

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

Access

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

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

Alcohol Consumption and RX abuse

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

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

Cardiovascular Disease Prevention

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

Child Module

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

Children with Asthma

Children <18	X	X				X							
Diagnosed with asthma	X	X				X							

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Need help with personal care because of limitation			X										
Have a health problem that requires use of special equipment			X										
Arthritis of hip or knee												X	

Domestic Violence

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

Drug Use and Incarceration

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

Health Care

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

Health Status

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

Heat

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

HIV Testing

HIV test past year		X			X	X	X	X	X	X	X	X	X
HIV test ever	X			X	X		X	X	X	X	X	X	X

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To your knowledge, did you live in a designated hurricane evacuation zone in August 2011?												X	
What was zip code in October/November 2012													X
Were you evacuated due to Hurricane Sandy													X
Evacuate before, during or after Hurricane Sandy													X
How many days evacuated due to Hurricane Sandy													X
Have a meeting place for family in disaster or emergency												X	
Set aside 3 days of medicine for disaster or emergency												X	
Computer with internet in home													X
Working printer in home													X

Immunizations

Flu shot past 12 months	X	X		X	X	X	X	X	X	X	X	X	X
Flu shot defined period						X	X	X	X	X	X	X	X
Why no flu shot													
Pneumonia shot ever	X	X		X		X		X		X		X	
Where flu shot		X			X	X						X	
When flu shot					X								
Tried to get flu shot but unable					X								
H1N1 vaccination since October 2009										X			
Try to get H1N1 shot but couldn't										X			
Work in health care setting					X		X		X				
Ever hepatitis B vaccine							X					X	

Initiatives

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

Mental Health

Emotional distress (sad, hopeless, worthless, etc.) - K6 [Past 30 days]	X	X			X	X		X	X	X		X	X
Emotional distress (sad, hopeless, worthless, etc.) - K6 [Worst Month]											X	X	
Worst month, past 12 months												X	
how often bothered little interest or pleasure past 2 weeks							X						
how often bothered down, depressed, hopeless past 2 weeks							X						

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Mental health affects activities		X							X	X		X	X
Mental health affect ability to work or go to school during that month (special MH for 2011)											X		
Mental health affect social life during that month (special MH for 2011)											X		
Mental health affect family life or home responsibilities during that month (special MH for 2011)											X		
When last receive counseling for mental health problems (special MH for 2011)											X		
When last take Rx for mental health problem (special MH for 2011)											X		
Past 12 mos., how many times go to ER for MH problems (special MH for 2011)											X		
Past 12 mos., how many times admitted to hospital for MH problems (special MH for 2011)											X		
Past 12 mos., stayed overnight in a shelter or on street (special MH for 2011)											X		
Past 12 mos., how many times moved (special MH for 2011)											X		
Past 12 months, arrested and booked(special MH for 2011)											X		
Past 12 mos., stay overnight or longer in jail (special MH for 2011)											X		
Past 12 mos., have a case manager (special MH for 2011)											X		
How many other adult HH members have MH problems that interferes with their daily life (special MH for 2011)											X		
Contact with relatives or friends											X		
Can talk to relatives or friends											X		
Can call relatives or friends for help											X		
50+: contact with relatives or friends							X						
50+: can talk to relatives or friends							X						

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50+: can call relatives or friends for help							X						
Herbal or naturopathic remedies for mental health		X											
Needed treatment, didn't get it		X			X	X							X
Informal Support		X											
Ever told have depression					X	X	X	X	X	X			X
First told depression last 12 months						X	X	X	X				X
Counseling or medication for depression last 12 months							X	X					
Counseling or medication for mental health past 30 days									X	X		X	
Counseling or medication for mental health past 12 months					X	X			X	X		X	
Counseling for mental health, past 12 months		X											X
Medication for mental health, past 12 months		X											X
Whom would you consult after a disaster							X						
Ever diagnosed with schizophrenia, bipolar, mania or psychosis												X	

Noise and Hearing Problems

Past 12 mos., ringing in ears											X		
Difficulty hearing conversation without background noise											X		
Last time hearing tested											X		
Dr. tell you, you have hearing loss at last testing											X		
Wear a hearing aid 5 hours a week or more											X		
Ever have a job with loud noise for 5 or more hours a week											X		
Currently working at job with loud noise (5+ hours)											X		
How often wear hearing protection devices at work											X		
Days exposed to loud traffic noise											X		
Hours exposed to loud traffic noise per day											X		
Days per week listen to iPod or other device											X		
Hours listen to iPod or other device at more than 1/2 volume											X		
Ever use firearms for target shooting, or other purposes											X		
Any firearms in home											X		
Firearms locked											X		

Nutrition

How healthy is your overall diet										X		X	
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How many days past 7 sports, fitness or recreation? (GPAQ)													X
How long do sports, fitness, recreation on average past 7 days? (GPAQ)													X
How many of those minutes vigorous? (GPAQ)													X
Use neighborhood recreation facilities					X								
Safety of neighborhood recreation facilities					X								
Own bike			X										
How often rode a bike past 12 months in NYC borough							X		X	X	X	X	X
How often wore a helmet							X			X			
In general, how physically active are you										X		X	
Compared to others your age, are you more active, less active, or about the same										X			
Sedentary 9:00-5:00 pm													X
Sedentary 5:00pm-bed													X
How many floors of stairs up										X	X		X
How many floors of stairs down													X

Piercings and Indoor

Tanning

Ever had lower ear lobe piercing													
Ever had upper ear piercing													
Ever had other piercings (body)													
How old last piercings (body or upper ear)													
Number of times commercial tanning, past 12 months													

Preventive Health

Doctor talked to you about weight last 12 months							X		X				
Doctor talked to you about exercise last 12 months							X						
Doctor talked to you about diet last 12 months							X						
Doctor talked to you about alcohol use last 12 months							X		X				
Doctor talked to you about drug use last 12 months							X						

Recruitment to Follow-up

Flagged				X	X								
Flagged (Child Survey)									X				
General					X	X	X						

Second-hand Smoke

SHS home	X	X		X	X	X		X	X	X		X	
SHS work	X	X		X	X		X						

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SHS policy at work	X	X		X									
SHS policy at home	X	X		X		X		X	X	X	X		X
Effect of SFAA		X											
Anyone else in house a smoker		X		X		X		X	X	X		X	
Where exposed at work	X	X		X									
How many days smell smoke in home coming from outside													X
Smoke free residential buildings													

Sexual Behavior/ Birth Control

Total number of people had sex with last 12 months	X												
Ever sex same sex						X	X	X	X	X	X		X
Gender of sex partners	X												
How many men, how many women		X		X	X	X	X	X	X	X	X	X	X
Condom at last sex/condom at last sex msm	X	X		X	X	X	X	X	X	X	X	X	X
Condom oral sex				X									
Condom use - how often					X								
Brand of condom, last sex										X			
Anal sex							X		X	X	X	X	X
How often use condom past 12 months							X		X	X	X	X	X
Other birth control (last time)		X		X	X	X							
How often use birth control, 12 months						X		X					
Last sex use birth control pills													X
Any other method of birth control at last sex													X
Type of other birth control last sex													X
Last time sex, intend to get pregnant/get partner pregnant		X		X	X	X							X
Counseling/prescription for EC					X	X	X						
Where receive EC						X	X						
Ever use female condom						X							
Get it for free						X							
Told you have an STD		X											
Ever used needle for non-prescribed drug		X											
Currently pregnant							X						
Pregnant last 5 years				X									
Last pregnancy - intend to get pregnant				X									
Last pregnancy - live birth				X									
Last pregnancy - stillbirth, miscarriage				X									
Operation preventing having children							X						
Past 12 mos., use internet to find sex partner											X	X	
Doctor ask about sexual history											X		

Syndromic Surveillance, flu and diarrhea

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

Take Care NY

Ever received passport							X						
Entered info in passport							X						

TANF, food insecurity, homelessness

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

Telephone (for weighting)

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

Tobacco Use and Cessation

100 cigarettes	X	X	X	X	X	X	X	X	X	X	X	X	X
Now smoke every day, some days, not at all	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of cigarettes smoked per day	X	X	X	X	X	X		X	X	X	X	X	X
Days per month you smoke						X		X	X	X	X	X	X
How soon after wake up			X	X					X	X			
How old when started			X	X	X	X	X		X				

