

NYC Citywide Health Survey Fall 2003

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

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

INCREMENT QUOTA FROM SAMPLE BOROUGH ID

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

_____ Number of adults

IF NO ADULTS (HH=0) OR NOT A PRIVATE RESIDENCE (HH=88)
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 a little 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 or about any of the health issues discussed in the 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 PICKED 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

INTERVIEWER: DO NOT READ, JUST SELECT:

- 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 a little 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 or about any of the health issues discussed in the survey, I will provide a number for you to call to get more information.

HEALTH STATUS

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 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- Number ____
- 77 don't know/not sure
- 99 refused

ACCESS

Q 2.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid?

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

Q 2.2 A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup?

INTERVIEWER: READ ONLY IF NECESSARY

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

If Q 2.2 = 1 or 2, skip to Q 2.4.

Q 2.3 Have you seen a doctor for any other reason in the past year?

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

DISABILITY

Q 3.1 Are you limited in any way in any activities because of any impairment or health problem?

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

If Q 3.1 = 2,7,9 skip to 3.4

Q 3.2 For how long have your activities been limited because of your major impairment or health problem?

- ___ Number of days
- ___ Number of weeks
- ___ Number of months
- ___ Number of years
- 777 Don't know/Not sure
- 999 Refused

Q 3.3 Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

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

Q 3.4 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

INTERVIEWER: INCLUDES OCCASIONAL USE OR USE IN CERTAIN CIRCUMSTANCES.

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

PHYSICAL ACTIVITY

Q 4.1 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

Q 4.2 Do you own a bicycle?

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

If Q 4.2 = 1 (yes), then ask Q 4.3.

Q 4.3 In the past 30 days, about how often have you used it?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 every day or almost every day
- 2 several times a week
- 3 once a week
- 4 several times a month
- 5 once a month
- 6 never
- 7 Don't Know
- 9 Refused

DIABETES

Q 5.1 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
- 3 No
- 7 Don't know/Not sure
- 9 Refused

If Q 5.1 = 1 (yes) ask Q 5.2, else skip to NEXT SECTION (Q 6.1)

Q 5.2 How old were you when you were told you have diabetes?

- — — (001-100 years)
- (777) Don't know
- (999) Refused

Q 5.3 About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- _ _ Number of times [76 = 76 or more]
- 88 None
- 77 Don't know/Not sure
- 99 Refused

Q 5.4 Have you ever had any sores or irritations on your feet that took more than four weeks to heal?

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

Q 5.5 When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

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

Q 5.6 Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

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

Q 5.7 Have you ever taken a course or class in how to manage your diabetes yourself?

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

Blackout

Q 6.1 After the Blackout on August 14, what day and time did the power come back on in your house? [Interviewer: Do not prompt, do not read]

- 1 Thursday Aug 14
- 2 Friday Aug 15
- 3 Saturday Aug 16
- 4 Sunday Aug 17
- 5 Monday Aug 18
- 6 Tuesday Aug 19
- 7 Wednesday Aug 20
- 8 Not affected by blackout
- 77 Don't Know
- 99 Refused

Time ___ : ___ am/pm

Q 6.2 From Friday through Sunday (after the Blackout), did you eat:

a) any meat, dairy products or previously prepared food out of the refrigerator or freezer

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

b) food that tasted spoiled

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

c) in a restaurant

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

Q 6.3 In the week after the Blackout, did you get diarrhea with at least three loose bowel movements within a 24 hour period?

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

Q 6.4 In the week after the Blackout, did you hear, read or see any messages about what to do with food that was in the refrigerator or freezer?

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

Heat

Q 7.1 Do you have an air conditioner in your home?

INTERVIEWER: Read if necessary: air conditioner defined as central air or window units.

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

If Q 7.1 = 1 then ask Q 7.2, else skip to NEXT SECTION (Q 8.1).

Q 7.2 Were there times when you did not turn on your air conditioning this past summer because you were worried about your electric bill being too high?

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

Q 7.3 Were there times when you did not turn on your air conditioning this past summer because you were asked to conserve electricity?

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

B T / Syndromic Surveillance

Q 8.1 In the last 30 days, did you have a flu-like illness with high fever, muscle aches, and cough or sore throat?

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

IF Q 8.1 = 1 (yes) ask Q 8.2, else skip to NEXT SECTION (Q 9.1).

Q 8.2 During this illness, did you...

a Purchase a non-prescription medication

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

b Miss work or school

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

c Call doctor's office for advice

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

d Call a nurse or other health hotline

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

e Visit with your regular doctor

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

f Visit a hospital Emergency Room or urgent care center

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

g Visit a health care facility **OTHER THAN** your doctor or an Emergency Room

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

If yes to 2 or more Q 8.2a-f above, ask Q 8.3:

Q 8.3 Which did you do first? [Interviewer: Only select one.]

- a Purchase a non-prescription medication
- b Miss work or school
- c Call doctor's office for advice
- d Call a nurse or other health hotline
- e Visit with your regular doctor
- f Visit a hospital Emergency Room or urgent care center
- g Visit a health care facility OTHER THAN your doctor or an Emergency Room

TOBACCO

Q 9.1 Have you smoked at least 100 cigarettes in your entire life?

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

If Q 9.1 = 2,7,9 then skip to Q 9.22.

Q 9.2 Do you now smoke **cigarettes** every day, some days, or not at all?

- 1 Every day
- 2 Some days
- 3 Not at all
- 9 Refused

If Q 9.2 is 3,9 (former smokers) then skip to Q 9.14

Q 9.5 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 9.6 How soon after waking up do you smoke your first cigarette?

- 1 Within 5 minutes
- 2 Within 6-30 minutes
- 3 Within 30-60 minutes
- 4 More than 1 hour
- 7 Don't know/Not sure
- 9 Refused

Q 9.7 How old were you when you first started smoking cigarettes regularly?

- ___ Code age in years
- 88 Never smoked regularly
- 77 Don't know/Not sure
- 99 Refused

If Q 9.7 = 88, then skip to Q 9.18

Q 9.8 During the past 12 months, have you stopped smoking for 24 hours or more because you were trying to quit smoking?

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

IF Q 9.8 = 1 (YES), then ask Q 9.9, else skip to Q 9.11

Q 9.9 In the last 12 months, how many times have you quit smoking for 24 hours or more?

- Enter number of quit attempts
- 76 Greater than 76 attempts
- 77 Don't know/Not sure
- 99 Refused

Q 9.10 During these attempts, what was the longest time you went without smoking a cigarette? (INTERVIEWER NOTE: ONE YEAR=12 MONTHS)

- MONTHS
- WEEKS
- DAYS

- 000 Time frame does not apply
- 777 Don't know/Not sure for that time frame
- 999 Refused for that time frame
- 888 Never made a quit attempt.

Q 9.11 Would you like to stop smoking?

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

Q 9.12 Are you seriously thinking of quitting smoking in the next 30 days?

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

Ask Q 9.13 if Q 9.12 = 2 (No) or 7 (DK). Else skip to Q 9.17.

Q 9.13 Are you seriously thinking of quitting smoking in the next 6 months?

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

ONLY IF NO LONGER SMOKE (Former smokers - Q 9.2 is Not at all or Refused)

Q 9.14 How old were you when you first started smoking cigarettes regularly?

- ___ Code age in years
- 888 Never smoked regularly
- 777 Don't know/Not sure
- 999 Refused

Q 9.3 Were you smoking at all around this time 12 months ago?

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

If Q 9.3 = 1 then ask Q9.4, else skip to Q9.15

Q 9.4 Were you smoking cigarettes every day or some days?

- 1 Every day
- 2 Some days
- 7 Don't know/Not sure
- 9 Refused

If Q 9.14 = 888, then skip to Q 9.22.

Q 9.15 About how long has it been since you last smoked cigarettes regularly?

INTERVIEWER: Enter either months or years - not both. Round to closest month or year if necessary. [1 year = 12 months]

___ Months

___ Years

- 888 Never smoked regularly
- 777 Don't Know/Not sure
- 999 Refused

If Q 9.15 less than or equal to 1 year, then ask, else skip to Q 9.22.

Q 9.16 How many cigarettes on average did you smoke per day before you quit?

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

___ per day

ASK ONLY IF SMOKED IN LAST YEAR (Q 9.15 less than or equal to 1 year] OR, [(Q 9.2 = Every day, Some days) else skip to Q 9.22.

Q 9.17 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 Q 9.18 - Q 9.20 ONLY IF CURRENT SMOKER [(Q 9.2 = Every day, Some days)

Q 9.18 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 Or did you roll your own?
- 7 Don't know/Not sure
- 9 Refused

If Q 9.18 = 1,2,3 then ask Q 9.19a

Q 9.19a How much did you pay for that [ANSWER TO Q 9.18]?

INTERVIEW: DO NOT ROUND - JUST PUT IN EXACT DOLLARS AND CENTS

Carton: .

- \$ _ . _ _ (1-50)
- 8888 Did not pay for cigarettes
- 7777 Don't know/Not sure
- 9999 Refused

Pack:

- \$ _ . _ _ (1-9)
- 888 Did not pay for cigarettes
- 777 Don't know/Not sure
- 999 Refused

SINGLE/LOOSIE: Enter price in cents

- \$0. _ _ (1-50)
- 88 Did not pay for cigarettes
- 77 Don't know/Not sure
- 99 Refused

Q 9.20 Where did you get that [ANSWER TO Q9.18]?

- 1 A store in NYC
- 2 Outside New York City but in New York State
- 3 In a different state
- 4 Outside the US
- 5 Through the Internet or mail
- 6 Indian reservation
- 7 From another person
- 8 Other (SPECIFY) _____
- 77 Don't know/Not sure
- 99 Refused

SMOKING CESSATION: Q 9.21a - Q 9.21c ARE ONLY ASKED OF THOSE WHO STOPPED SMOKING WITHIN THE PAST YEAR (Q 9.15 lt or equal to 1 year) OR WHO STOPPED FOR AT LEAST 24 HOURS (Q9.8 = 1 (YES). OTHERS SKIP TO Q 9.22.

Q 9.21a During the past year, did you use any of the following aids to help you quit?

A nicotine patch, nicotine gum, lozenge, nasal spray or inhaler?

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

Q 9.21b. A prescription pill to block the craving of smoking, like Zyban or Bupropion

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

Q 9.21c. Individual, telephone or group counseling advice.

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

ASK All:

Q 9.22 In a typical month, how often do you go out to a bar or a nightclub?
(Interviewer: read if necessary: Not including days that you worked there.)

- _ _ times (1-30)
- 66 less than once a month on average
- 88 Never
- 77 Don't Know
- 99 Refused

If Q 9.2 = Every day, Some days (current smoker), and Q 9.22 >= 1 times per month, then ask Q 9.23:

Q 9.23 The last time you were at a bar or nightclub, did you smoke inside the premises?

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

ALCOHOL CONSUMPTION

ASK ALL

10.1 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?

INTERVIEWER: USE ONLY ONE FIELD TO RECORD ANSWER, ACCORDING TO HOW RESPONDENT ANSWERS QUESTION. DO NOT GIVE BOTH WEEK AND MONTH!

INTERVIEWER: RECORD 88 FOR NO DRINKS IN PAST 30 DAYS
 RECORD 77 FOR DON'T KNOW/NOT SURE
 RECORD 99 FOR REFUSED

 _____ Days per week
 _____ Days in past 30

IF NO DRINKS, REFUSED, SKIP TO NEXT SECTION (11.1)

Q 10.2 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 10.3 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 11.1 What is your age?

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

____ Age in years

If 777, 999 for Q 11.1 then ask:

Q 11.1b 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:

- 1 Over 65
- 2 45-64
- 3 25-44
- 4 18-24
- 7 Don't Know
- 9 Refused

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

Q 11.19 INTERVIEWER: READ ONLY IF NECESSARY

Are you...

- 1 Male
- 2 Female

Q 11.2 Are you Hispanic or Latino?

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

ASK ONLY IF Q 11.2 = 1 (Yes)

Q 11.2a Please tell me which group best represents your Hispanic or Latino origin or ancestry:

INTERVIEW: READ, ACCEPT FIRST RESPONSE

- 1 Puerto Rican
- 2 Dominican
- 3 Mexican/Mexican-American
- 4 Central American (Honduran, El Salvadorian, Panamanian)
- 5 South American (Ecuadorian, Colombian)
- 6 Other Latin American OR
- 7 Other Hispanic/Latino

DO NOT READ

- 8 Spanish
- 77 Don't know/not sure
- 99 Refused

Q 11.3 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) _____
- 7 Don't know/Not sure
- 9 Refused

ASK ONLY IF MORE THAN ONE RACE in Q11.3, ELSE SKIP TO 11.5a

Q 11.4 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 q11.3
- 7 Don't know/Not sure
- 9 Refused

Q 11.5a Were you born in the US?

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

ASK IF Q 11.5a = 2 (NOT BORN IN US), ELSE SKIP TO Q 11.6

Q 11.5b. What country were you born in?

INTERVIEWER: DO NOT READ RESPONSES

1. Argentina
2. Australia
3. Bangladesh
4. Barbados
5. Belarus
6. Bolivia
7. Brazil
8. Canada
9. Caribbean
10. Chile
11. China
12. Columbia
13. Costa Rica
14. Cuba
15. Dominican Republic
16. Ecuador
17. Egypt
18. El Salvador
19. France
20. Germany
21. Ghana
22. Greece
23. Guatemala
24. Guyana
25. Haiti
26. Honduras

- 27. Hong Kong
- 28. Hungary
- 29. India
- 30. Ireland
- 31. Israel
- 32. Italy
- 33. Jamaica
- 34. Japan
- 35. Korean
- 36. Mexico
- 37. Nicaragua
- 38. Nigeria
- 39. Pakistan
- 40. Panama
- 41. Peru
- 42. Philippines
- 43. Poland
- 44. Puerto Rico
- 45. Romania
- 46. Russia
- 47. Sierra Leona
- 48. South American
- 49. Spain
- 50. Taiwan
- 51. Trinidad and Tobago
- 52. Turkey
- 53. Ukraine
- 54. United Kingdom
- 55. Venezuela
- 56. Vietnam
- 57. West Indian
- 58. Yugoslavia
- 66 Other (SPECIFY)
- 77 Don't know/Not sure
- 99 Refused

Q 11.5c Since you moved to the United States, how long have you lived in this country?

- 1 Less than a year
- 2 At least a year but less than four years
- 3 At least four years but less than ten years
- 4 Ten or more years
- 7 Don't know/Not sure
- 9 Refused

ASK ALL

Q 11.6 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 11.0 How many children, under 18 years old, are living in your household?

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

____ # of children

Q 11.7 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 11.8 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
- 77 Don't know/Not Sure
- 99 Refused

Q 11.9 Is your annual household income from all sources:

- 02 Less than (100-199%) If "no," ask 05; IF "YES" ASK 01
- 01 Less than (<100%) If "no," code 02 (100-199%), If "yes," code 01 (< 100%).
- 05 Less than (400-499%) If "no," ask 06, If "yes" ask 04 (300-399%)
- 06 Less than (500-599%) If "no," code 07 (>600%), If "yes" code 06 (500-599%)
- 04 Less than (300-399%) If "no," code 05, If "yes" ask 03 (200-299%)
- 07 (>600%)
- 03 Less than (200-299%) If "no," code 04, If "yes," code 03
- 77 Don't know/Not sure
- 99 Refused

If Q 2.1 = 2 (no) and Q 11.9 = 01 then interviewer 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."

If Q 11.9 = 77, 99 then ask, else skip to 11.10f.

Q 11.10 OK, can you just tell me if your annual household income is less than (100% of poverty)?

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

Ask only if 11.9 = 1,2,3,4 (lt 300%), else skip to Q 11.11

Q 11.10a In the last 30 days, have you been concerned about having enough food for you or your family?

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

Q 11.11 About how tall are you without shoes? **You can answer in either feet and inches OR centimeters.**

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

_____ Height
ft / inches

_____ Height in centimeters
centimeters

[INTERVIEWER: YOU MUST ENTER EITHER BOTH ENGLISH OR ENTER CENTIMETERS - NOT BOTH]

Q 11.12 About how much do you weigh without shoes? **You can answer in either pounds OR kilograms.**

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

_____ Weight in pounds

_____ Weight in kilograms

[INTERVIEWER: YOU MUST ENTER EITHER BOTH ENGLISH OR ENTER METERS - NOT BOTH]

If Q 11.12 (weight) = 999,777 and height is not missing, put height into BMI calculator and ask Q 11.12a & Q 11.12b.

ENGLISH ONLY
CALCULATOR:

Step 1, transform height (Q12.11) into inches = (Feet*12)+inches IF INCHES >107, SKIP TO 10.13k

CRITICAL WEIGHT FOR OBESE: = .0427 * (height in inches) * (height in inches)
 CRITICAL WEIGHT FOR OVERWEIGHT: = .0356 * (height in inches) * (height in inches)

Q 11.12a Do you weigh **more** than [critical weight for ENGLISH **obese**]?

- 1 Yes, weight more
- 2 No, don't weigh more
- 7 Don't Know
- 9 Refused

ASK ONLY IF YES, ELSE SKIP TO NEXT Q 11.13

Q 11.12b Do you weigh **more** than [critical weight for ENGLISH **overweight**]?

- 1 Yes, weight more
- 2 No, don't weigh more
- 7 Don't know
- 9 Refused

ENGLISH ONLY

IF Q11.11 (height) = 777, 999 and Q 11.12 (weight) not missing, put weight into BMI calculator and ask Q 11.11a & Q 11.11b.

CALCULATE CRITICAL HEIGHT IN INCHES FOR OBESE: = SQUARE ROOT OF (23.43* weight in lbs Q 11.12)

CALCULATE CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT: = SQUARE ROOT OF (28.12 * weight in lbs Q 11.12)

TRANSLATE INCHES TO FEET AND INCHES:

1. DIVIDE INCHES BY 12 TO GET FEET
2. SUBTRACT INTEGER RESULT FROM CRITICAL HEIGHT IN INCHES TO GET INCHES
3. CREATE CRITICAL HEIGHT IN "FEET/INCHES"

Q 11.11a Are you **shorter** than [Critical height for ENGLISH **obese**]?

- 1 Yes, shorter
- 2 No, not shorter
- 7 Don't know
- 9 Refused

ASK ONLY IF Q 11.11a=YES, ELSE SKIP TO Q 11.13

Q 11.11b Are you **shorter** than [critical weight for ENGLISH **overweight**]?

- 1 Yes, shorter
- 2 No, not shorter
- 7 Don't know
- 9 Refused

METRIC ONLY

If Q 11.12 (weight) = 999,777 and height is not missing, put height into BMI calculator and ask Q 11.12c & Q 11.12d.

IF CENTIMETERS >272, SKIP TO Q 11.13k

CALCULATOR:

CRITICAL WEIGHT FOR METRIC OBESE: = .003 * (height in centimeters from Q 11.11) * (height in centimeters from Q 11.11)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT: = .0025 (height in centimeters from Q 11.11) * (height in centimeters from Q 11.11)

Q 11.12c Do you weigh **more** than [critical weight for METRIC **obese**]?

- 1 Yes, weight more
- 2 No, don't weigh more
- 7 Don't Know
- 9 Refused

ASK ONLY IF YES, ELSE SKIP TO NEXT Q 11.13

Q 11.12d Do you weigh **more** than [critical weight for METRIC **overweight**]?

- 1 Yes, weight more
- 2 No, don't weigh more
- 7 Don't know
- 9 Refused

METRIC ONLY

IF Q11.11 (height) = 777, 999 and Q 11.12 (weight) not missing, put weight into BMI calculator and ask Q 11.12c & Q 11.12d.

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE: = SQUARE ROOT OF (333 * kilos in Q 11.12)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT: = SQUARE ROOT OF (400 * kilos in Q 11.12)

Q 11.11c Are you **shorter** than [Critical height for METRIC **obese**]?

- 1 Yes, shorter
- 2 No, not shorter
- 7 Don't know
- 9 Refused

ASK ONLY IF Q 11.11c=YES, ELSE SKIP TO Q 11.13

Q 11.11d Are you **shorter** than [critical weight for METRIC **overweight**]?

- 1 Yes, shorter
- 2 No, not shorter
- 7 Don't know
- 9 Refused

ASK ALL

Q 11.13 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
- 7 Don't Know/Not sure
- 9 Refused

ASK IF HAVE MORE THAN ONE NUMBER (Q 11.13 = Yes), else go to Q 11.15

Q 11.14 How many of these are residential numbers?

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

_____ Residential telephone numbers

Q 11.15 On an average day, how many hours do you watch television?

- 1 None
- 2 Less than 1 hour per day
- 3 1 hour per day
- 4 2 hours per day
- 5 3 hours per day
- 6 4 hours per day
- 7 5 or more hours per day
- 77 DK/NS
- 99 Refused

Window Guards

Q 14.1 Do you live in a building with three or more apartments?

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

If Q14.1 = 1 (yes) then ask Q 14.2 else skip to next section.

Q 14.2 Is there a child 10 years old or younger living in your home?

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

If Q 14.2 = 1 (yes) then ask Q 14.3 else skip to next section.

Q 14.3 Except for windows leading to a fire escape, do all windows in your home have window guards?

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

Read if necessary: A window guard is designed to prevent children from falling out of windows. It is a safety device made of horizontal metal bars that fits into a window frame.

West Nile Virus

Now I would like you to think about the amount of time you spend outdoors in a typical week this past summer, that is July, August and September.

Q 13.1 During a typical week, in the very early morning hours (4am - 8am) did you spend more than 30 minutes in any of the following locations?

Randomize:

a. Beaches

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

b. Parks & other green areas

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

c. Outside your home - on your porch/stoop or in your backyard

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

d. Walking around your neighborhood

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

If yes, then ask: (repeat for each yes above)

Q 13.2 When you were at the [13.1a -d] during these morning hours, how often did you use insect repellent?

- 1 Always
- 2 Sometimes
- 3 Rarely
- 4 Never
- 7 Don't Know
- 9 Refused

Now I would like you to think about the evening hours, between 5 - 9 PM.

Q 13.3 During a typical week, in the evening hours (5pm - 9pm) did you spend more than 30 minutes in any of the following locations?

Randomize:

a. Beaches

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

b. Parks & other green areas

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

c. Outside your home - on your porch/stoop or in your backyard

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

d. Walking around your neighborhood

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

If yes, then ask: (repeat for each yes above)

Q 13.4 When you were at the [13.1a -d] during these evening hours, how often did you use insect repellent?

- 1 Always
- 2 Sometimes
- 3 Rarely
- 4 Never
- 7 Don't Know
- 9 Refused

If Q 13.2=1,2,3 or 13.4 =1,2,3 then ask Q13.5.

Q 13.5 Does the insect repellent you usually use contain the compound known as DEET?

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

ASK ALL

Q 13.6 What is your primary source of information about West Nile Virus and pesticide spraying in New York City?

- 1 TV
- 2 Radio
- 3 Newspaper
- 4 Internet
- 5 Doctor or other health care facility (Clinic/Hospital)
- 6 Friends
- 7 Handouts and fact sheets from the DOHMH
- 8 Employer
- 9 Have never received information about West Nile virus and pesticide spraying.
- 10 Other (specify_____)
- 77 Don't Know
- 99 Refused

Rodent Control Module

Q 12.1 At any time in the last 90 days have you seen any mice or rats or signs of mice or rats on the street where you live?

[Interviewer: read if necessary: Signs of mice or rats include droppings, burrows, and chewed food packaging.]

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

Q 12.2 At any time in the last 90 days have you seen any mice or rats, or signs of mice or rats in your home or building?

- 1 Yes
- 2 No
- 7 DK
- 9 Refused

If Q 12.2 = 1 (yes), then ask Q 12.3, else Q 12.6

Q 12.3 In the past 90 days, how often did you see mice in your home or apartment?

- 1 ___ per day
- 2 ___ per week
- 3 ___ per month
- 4 less than once a month
- 5 never
- 7 DK
- 9 Refused

If Q 14.1 = 1 (yes, live in bldg with 3 or more apts) then ask Q 12.4, else skip to 12.6

Q 12.4 In the past 90 days, how often did you see mice in your building?

- 1 ___ per day
- 2 ___ per week
- 3 ___ per month
- 4 less than once a month
- 5 never
- 7 DK
- 9 Refused

Ask if Q 14.1 = 1 (yes), else skip to 12.6

Q 12.5 In the past 90 days, how often did you see rats in your building?

- 1 ___ per day
- 2 ___ per week
- 3 ___ per month
- 4 less than once a month
- 5 never
- 7 DK
- 9 Refused

Ask All:

Q 12.6 When trash (not recycling) is kept overnight in your home, how is it stored? [Interviewer: Read choices] [Interviewer: if multiple responses, enter lowest number]

- 1 Loose plastic trash bag
- 2 Trash container without a tight-fitting lid
- 3 Trash container with a tight-fitting lid
- 4 Do not keep trash overnight in my home
- 5 Other (specify)_____
- 7 DK
- 9 Refused

Ask if Q 14.1 = 1 (yes).

Q 12.7 In the area where trash is kept by your building management or super, how is the trash stored before being taken to the curb? [Interviewer: if multiple responses enter lowest number]

- 1 Loose trash bags
- 2 Trash containers without tight-fitting lids
- 3 Trash containers with tight-fitting lids
- 4 Dumpster (put in chute)
- 5 Other (specify)_____
- 6 Single-family home/2 family house
- 7 DK
- 9 Refused

We talked about a number of health issues. If you would like, I can give you a number to call to get information or assistance with many of the health issues we have talked about today.

INTERVIEWER: IF INTERESTED, PROVIDE NUMBER: 311

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