

NYC BRFSS -- PAPER QUESTIONNAIRE (5/20/2002)

Hello, I'm _____, calling for the New York City Department of Health. We're conducting an important survey to guide our efforts to prevent disease and help save lives in our city. To do this, we need to know more about health and health behaviors. Your household has been selected at random to represent your neighborhood.

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

s1 Is this a private residence?

- 1 Yes
- 2 No
- 9 Refused

IF S1 = No

s2 Thank you very much, but we are only interviewing private residences.

Q ZIP To verify that your neighborhood is included in our survey, could I please have your five-digit zip code?

INTERVIEWER: RECORD 99999 FOR DK/RF

Q HH 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?

INTERVIEWER: RECORD 99 FOR REFUSED/DK

_____ Number of adults

IF NO ADULTS (HH=0)

Those are all the questions I have for you. Thank you for your time.

IF ONLY 1 ADULT (HH=1)

s5 Are you the adult?

- 1 Yes
- 2 No
- 9 Refused

IF: (S5 is Yes)

s6a Then you are the person I need to speak with.

I won't ask for your name, address, or other personal information that can identify you. All answers are anonymous and confidential. Some questions might make you feel uncomfortable, but you don't have to answer any question you don't want to. The interview only takes a short time.

If you have any questions about this survey, I will provide a number for you to call to get more information.

IF S5=NO (NOT THE ADULT)

s6b May I speak with the adult?

- 1 Yes - available (SKIPTO WHICH)
- 2 No - not available - callback
- 9 Refused

CALLBACK IF PCIKED ADULT IS NOT AVAILABLE

May I please have the adult's name so we can ask for them when we call back?

INTERVIEWER: ENTER RESPONDENTS NAME OR 'RF' IF REFUSES

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

INTERVIEWER: RECORD 99 FOR REFUSED

- ___ Men:
- ___ Women:

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

- 1 Yes - available (SKIPTO WHICH)
- 2 No - not available - callback
- 9 Refused

IF PICKED PERSON IS NOT AVAILABLE:

May we please have (PICKED PERSON'S) _____ name so that we can speak with [them] when we call back?

ENTER RESPONDENTS NAME OR 'RF' IF REFUSES

Q WHICH INTERVIEWER: SELECT LANGUAGE

- 1 English
- 2 Spanish

Q HELLO

Hello, I'm _____, calling for the New York City Department of Health. We're conducting an important survey to guide our efforts to prevent disease and help save lives in our city. To do this, we need to know more about health and health behaviors. Your household has been selected at random to represent your neighborhood.

I won't ask for your name, address, or other personal information that can identify you. All answers are anonymous and confidential. Some questions might make you feel uncomfortable, but you don't have to answer any question you don't want to. The interview only takes a short time.

If you have any questions about this survey, I will provide a number for you to call to get more information.

Q 1.1 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

Q 1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

INTERVIEWER: RECORD 88 FOR NONE
RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

_____ Number of days

Q 2.1 What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

INTERVIEWER: PLEASE READ RESPONSES

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid or Medical Assistance
- 07 Child Health Plus
- 08 Some other source, OR
- 88 Do you NOT have health coverage

- 77 Don't know/Not sure
- 99 Refused

Q 2.2 Was there a time in the past 12 months when you needed medical care, but could not get it?

- 1 Yes
- 2 No (SKIP TO 2.4)
- 8 Don't know (SKIP TO 2.4)
- 9 Refused (SKIP TO 2.4)

ASK IF COULD NOT GET MEDICAL CARE IN PAST 12 MONTHS (Q2.2 = YES)

Q 2.3 What is the main reason you did not get medical care?

DO NOT READ RESPONSES.

IF MORE THAN ONE INSTANCE ASK ABOUT THE MOST RECENT

- 01 Cost [Includes no insurance]
- 02 Distance
- 03 Office wasn't open when I could get there.
- 04 Too long a wait for an appointment
- 05 Too long a wait in waiting room
- 06 No child care
- 07 No transportation
- 08 No access for people with disabilities
- 09 The medical provider didn't speak my language.
- 10 Other
- 77 Don't know/ Not sure
- 99 Refused

Q 2.4 Do you have one person you think of as your personal doctor or health care provider?

INTERVIEWER: IF NO, ASK:

"IS THERE MORE THAN ONE, OR IS THERE NO PERSON WHO YOU THINK OF?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know/Not sure
- 9 Refused

BLOOD PRESSURE

Q 3.1 About how long has it been since you last had your blood pressure taken by a doctor, nurse, or other health professional?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Within the past 6 months (1 to 6 months ago)
- 2 Within the past year (6 to 12 months ago)
- 3 Within the past 2 years (1 to 2 years ago)
- 4 Within the past 5 years (2 to 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 8 Never (SKIPTO Q4.1)
- 9 Refused (SKIPTO Q4.1)

Q 3.2 The last time you had your blood pressure checked or you checked it, do you remember the high number and the low number?

- 1 Yes
- 2 No (SKIPTO Q4.1)
- 7 Don't know/Not Sure (SKIPTO Q4.1)
- 9 Refused (SKIPTO Q4.1)

ASK IF REMEMBER HIGH AND LOW NUMBER (Q3.2 =YES)

Q 3.3 What were those numbers?

INTERVIEWER: IN SOME COUNTRIES BLOOD PRESSURE IS REFERRED TO WITHOUT THE ZERO, SO SOMEONE MIGHT SAY SOMETHING LIKE "13/8". IF THEY DO, PROBE BY ADDING ZEROS TO THE END, LIKE: "DO YOU MEAN 130/80?"

RECORD 777 FOR DK/NS
RECORD 999 FOR REFUSED

_____ High number (systolic)
_____ Low number (diastolic)

Q 3.4 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

- 1 Yes
- 2 No (SKIPTO Q4.1)
- 7 Don't know/Not Sure (SKIPTO Q4.1)
- 9 Refused (SKIPTO Q4.1)

ASK IF EVER TOLD HAVE HIGH BLOOD PRESSURE (Q3.4 = Yes)

Q 3.6 Are you currently taking medicine for your high blood pressure?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

BLOOD CHOLESTEROL

Q 4.1 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- 1 Yes
- 2 No (SKIPTO Q4.7)
- 7 Don't know/Not Sure (SKIPTO Q4.7)
- 9 Refused (SKIPTO Q4.7)

ASK IF BLOOD CHOLESTEROL CHECKED (Q4.1=YES)

Q 4.2. About how long has it been since you last had your blood cholesterol checked?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Within the past year (1 to 12 months ago)
- 2 Within the past 2 years (1 to 2 years ago)
- 3 Within the past 5 years (2 to 5 years ago)
- 4 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Q 4.3. Have you ever been told by a doctor or other health professional that your blood cholesterol is high?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

Q 4.4 The last time you had your cholesterol checked, do you remember your cholesterol level?

- 1 Yes
- 2 No (SKIP TO 4.6)
- 7 Don't know/Not Sure (SKIP TO 4.6)
- 9 Refused (SKIP TO 4.6)

Q 4.5 What were those numbers?

INTERVIEWER: IF RESPONDENT CAN ONLY GIVE ONE NUMBER ASSUME THIS IS THE TOTAL

RECORD 777 FOR DK/NS
RECORD 999 FOR REFUSED

_____ Total
_____ LDL
_____ HDL

ASK ONLY IF TOLD HAVE HIGH BLOOD CHOLESTEROL (Q4_3 = YES)

Q 4.6 Are you currently taking medicine for your high cholesterol?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

ASK ALL

Q 4.7 Do you take aspirin daily or every other day for your heart?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

Q 1.3a 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?

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 1.3b 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?

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 1.3c. During the past 30 days, how often did you feel

Restless or fidgety?

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

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 1.3d. During the past 30 days, how often did you feel

Hopeless?

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

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 1.3e. During the past 30 days, how often did you feel

That everything was an effort?

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

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 1.3f. During the past 30 days, how often did you feel

Worthless?

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

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 5.1 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 (SKIP TO Q 5.3)
- 7 Don't know/Not Sure (SKIP TO Q 5.3)
- 9 Refused (SKIP TO Q 5.3)

ASK ONLY IF EXERCISE (Q5_1 is Yes)

Q 5.2 On average, how many times during a week do you exercise for at least 20
minutes each time?

- 1 Less than one time per week
- 2 One time
- 3 Two times
- 4 Three times
- 5 More than three times
- 6 None
- 7 Don't know/Not sure
- 9 Refuse

ASK ONLY IF DON'T EXERCISE (Q 5.1=2,7,9) OR EXERCISE LESS THAN ONCE A WEEK
(Q5.2 = 1,6)

Q 5.3 What is your MAIN reason for not exercising regularly?

READ ONLY IF NECESSARY

- 01 No public place to go
- 02 Not safe
- 03 I weigh too much
- 04 No time/too busy
- 05 I don't like exercising
- 06 Health clubs too expensive
- 07 There are no health clubs in my neighborhood
- 08 Other (SPECIFY) _____

- 77 Don't know/Not sure
- 99 Refuse

Q 6.1 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: RECORD 88 FOR NONE
RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

_____ Number of servings

Q 6.2 When you or someone in your household shops for fresh fruits or vegetables, do you buy them in your neighborhood?

- 1 Yes, in my neighborhood
- 2 No, some place else
- 7 Don't know/Not Sure
- 9 Refused

IF: (Q6_2 is No, some place else)

Q 6.3 What is the main reason you or they don't buy fresh fruits and vegetables in your neighborhood?

- 01 No stores in my neighborhood
- 02 Stores in my neighborhood have poor quality fruits and vegetables
- 03 Stores in my neighborhood are too expensive
- 04 Stores in my neighborhood have poor quality service
- 05 I feel uncomfortable in stores in my neighborhood
- 06 Don't cook
- 07 Don't eat fresh fruits or vegetables
- 08 Other (SPECIFY) _____
- 77 Don't know/Not sure
- 99 Refused

ASTHMA

Q 7.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma?

- 1 Yes
- 2 No (SKIP TO Q 8.1)
- 7 Don't know/Not Sure (SKIP TO Q 8.1)
- 9 Refused (SKIP TO Q 8.1)

Q 7.3 During the past 12 months, have you had an episode of asthma or an asthma attack?

- 1 Yes
- 2 No (SKIP TO 8.1)
- 7 Don't know/Not Sure (SKIP TO 8.1)
- 9 Refused (SKIP TO 8.1)

ASK IF HAD EPISODE OF ASTHMA/ATTACK (Q7.3 is Yes)

Q 7.2 During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma?

INTERVIEWER: RECORD 88 FOR NONE
RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

_____ Number of visits [76 = 76 or more]

DIABETES

Q 8.1 Have you ever been told by a doctor that you have diabetes?

INTERVIEWER: If "Yes" and female, ask "Was this only when you were pregnant?"

- 1 Yes
- 2 Yes, but female told only during pregnancy (SKIP TO SECTION 9)
- 3 No (SKIP TO SECTION 9)
- 7 Don't know/Not sure (SKIP TO SECTION 9)
- 9 Refused (SKIP TO SECTION 9)

ASK IF DIAGNOSED WITH DIABETES BUT NOT WHILE PREGNANCY (Q 8.1=1)

Q 8.2 How old were you when you were told you have diabetes?

INTERVIEWER: RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

___ years [97 = 97 or older]

Q 8.4 A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

INTERVIEWER: RECORD 88 FOR NONE
RECORD 98 FOR NEVER HEARD OF HEMOGLOBIN "A ONE C" TEST
RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

___ Number of times [76 = 76 or more]

IF NEEDED: THIS TEST IS ALSO KNOWN AS GLYCOSYLATED
[GLY-CASA-LATED] HEMOGLOBIN

ASK IF HAD "A one C" TEST IN PAST 12 MONTHS, ELSE GOTO 9.1

Q 8.5 The last time you had your hemoglobin "A one C" checked, what was your level?

INTERVIEWER: RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

___ level

IF NEEDED: THIS TEST IS ALSO KNOWN AS GLYCOSYLATED[GLY-CASA-LATED] HEMOGLOBIN

DENTIST

Q 9.1 How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

INTERVIEWER: READ ONLY IF NECESSARY

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

IMMUNIZATIONS

Q 10.1 During the past 12 months, have you had a flu shot?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 10.2 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal [NEW-MOE-COCKEL] vaccine.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

CIGARETTE SMOKING

Q 11.1 Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
- 2 No (SKIP TO Q 11.11)
- 7 Don't know/Not sure (SKIP TO Q 11.11)
- 9 Refused (SKIP TO Q 11.11)

Q 11.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all (SKIP TO Q 11.9)
- 9 Refused (SKIP TO Q 11.9)

Q 11.3 How many cigarettes on average do you smoke per day?

INTERVIEWER:RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

___ per day

Q 11.4 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ONLY IF NO LONGER SMOKE (Q11_2 is Not at all or Refused)

Q 11.9 About how long has it been since you last smoked cigarettes regularly?

INTERVIEWER: READ ONLY IF NECESSARY

- 01 Within the past month
- 02 Within the past three months (1 to 3 months)
- 03 Within the past six months (3 to 6 months)
- 04 Within the past year (6 to 12 months)
- 05 Within the past 5 years (1 to 5 years)
- 06 Within the past 10 years (5 to 10 years)
- 08 10 or more years ago.
- 88 Never Smoked Regularly
- 77 Don't Know/Not sure
- 99 Refused

ONLY IF SMOKED IN LAST YEAR [(Q 11.2 = Every day, Some days) OR (Q11.9=PAST YEAR)]

Q 11.5 During the past 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ASK ONLY IF STOPPED SMOKING IN PAST 3 MONTHS (Q11_9 = 1,2) OR SMOKE EVERY DAY/SOME DAY (Q11.2)

Q 11.6 How has the increase in cigarette price (since April 3) affected your smoking?

- 1 No impact
- 2 Reduced the number of cigarettes smoked per day
- 3 Thought about quitting
- 4 Tried to quit
- 5 Quit
- 6 Increased number of cigarettes smoked
- 8 Other (SPECIFY) _____
- 7 Don't know/Not sure
- 9 Refuse

ONLY IF STOPPED SMOKING IN PAST 12 MONTHS (Q11_9 = 1,2,3,4) OR SMOKE EVERY DAY/SOME DAY (Q11.2)

Q 11.7a The last time you bought cigarettes, where did you buy them? In New York City or somewhere else?

- 1 New York City (SKIP TO Q 11.10a)
- 2 Somewhere else
- 7 Don't know/Not sure (SKIP TO Q 11.10a)
- 9 Refused (SKIP TO Q 11.10a)

ASK ONLY IF BUY CIGARETTES SOMEWHERE ELSE (Q11_7A = "Somewhere else")

Q 11.7b Was that outside of New York City but in New York State, in a different State, or on the Internet?

- 1 Outside of New York City but in New York State
- 2 In a different state
- 3 Internet
- 8 Other (SPECIFY) _____
- 7 Don't know/Not sure
- 9 Refused

SMOKING CESSATION: Q 11.10a - 11.10F ARE ONLY ASKED OF THOSE WHO STOPPED SMOKING WITHIN THE PAST YEAR (Q 11.9 = 1-4) OR WHO STOPPED FOR ONE DAY (Q11.4=YES). OTHERS SKIP TO Q11.11

Q 11.10a. During the past year, did you use any of the following aids to help you quit?

Group counseling

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 11.10b. During the past year, did you use any of the following aids to help you quit?

One-on-one counseling

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 11.10c. During the past year, did you use any of the following aids to help you quit?

Self-help materials

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 11.10d. During the past year, did you use any of the following aids to help you quit?

A nicotine patch, nicotine gum, or a nicotine inhaler

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 11.10e. During the past year, did you use any of the following aids to help you quit?

Quitline

INTERVIEWER: IF ASKED, THE NY SMOKERS QUITLINE IS (888) 609-6292

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 11.10f. During the past year, did you use any of the following aids to help you quit?

An anti-depressant drug prescribed to you by a physician, like Zyban

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ASK ALL

Q 11.11 How often are you around people who smoke in your home -- all the time, most of the time, only occasionally, or never?

- 1 All of the time
- 2 Most of the time
- 3 Only occasionally
- 4 Never
- 7 Don't Know/Not sure
- 9 Refused

Q 11.11b Which statement best describes the rules about smoking inside your home?

INTERVIEWER: PLEASE READ RESPONSES

- 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

Q 11.11c: Now I'd like to ask you about smoking at work. In the past 12 months, have you worked for pay outside your home?

- 1 Yes
- 2 No (SKIP TO 12.1)
- 7 Don't know/Not sure (SKIP TO 12.1)
- 9 Refused (SKIP TO 12.1)

ASK ONLY IF WORKED OUTSIDE OF HOME IN PAST 12 MONTHS (Q11_11c=YES)

Q 11.12 How often are you around people who smoke at your workplace -- all the time, most of the time, only occasionally, or never?

- 1 All of the time
- 2 Most of the time
- 3 Only occasionally
- 4 Never
- 7 Don't Know/Not sure
- 9 Refused

Q 11.13 While working at your job, are you indoors most of the time?

INTERVIEWER: For Workers who visit clients "place of work" means their base location

- 1 Yes
- 2 No (SKIP TO Q 12.1)
- 7 Don't Know/Not sure (SKIP TO Q 12.1)
- 9 Refused (SKIP TO Q 12.1)

ASK ONLY IF WORK IS INDOORS MOST OF TIME (Q11_13 is Yes)

11.14 Which of the following best describes your place of work's official smoking policy for work areas?

INTERVIEWER: For Workers who visit clients "place of work" means their base location

PLEASE READ RESPONSES

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas OR
- 4 No Official policy
- 7 Don't Know/Not sure
- 9 Refused

ASK ALL

12.1 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 often have you had at least one drink of any alcoholic beverage?

INTERVIEWER: RECORD 888 FOR NO DRINKS IN PAST 30 DAYS
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

_____ Days per week
_____ Days in past 30

IF NO DRINKS, DK/NS/REFUSED, GOTO 13.1

Q 12.2 On the days when you drank, about how many drinks did you drink on the average?

INTERVIEWER: RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

___ Number of drinks

Q 12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

INTERVIEWER: RECORD 88 FOR NONE
RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

___ Number of times

DEMOGRAPHICS

Now I'd like to ask you some factual questions to help classify your answers.

Q 13.1 What is your age?

INTERVIEWER: RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

___ Age in years

ASK ONLY IF ONLY ONE ADULT IN HOUSEHOLD AND SEX NOT RECORDED IN ENNUMERATION

Q 13.19 INTERVIEWER: READ ONLY IF NECESSARY

Are you...

- 1 Male
- 2 Female

Q 13.2 Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 13.3 Which one or more of the following would you say is your race?

INTERVIEWER: PLEASE READ RESPONSES ACCEPT MULTIPLE RESPONSES

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other (SPECIFY) _____
- 8 No additional choices
- 7 Don't know/Not sure
- 9 Refused

ASK ONLY IF MORE THAN ONE RACE in Q13.3

Q 13.4 Which one of these groups would you say best represents your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other named in q13_3
- 8 No additional choices
- 7 Don't know/Not sure
- 9 Refused

Q 13.5 Are you:

INTERVIEWER: PLEASE READ RESPONSES

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, OR
- 6 A member of an unmarried couple
- 9 Refused

Q 13.6a Were you born in the US?

- 1 Yes (SKIP TO Q 13.7a)
- 2 No
- 7 Don't know/Not sure (SKIP TO Q 13.7a)
- 9 Refused (SKIP TO Q 13.7a)

ASK IF NOT BORN IN US

Q 13.6b. What country were you born in?

INTERVIEWER: DO NOT READ RESPONSES

- 01 Bangladesh
- 02 China
- 03 Columbia
- 04 Dominican Republic
- 05 Ecuador
- 06 Haiti
- 07 India
- 08 Jamaica
- 09 Korea
- 10 Mexico
- 11 Pakistan
- 12 Philippines
- 13 Poland
- 14 Russia
- 15 Ukraine
- 16 Other (SPECIFY)
- 77 Don't know/Not sure
- 99 Refused

Q 13_6c Since you moved to the United States, how long have you lived in this country?

- 1 Less than 6 months
- 2 At least 6 months but less than a year
- 3 At least a year but less than two years
- 4 At least two years but less than four years
- 5 Four or more years
- 7 Don't know/Not sure
- 9 Refused

ASK ALL

Q 13.7a How many children less than 18 years of age live in your household?

INTERVIEWER: RECORD 88 FOR NONE
RECORD 99 FOR REFUSED

_____ Number of children

IF NONE/DON'T KNOW/NOT SURE/RESUFED # OF CHILDREN, SKIP TO Q 13.9

Q 13.7b How many of these children have ever been diagnosed with asthma?

INTERVIEWER: TOTAL MUST NOT BE GREATER THAN Q13.7a
RECORD 88 FOR NONE
RECORD 99 FOR REFUSED

_____ Number of children

ASK ALL

Q 13.8 What is the highest grade or year of school you completed?

INTERVIEWER: READ ONLY IF NECESSARY

- 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)
- 6 College 4 years or more (College graduate)
- 9 Refused

Q 13.9 Are you currently:

INTERVIEWER: PLEASE READ RESPONSES

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work
- 9 Refused

ASK ONLY IF EMPLOYED OUTSIDE HOME IN PAST 12 MONTHS (Q11.11c=1)

Q 13.10 In the past 12 months, have you had any on-the-job injuries that required medical attention other than simple first aid?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

Q 13.11a Is your annual household income from all sources:

- 04 Less than \$25,000 If "no," ask 05; if "yes," ask 03 (\$20k to < \$25k)
- 03 Less than \$20,000 If "no," code 04; if "yes," ask 02 (\$15k to < \$20k)
- 02 Less than \$15,000 If "no," code 03; if "yes," ask 01 (\$10k to < \$15k)
- 01 Less than \$10,000 If "no," code 02
- 05 Less than \$35,000 If "no," ask 06 (\$25k to < \$35k)
- 06 Less than \$50,000 If "no," ask 07 (\$35k to < \$50k)
- 07 Less than \$75,000 If "no," code 08 (more than \$75k)
- 08 \$75,000 or more
- 77 Don't know/Not sure
- 99 Refused

Q 13.12 Do you belong to any community group, religious group, sports team, school association, hobby group or any other similar organization?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

Q 13.13 How safe from crime do you consider your neighborhood to be?

INTERVIEWER: PLEASE READ RESPONSES

- 1 Extremely safe
- 2 Quite safe
- 3 Slightly safe, OR
- 4 Not at all safe
- 7 Don't know/Not sure
- 9 Refused

Q 13.15 About how much do you weigh without shoes?

INTERVIEWER: ROUND FRACTIONS UP
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

_____ Weight in pounds

Q 13.16 About how tall are you without shoes?

INTERVIEWER: ROUND FRACTIONS DOWN
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

_____ _____ Height
ft / inches

Q 13.17 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.

- 1 Yes
- 2 No (GO TO 13.20)
- 7 Don't Know/Not sure (GO TO 13.20)
- 9 Refused (GO TO 13.20)

ASK IF HAVE MORE THAN ONE NUMBER (Q13_17 is Yes)
Q 13.18 How many of these are residential numbers?

INTERVIEWER: RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

_____ Residential telephone numbers

ASK ALL

Q 13.20 During the past 12 months, has your household ever been without telephone service for more than 24 hours?

- 1 Yes
- 2 No (GO TO SEC 14)
- 7 Don't Know/Not sure (GO TO SEC 14)
- 9 Refused (GO TO SEC 14)

ASK ONLY IF BEEN WITHOUT TELEPHONE SERVICE MORE THAN 24 HOURS (Q13_20 is Yes)
Q 13.21 What was the total amount of time your household was without telephone service for more than 24 hours?

RECORD 777 FOR DK/NS
RECORD 999 FOR REFUSED

_____ Days

_____ Weeks

_____ Months

SECTION 14

The next few questions are about your personal health. Please remember that your answers are strictly confidential and you don't have to answer any question you don't want to.

ASK Q 14.1 - 14.5 ONLY IF FEMALE

Q 14.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No (GO TO 14.3)
- 7 Don't know/Not sure (GO TO 14.3)
- 9 Refused (GO TO 14.3)

ASK IF HAD MAMMOGRAM

Q 14.2 How long has it been since you had your last mammogram?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

Q 14.3 A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

- 1 Yes
- 2 No (GO TO 14.5)
- 7 Don't know/Not sure (GO TO 14.5)
- 9 Refused (GO TO 14.5)

ASK IF HAD PAP SMEAR

Q 14.4 How long has it been since you had your last Pap smear?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 3 years (2 years but less than 3 years ago)
- 4 Within the past 5 years (3 years but less 5 years ago)
- 5 5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

ASK ALL FEMALES

Q 14.5 Have you had a hysterectomy?

INTERVIEWER: A hysterectomy is an operation to remove the uterus (womb).

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**ASK BOTH MALE + FEMALE
ASK ONLY IF AGE IS 50 OR OLDER**

Q 15.1 Sigmoidoscopy and colonoscopy are exams 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 either of these exams?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

IF AGE 65 OR OLDER, SKIP TO SECTION 18

Q 16.1 As far as you know, have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation.

- 1 Yes
- 2 No (GO TO SECTION 17)
- 7 Don't know/Not sure (GO TO SECTION 17)
- 9 Refused (GO TO SECTION 17)

Q 16.2 Not including blood donations, in what year was your last HIV test?

INTERVIEWER: RECORD YEAR
RECORD 7777 FOR DON'T KNOW/NOT SURE
RECORD 9999 FOR REFUSED

_____ Code year

Q 16.3 what was the main reason you had your test for HIV (in q16.2)

INTERVIEWER: READ ONLY IF NECESSARY

- 01 For hospitalization or surgical procedure
- 02 To apply for health insurance
- 03 To apply for life insurance
- 04 For employment
- 05 To apply for a marriage license
- 06 For military induction or military service
- 07 For immigration
- 08 Just to find out if you were infected
- 09 Because of referral by a doctor
- 10 Because of pregnancy
- 11 Referred by your sex partner
- 13 For routine check-up
- 14 Because of occupational exposure
- 15 Because of illness
- 16 Because I am at risk for HIV
- 87 Other
- 77 Don't know/Not sure
- 99 Refused

Q 16.4 Where did you have the HIV test?

INTERVIEWER: READ ONLY IF NECESSARY

- 01 Private doctor, HMO
- 02 Blood bank, plasma center, Red Cross
- 03 Health department
- 04 AIDS clinic, counseling, testing site
- 05 Hospital, emergency room, outpatient clinic
- 06 Family planning clinic
- 07 Prenatal clinic, obstetrician=s office
- 08 Tuberculosis clinic
- 09 STD clinic
- 10 Community health clinic
- 11 Clinic run by employer
- 12 Insurance company clinic
- 13 Other public clinic
- 14 Drug treatment facility
- 15 Military induction or military service site
- 16 Immigration site
- 17 At home, home visit by nurse or health worker
- 18 At home using self-sampling kit
- 19 In jail or prison
- 87 Other
- 77 Don't know/Not sure
- 99 Refused

ASK ONLY IF 64 OR YOUNGER

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

Q 17.1 During the past 12 months, with how many people have you had sex, including oral sex?

INTERVIEWER ONLY IF ASKED: By sex we mean oral, vaginal, or anal sex, but NOT masturbation.

INTERVIEWER: RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

___ Record number

IF NONE/DK/NS/RF IN Q17.1, GOTO Q17.7

Q 17.3 During the past 12 months, have you had sex with only males, only females, or with both males and females?

- 1 Only with males
- 2 Only with females
- 3 Both males and females
- 7 Don't know/Not sure
- 9 Refused

Q 17.4 Was a condom used the last time you had sex?

INTERVIEWER IF ASKED: This includes the "female condom"

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 17.7 I'm going to read you a list. When I'm done, please tell me if any of the situations apply to you. You don't need to tell me which one:

You have used intravenous drugs in the past year

You have been treated for a sexually transmitted or venereal disease in the past year

You have given or received money or drugs in exchange for sex in the past year

You had anal sex without a condom in the past year

Do any of these situations apply to you?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

ASK ALL

Q 18.1 In the past 12 months, have you been frightened for the safety of yourself, your children or friends because of the anger or threats of an intimate partner?

INTERVIEWER: IF ASKED, THE DOMESTIC VIOLENCE HOTLINE IS (800) 621-4673

- 1 Yes
- 2 No (SKIP TO CLOSING)
- 7 Don't Know/Not Sure (SKIP TO CLOSING)
- 9 Refused (SKIP TO CLOSING)

Q 18.3 In the past 12 months, have you sustained injuries such as bruises, cuts, a black eye, or broken bones as a result of behavior of an intimate partner?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

INTERVIEWER: READ ONLY IF 18.1 = 1 (Yes)
Just for your information, The Domestic Violence Hotline is (800) 621-4673

ALL: CLOSING

Thank you for completing this survey.

Additional contact information for users of CHS data:

If you have questions or would like more information about CHS questions or survey methodology, please email: survey@health.nyc.gov

If you have questions or would like more information about CHS data, please email: EpiDatarequest@health.nyc.gov