Health Department helpline at 311.

Thanks again for completing the survey.