

NYC Community Health Survey 2004

(With changes, comments 4/29/04)

Hello, I'm \_\_\_\_\_, calling for the New York City Department of Health and **Mental Hygiene**. 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 **chosen randomly** 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

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)  
 HH Are you the adult?

1 Yes  
 2 No  
 9 Refused

IF: (HH 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 takes **about 15 minutes**. 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 (SKIP TO 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

- 1 English
- 2 Spanish

Q HELLO

Hello, I'm \_\_\_\_\_, calling for the New York City Department of Health **and Mental Hygiene**. 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 **chosen randomly** 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 takes **about 15 minutes**. If you have any questions about this survey, I will provide a number for you to call to get more information.

**HEALTH STATUS/FREQUENT MENTAL DISTRESS**

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 Thinking about your physical health, which includes physical illness and injury, for about how many days during the past 30 days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?

-- Number of days

- 7 7 Don't know/Not sure
- 9 9 Refused

Q 1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation? [CHS 03]

-- Number of days

- 7 7 Don't know/Not sure
- 9 9 Refused

(Q1.2-1.3: CATI comment -- 0-30, 77 & 99 are logical responses, anything else should be programmed as an invalid entry. 0 days should be entered as 0, not 88.)

**ACCESS**I. Insurance

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? [Fall 2003]

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

**If Q 2.1 = 1 then ask 2.2, else skip to Q 2.4.**

Q 2.2 What type of health care insurance do you use to pay for your doctor or hospital bills? Is it insurance through: [FIRST DOH SURVEY, BRFSS ALSO]

- 1 Your employer
- 2 Someone else's employer
- 3 A plan that you or someone else buys on your own
- 4 Medicare
- 5 Family Health Plus or Medicaid
- 6 The military, CHAMPUS, TriCare, or the VA
- 7 Some other source
- 88 None
- 77 DK/NS
- 99 Refused

**If Q2.2=88 then skip to Q2.4, else ask Q2.3.**

Q 2.3 During the last 12 months, did you have health insurance ALL the time, or was there a time during the year when you DID NOT have any health coverage? [CHS 2003 Q28]

- 1 Health insurance all the time/Always covered
- 2 Had a time without insurance
- 7 Don't know/Not Sure
- 9 Refused

II. Regular source of care (RSOC)**Ask All:**

Q 2.4 When you are sick or need advice about your health, to which one of the following places do you usually go? [Interviewer: select only one]

- 1. A private doctor
- 2. Community health center
- 3. A hospital outpatient clinic
- 4. A hospital emergency room or urgent care center
- 5. An alternative health care provider (such as acupuncturist, chiropractor, traditional healer, or herbalist)
- 6. Other (specify)\_\_\_\_\_
- 7. Don't know/Not sure
- 9. Refused

**If Q 2.4 = 3 or 4 (hospital outpatient/ER), then ask Q 2.5, else skip to Q 2.6.**

Q 2.5 Which hospital was it: [ALPHABETICAL DROP DOWN OF ALL 59 HOSP TK]

- 1 Bellevue Hospital Center

- 2 Beth Israel Medical Center - Herbert and Nell Singer Division
- 3 Beth Israel Medical Center - Kings Highway Division
- 4 Beth Israel Medical Center - Milton and Carroll Petrie Division
- 5 Memorial Hospital For Cancer and Allied Diseases
- 6 Bronx Veterans' Affairs Medical Center
- 7 Bronx-Lebanon Hospital Center - Concourse Pavilion
- 8 Bronx-Lebanon Hospital Center - Fulton Pavilion
- 9 Metropolitan Hospital Center
- 10 Montefiore Medical Center - Henry and Lucy Moses Division
- 11 Brookdale University Hospital and Medical Center
- 12 Brooklyn Hospital Center Caledonian Campus
- 13 Brooklyn Hospital Center Downtown Campus
- 14 Cabrini Medical Center
- 15 Calvary Hospital
- 16 Coney Island Hospital
- 17 Elmhurst Hospital Center
- 18 Floating Hospital
- 19 Saint Vincent Catholic Medical Center/St. Mary's Hospital  
Montefiore Medical Center/Jack D. Weiler Hospital of the Albert Einstein College  
20 of Medicine
- 21 Wyckoff Heights Medical Center
- 22 New York Presbyterian Hospital-New York Weill Cornell Medical Center
- 23 Harlem Hospital Center  
North Shore University Hospital at Forest Hills/North Shore LI Jewish Health  
24 System
- 25 Gouverneur Hospital Nursing Facility
- 26 Kingsbrook Jewish Medical Center
- 27 Flushing Hospital Medical Center
- 28 Hospital for Special Surgery
- 29 Hospital for Joint Diseases Orthopaedic Institute
- 30 New York Community Hospital
- 31 Interfaith Medical Center - Brooklyn Jewish Division
- 32 Jacobi Medical Center
- 33 Parkway Hospital
- 34 New York Westchester Square Medical Center
- 35 Jamaica Hospital Medical Center
- 36 Kings County Hospital Center
- 37 Lenox Hill Hospital
- 38 Saint Vincent Catholic Medical Centers
- 39 Manhattan Eye, Ear & Throat Hospital
- 40 Lincoln Medical and Mental Health Center
- 41 Long Island College Hospital
- 42 Rockefeller University Hospital
- 43 New York-Presbyterian Hospital - Columbia Presbyterian Medical Center
- 44 New York Eye and Ear Infirmary
- 45 Saint Vincent Catholic Medical Center/St. John's Queens Hospital
- 46 Saint Vincent Catholic Medical Center/St. Joseph's Hospital
- 47 St Luke's-Roosevelt Hospital Center/Roosevelt Hospital Division

- 48 North General Hospital
- 49 St Luke's-Roosevelt Hospital Center/St.Luke's Hospital Division
- 50 St. Barnabas Hospital
- 51 St. Vincent's Midtown Hospital
- 52 Saint Vincent Catholic Medical Center/Bayley Seton Hospital
- 53 St. John's Episcopal Hospital / South Shore Division
- 54 Staten Island University Hospital - Concord Division
- 55 Staten Island University Hospital - North
- 56 Peninsula Hospital Center
- 57 Staten Island University Hospital - South
- 58 University Hospital of Brooklyn/SUNY Health Science Center at Brooklyn
- 59 Veterans Administration NY Harbor Health Care System/Brooklyn Campus
- 60 Veterans Administration NY Harbor Health Care System/Manhattan Campus
- 61 Victory Memorial Hospital
- 62 NYU Hospitals Center Rusk Institute of Rehabilitation Medicine
- 63 New York Methodist Hospital
- 64 Woodhull Medical and Mental Health Center
- 65 Long Island Jewish Medical Center
- 66 Lutheran Medical Center
- 67 Maimonides Medical Center
- 68 Mount Sinai Hospital
- 69 Mount Sinai Hospital of Queens
- 70 New York Hospital Medical Center of Queens
- 71 New York-Presbyterian Hospital- The Allen Pavilion
- 72 North Central Bronx Hospital
- 73 NYU Downtown Hospital/Mount Sinai NYU Health
- 74 NYU Hospitals Center - Tisch Hospital
- 75 Our Lady of Mercy Medical Center/Florence D'Urso Pavilion
- 76 Our Lady of Mercy Medical Center/John Cardinal O'Connor Campus
- 77 Queens Hospital Center
- 78 Saint Vincent Catholic Medical Center/Mary Immaculate Hospital
- 79 Saint Vincent Catholic Medical Center/St. Vincent's Hospital Manhattan
- 80 Saint Vincent Catholic Medical Center/St. Vincent's Staten Island Hospital
- 777 don't know
- 999 refused
- 888 other, specify \_\_\_\_\_

Q 2.6 Do you have one person you think of as your personal doctor or health care provider? [FALL Q2.4]

**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

**If 2.6=1 or 2 then ask 2.7 , else skip to 2.8.**

2.7 In the last 12 months, when you needed care for an illness or injury and called your personal doctor's office for an appointment, how quickly did they usually see you?

- 1 Same day
- 2 next day
- 3 in 2-3 days
- 4 in 4-5 days
- 5 more than 5 days
- 6 I didn't call my doctor's office
- 7 don't know
- 9 refused

Q 2.8 A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor or other health care provider for a routine checkup? [FALL 2003 Q2.2]

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

IV. Dr's Advice

Q 2.9 Has there been a time in the past 12 months when you have not followed a doctor's advice or treatment plan?

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

**If Q 2.9 =1 the ask Q 2.10, else skip to Q 2.12.**

Q 2.10 What advice did you not follow? [Interviewer note: Only one response, Do not read responses]

- 1 You did not take a medication a doctor prescribed for you
- 2 You did not take a test or see another doctor that a doctor ordered or referred you to
- 3 You did not make lifestyle changes such as exercise, nutrition, or diet that a doctor recommended
- 4 You did not make a follow-up appointment with a doctor as advised
- 5 You did not have a procedure or surgery that a doctor recommended
- 6 You did not do something else that a doctor recommended you do
- 7 Don't know/Not sure
- 9 Refused

2.11 Which one of the following reasons, best describes why you did not follow your doctor's advice:

[RANDOMIZE 1-4]

- 1 because you didn't understand what you were supposed to do
- 2 because you disagreed with what the doctor recommended
- 3 because it cost too much
- 4 because it was too difficult to do

- 5 other (specify)\_\_\_\_\_
- 7 Don't know/Not sure
- 9 Refused

**Ask All:**

2.12-2.14 How often does your regular doctor or health care professional  
[Randomize]

- 2.12 listen carefully to you
- 2.13 explain things in a way you can understand
- 2.14 spend enough time with you

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

Q 2.15 During your last visit to a doctor, did you get advice or counseling on your weight, nutrition or exercise?

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

Discrimination

2.16. Within the past 12 months when seeking health care, do you feel your experiences were worse than, the same as, or better than the experiences of people of other races?

- 1. Worse than other races
- 2. The same as other races
- 3. Better than other races
- 4. Worse than some races, better than others
- 5. Only encountered people of the same race
- 6. No health care during the past 12 months
- 7. Don't know/Not sure
- 9. Refused

[Instruction to interviewer: If the respondent indicates that they do not know about other people's experiences when seeking health care, say: "This question is asking about how you feel when seeking health care. It does not require specific knowledge about other people's experiences."]

Sick Care

2.17 In the last 12 months, how many times have you used a hospital emergency room?

- 1 Once
- 2 More than once
- 3 Not at all
- 7 don't know
- 9 refused

**Physical Activity**

Q 3.1 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 3.2 Over the past 30 days, have you walked or bicycled more than 10 blocks as part of getting to and from work, or school, or to do errands? [CHS2003 Q3.4]

- 1 Yes
- 2 No
- 3 Unable To Do Activity
- 7 Don't Know/Not Sure
- 9 Refused

**Nutrition**

Q 4.1 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. [DOH 2002 Q 6.1]

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

\_\_\_\_\_ Number of servings

77 Don't know/Not sure  
99 Refused

**DIABETES**

Q 5.1 Have you ever been told by a doctor that you have diabetes? [fall 2003]

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 then ask Q 5.2, else skip to next section**

Q 5.2 How old were you when you were told you have diabetes? [fall 2003]

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

\_\_\_\_ years [97 = 97 or older]

Q 5.3 Have you ever taken a course or class in how to manage your diabetes yourself?  
[fall 2003]

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

**ASTHMA**

Q 6.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma? [CHS 2003 q7.1]

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

**If Q 6.1 = 1 then ask Q 6.2, else skip to next section**

Q 6.2 During the past 12 months, have you had an episode of asthma or an asthma attack? [CHS 2003 q7.1]

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

**If Q 6.2 = 1 then ask Q 6.3, else skip to next section**

Q 6.3 During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma? [CHS 2003 q7.1]

INTERVIEWER: RECORD 0 FOR NONE  
RECORD 77 FOR DON'T KNOW/NOT SURE  
RECORD 99 FOR REFUSED

\_\_\_\_\_ Number of visits [76 = 76 or more]

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

Q 6.4 During the past 30 days, how many days did symptoms of asthma make it difficult for you to stay asleep? Would you say...? (READ RESPONSES) [BRFSS]

- 0 None
- 1 One or two
- 2 Three to four
- 3 Five
- 4 Six to ten, Or
- 5 More than ten?
- DON'T READ
- 7 Don't know/Not sure
- 9 Refused

(Q6.4: CATI comment -- 0-30, 77 & 99 are logical responses, anything else should be considered invalid entry. 0 days/nights should be entered as 0, not 88.)

**IMMUNIZATIONS**

Q 7.1 During the past 12 months, have you had a flu shot? CHS 2003 Q 10.1

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

Q 7.2 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. [BRFSS]

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

## TOBACCO

Q 8.1 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 8.1 = 1 then ask Q 8.2, else skip to next section (Second-Hand Smoke).**

Q 8.2 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
- 9 Refused

**If Q8.2 = 1,2 then ask Q 8.3, ELSE (if Q 8.2 = 3,7,9) skip to Q8.9**

Q 8.3 How many cigarettes on average do you smoke per day?

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

- \_\_\_ per day
- 77 Don't know/Not sure
- 99 Refused

Q 8.4 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 8.5 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

**If Q 8.5 = 888 then skip to Q 8.12**

Q 8.6 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

Q 8.7 Are you seriously thinking of quitting smoking in the next 30 days?

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

9 Refused

**If Q8.7=2 then ask Q8.8 else skip to Q8.12.**

Q 8.8 Are you seriously thinking of quitting smoking in the next 6 months?

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

**For ALL respondents to 8.8 skip to 8.12.**

**Ask Q8.9 if 8.2=3 (Former smokers):**

Q 8.9 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 (read response)
- 777 Don't Know/Not sure
- 999 Refused

**If Q 8.9 less than or equal to 12 months or equal to 1 year (quit within last yr) then ask Q 8.10 - Q 8.11, else skip to next section (second hand smoke)**

Q 8.10 Before you quit, how soon after waking up did 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 8.11 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
- 777 Don't Know/Not sure
- 999 Refused

**Ask of all current smokers**

Q 8.12 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 8.12 = 1,2,3 then ask Q 8.13, else skip to 8.15a.

Q 8.13 How much did you pay for that [ANSWER TO Q 8.12]?

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

Carton: Enter price in dollars & cents

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

Pack: Enter price in dollars & cents

- \$ \_ . \_ \_ (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 8.14 Where did you get that [Answer to Q 8.13]?

**INTERVIEWER: READ ONLY IF NECESSARY**

- 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 8.15a During the past year, did you use any of the following aids to help you quit? FALL 2003

A nicotine patch?

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

Q 8.15b. Nicotine gum?

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

Q 8.15c. Nicotine lozenge, nasal spray or inhaler?

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

Q 8.15d. A prescription pill to block the craving of smoking, like Zyban (ZIGH-ban) or Bupropion (boo-PRO-pee-on)? [FALL 2003]

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

Q 8.15e. Individual, telephone or group counseling advice. [FALL 2003]

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

**SECOND-HAND SMOKE**

**IF HHNUM = 1 THEN SKIP TO 9.1.**

**IF HHNUM GT 1 THEN ASK:**

Q9.0 Is anyone else in the household a smoker? [DIFF THAN CHS 2003]

- 1 yes
- 2 no
- 7 DK
- 9 Refused

Q 9.1 How often are you around people who are smoking, when you are in your home -- all the time, most of the time, only occasionally, or never? [DIFF THAN CHS 2003]

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

Q 9.2 Which statement best describes the rules about smoking inside your home? [CHS 2003]

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 9.3: Now I'd like to ask you about smoking at work. In the past 12 months, have you worked for pay outside your home? [CHS 2003]

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

**If Q 9.3 = 1, then ask Q 9.4. if Q 9.3 = 2, 7, 9 then skip to next section**

Q 9.4 How often are you around people who are smoking, when you are at your workplace -- all the time, most of the time, only occasionally, or never? [DIFF THAN CHS 2003]

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

**If Q 9.4 = 1, 2 then ask Q 9.4a, else skip to Q 9.5**

Q 9.4a Where does this usually happen?

INTERVIEWER: READ CHOICES

- 1 in an office
- 2 in a common area or lunchroom

- 3 in a car or truck
- 4 outside
- 5 in clients' homes
- 6 other (specify)\_\_\_\_\_
- 7 Don't Know/Not sure
- 9 Refused

Q 9.5 While working at your job, are you indoors most of the time? [CHS 2003]

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

**If Q 9.5 = 1, then ask 9.6, else skip to next section.**

Q 9.6 Which of the following best describes your place of work's official smoking policy for work areas? [CHS 2003]

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

## ALCOHOL CONSUMPTION

ASK ALL

Q 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? [FALL 2003]

INTERVIEWER: RECORD 0 FOR NO DRINKS IN PAST 30 DAYS  
RECORD 77 FOR DON'T KNOW/NOT SURE  
RECORD 99 FOR REFUSED

Only respond in days/wk or days/mo, not both.

\_\_\_\_\_ Days per week (1-7)

\_\_\_\_\_ Days in past 30 (1-30)

0 No drinks in the past 30 days  
77 Don't Know/Not sure  
99 Refused

**if Q 10.1 = 0, 77, 99 then skip to next section (Q 11.0), else ask Q 10.2**

(Q 10.1: CATI comment - Only fill one field (days/wk or days/month) not both)

Q 10.2 On the days when you drank, about how many drinks did you drink on the average? [FALL 2003]

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

\_\_\_\_\_ Number of drinks  
77 Don't Know/Not Sure  
99 Refused

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? [FALL 2003]

INTERVIEWER: RECORD 0 FOR NONE  
RECORD 77 FOR DON'T KNOW/NOT SURE  
RECORD 99 FOR REFUSED

\_\_\_\_\_ Number of times  
0 Zero times in past 30 days  
77 Don't Know/Not Sure  
99 Refused

(Q 10.3: CATI comment - 0 - 30, 77 & 99 are logical responses)

**DEMOGRAPHICS**

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

Q 11.0 How many children, less than 18 years of age live in your household? [FALL 2003]

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

\_\_\_\_\_ # of children  
777 Don't Know/Not Sure  
999 Refused

Q 11.1 What is your age? [FALL 2003]

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

\_\_\_\_\_ Age in years  
777 Don't Know/Not Sure  
999 Refused

**if Q 11.1 = 777, 999 then ask Q 11.1b:**

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: [FALL 2003]

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

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

Q 11.2 INTERVIEWER: READ ONLY IF NECESSARY

Are you...

1 Male  
2 Female

Q 11.3 Are you Hispanic or Latino?

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

**if Q 11.3 = 1 then ask Q 11. 3a, else skip to Q 11.4**

Q 11.3a Please tell me which group best represents your Hispanic or Latino origin or ancestry:

INTERVIEWER: READ, ACCEPT FIRST RESPONSE      RANDMONIZE: 01-04

01 Puerto Rican  
02 Cuban/Cuban American  
03 Dominican  
04 Mexican/ Mexican-American  
05 Central or South American

- 06 Other Latin American, or
- 07 Other Hispanic/Latino
- Don't read:
- 09 Spanish
- 77 Don't know/not sure
- 99 Refused

Q 11.4 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

**If more than one answer to Q 11.4, continue with Q 11.5. Else, skip to 11.9**

Q 11.5 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
- 7 Don't know/Not sure
- 9 Refused

Q 11.9 Where were you born? Please tell me the state or country.

- 1 USA ---List of states (screen 1) last option not in USA
- 2 List of countries, include PR other US territories

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 Leone
- 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)
- 777. Don't know/Not sure
- 999. Refused

**Ask All**

11.10 What language do you speak most often at home?

- 1 English
- 2 Spanish
- 3 Other
- 7 Don't Know/Not Sure
- 9 Refused

Q 11.11 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
- 7 Don't Know/Not Sure
- 9 Refused

11.12 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 LIST

1. Heterosexual or straight
2. Gay or lesbian
3. Bisexual

## DON'T READ:

- 7 Don't know
- 9 Refused

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

Q 11.14 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

Q 11.15 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 and Q 11.15 = 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 11.15 = 77, 99 then ask Q 11.16, else skip to Q 11.17

Q 11.16 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

**TANF, FOOD INSECURITY & HOMESLESSNESS**

**If 11.0 gt 0 and 11.15 = 1,2,3,4,77,99 then ask 11.17, else skip to Q11.23**

Q 11.17 At any time in the **last 12 months**, even for 1 month, have you received benefits from TANF or welfare, which used to be called Aid to Families with Dependent Children or AFDC? When we say TANF, or welfare, we are referring to cash assistance.

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

Interviewer note: TANF is pronounced TAN-IF, as a word, not the acronym; but AFCD is said as the letters only, A-F-D-C, not a word.

**If 11.15= 1,2,3,4,77,99 then ask Q 11.18, else skip to 11.23**

Q 11.18 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

**If 11.15= 1,2,3,4,77,99 then ask Q 11.19, else skip to 11.23**

Q 11.19 In the last 12 months, have you spent at least one night staying in a homeless shelter, homeless hotel, outside, in a vehicle or a public place (such as a subway station or bus terminal)?

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

**ASK ALL**

Q 11.23 About how tall are you without shoes? **You can answer in either feet and inches OR centimeters. [FALL 2003]**

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

\_\_\_\_ \_ Height  
 ft / inches

OR

\_\_\_\_ \_ Height  
 centimeters

777 Don't Know/Not Sure

999 Refused

[INTERVIEWER: YOU MUST ENTER EITHER BOTH FEET AND INCHES OR CENTIMETERS - NOT BOTH.  
If 0 (zero) inches, please enter zero, do not leave blank.] [FALL 2003]

[CATI COMMENT: 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.] [FALL 2003]

Q 11.24 About how much do you weigh without shoes? **You can answer in either pounds OR kilograms.** [FALL 2003]

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

\_\_\_\_\_ Weight in pounds  
OR

\_\_\_\_\_ Weight in Kg  
777 Don't Know/Not Sure  
999 Refused

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

If Q 11.24 (weight) = 999,777 and Q 11.23 (height) ne 999,777 (is not missing), then put height into BMI calculator and ask Q 11.24a & Q 11.24b (or ask Q 11.24c & Q 11.24d for metric).

If Q 11.23 (height) = 999,777 and 11.24 (weight) ne 999, 777 (is not missing) then put weight into BMI calculator and ask 11.23a & 11.23b (or ask Q 11.23c & Q 11.23d for metric).

Q 11.24a Do you weigh more than [critical weight for **obese**]?

- 1 Yes, weight less
- 2 No, don't weigh less (ASK 11.24b)
- 7 Don't Know
- 9 Refused

Q 11.24b Do you weigh less than [critical weight for **overweight**]?

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

Q 11.24c Do you weigh more than [critical weight for **METRIC obese**]?

- 1 Yes, weight less
- 2 No, don't weigh less (ASK 11.24b)
- 7 Don't Know
- 9 Refused

Q 11.24b Do you weigh less than [critical weight for **METRIC overweight**]?

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

Q 11.23a Is your height less than [critical height for **obese**]?

- 1 Yes, less (ASK 11.23b)
- 2 No, not less
- 7 Don't Know
- 9 Refused

Q 11.23b Is your height less than [critical height for **overweight**]?

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

Q 11.23c Is your height less than [critical height for **METRIC obese**]?

- 1 Yes, less (ASK 11.23b)
- 2 No, not less
- 7 Don't Know
- 9 Refused

Q 11.23d Is your height less than [critical height for **METRIC overweight**]?

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

Q 11.25 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. [FALL 2003]

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

**if Q 11.25 = 1 then ask Q 11.25a, else skip to 11.26**

Q 11.25a How many of these are residential numbers?

INTERVIEWER: RECORD 77 FOR DON'T KNOW/NOT SURE  
 RECORD 99 FOR REFUSED  
 \_\_\_\_\_Residential telephone numbers

**ASK ALL**

Q 11.26 During the past 12 months, has your household ever been without telephone service for more than 24 hours? CHS 2003

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

**If Q 11.26 = 1, then ask Q 11.27, else skip to Q11.28.**

Q 11.27 What was the total amount of time your household was without telephone service for more than 24 hours? **INTERVIEWER: ANSWER ONLY ONE FIELD**  
 CHS 2003

RECORD 777 FOR DK/NS  
 RECORD 999 FOR REFUSED

\_\_\_\_\_ Days

\_\_\_\_\_ Weeks

\_\_\_\_\_ Months

Q11.28 Do you have regular access to an e-mail account at home or work?

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

**If q11.28 = 1 then ask q 11.29, else skip to Cancer Screening section.**

Q11.29 Would you be interested in receiving information on your health from the NYC Department of Health by email or regular mail?

- 1 Yes, by email
- 2 Yes, by regular mail
- 3 Yes, by either email or regular mail
- 4 No
- 7 Don't Know/Not sure
- 9 Refused

**CANCER SCREENING**

**ASK Q 13.1 - 13.5 ONLY IF FEMALE**

Q 13.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? CHS 2002

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

**If Q 13.1 = 1 then ask Q 13.2, else skip to 13.3**

Q 13.2 How long has it been since you had your last mammogram? CHS 2002

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 13.3 A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear? SPRING 2003

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

**If Q 13.3 = 1 then ask Q 13.4, else skip to Q 13.5**

Q 13.4 How long has it been since you had your last Pap smear? SPRING 2003 Q7.2

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

**If Q13.4 ne 1,2 then ask 13.5, else skip to 13.6.**

Q 13.5 Have you had a hysterectomy? INTERVIEWER, if asked: A hysterectomy is an operation to remove the uterus (womb). SPRING 2003 Q7.4

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

**ASK BOTH MALE + FEMALE, ONLY IF AGE (Q11.1) IS 50 OR OLDER OR 11.1b=1**

Q 13.6 Colonoscopy 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?

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

Read if necessary: 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.

**ASK IF Q. 13.6 = 1, ELSE SKIP TO Q 14.1**

Q 13.7 When was the most recent colonoscopy performed?

INTERVIEWER: READ ONLY IF NECESSARY

- 1-Within the past year
- 2-Within the past 5 years
- 3-Within the past 10 years
- 4-More than 10 years ago
- 7 Don't know/Not sure
- 9 Refused

**Rodent Control Module**

Q 14.1 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? FALL 2003 Q12.1

[Interviewer: read if necessary: Signs of mice or rats include droppings, burrows, and chewed food packaging.] FALL 2003

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

Q 14.2 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? FALL 2003 Q12.2

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

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

**Child Module**

**If Q 11.0 > 0 then complete this section, else if Q 11.0 = 0,999,777 skip to next section (Q16.1).**

Q 15.1 Are there any children less than 3 years of age living in your household?  
SPRING 2003

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

**if Q 15.1 = 1 then ask Q 15.2, if Q 15.1 = 2,7,9 then skip to next section**

Q 15.2 How many?

- \_\_\_\_\_ Number of children
- 77 Don't know/not sure
- 99 Refused

Q 15.3 Are you the parent, guardian, or care-taker of this child/ these children?

- 1 Yes (all)
- 2 Yes (some)
- 3 No

**if Q 15.3 = 3 then skip to the next module (16.1).**

**If Q 15.2 = 77, 99 SKIP TO Q 15.16**

The next questions are about health problems or conditions that may affect [this child/any of these children]'s behavior, learning, or physical development.

Q 15.4 Have you ever suspected that [this child/any of these children] had a delay or problem in communicating, moving, problem solving, or adapting to new situations?

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

**If Q 15.4 = 1 AND Q 15.2 > 1 ask Q 15.5, else if Q 15.4 = 2,7,9 then skip to Q 15.6**

Q 15.5. How many?

- \_\_\_\_\_ Number of children
- 777 Don't know/not sure
- 999Refused

Q 15.6 Has a doctor every told you that [this child/any of these children] may need more medical care, mental health, or educational services than is usual for most children of the same age?

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

If Q 15.6 = 1 AND Q 15.2 >1 ask Q 15.7, else if Q 15.6 = 2,7,9 then skip to Q. 15.8

Q 15.7. How many?

\_\_\_\_\_ Number of children  
 777 don't know/not sure  
 999 refused

Q 15.8 Has a doctor ever told you that [this child/any of these children] had a disorder like Down's syndrome, fetal alcohol syndrome, cerebral palsy, autism [AWE-tism], or spina bifida [SPY-nuh BIF-a-DUH]?

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

If Q 15.8 = 1 and Q 15.2 > 1 then ask Q 15.9

If Q 15.8 = 1 and Q 15.2 = 1 then skip to Q 15.10

If Q 15.8 = 2,7,9 then skip to 15.11

Q 15.9 How many?

\_\_\_\_\_ Number of children  
 777 Don't know/not sure  
 999 Refused

For **each** child with disorder, ask what is the main disorder

Q 15.10 What is the main disorder?

- 1 Down's Syndrome
- 2 Fetal Alcohol syndrome
- 3 Cerebral Palsy
- 4 Autism
- 5 Spina Bifida
- 6 Other (specify \_\_\_\_\_)
- 7 Don't know/not sure
- 9 Refused

Q 15.10a What is the main disorder?

- 1 Down's Syndrome
- 2 Fetal Alcohol syndrome
- 3 Cerebral Palsy
- 4 Autism
- 5 Spina Bifida
- 6 Other (specify \_\_\_\_\_)
- 7 Don't know/not sure
- 9 Refused

Q 15.10b What is the main disorder?

- 1 Down's Syndrome
- 2 Fetal Alcohol syndrome
- 3 Cerebral Palsy
- 4 Autism
- 5 Spina Bifida
- 6 Other (specify \_\_\_\_\_)
- 7 Don't know/not sure
- 9 Refused

Q 15.11 [Was this child/ Were any of these children] ever evaluated by a New York City Early Intervention Program, agency or hospital?

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

If Q 15.11 = 1 and Q 15.2 > 1 then ask Q 15.12

If Q 15.11 = 1 and Q 15.2 = 1 then skip to Q 15.13

If Q 15.11 = 2, 7, 9 then skip Q 15.16

Q 15.12 How many

- \_\_\_\_\_ Number of children
- 777 Don't know/not sure
- 999 Refused

Q 15.13 [Is this child/ Are any of these children] currently receiving services from the Early Intervention Program?

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

If Q 15.13 = 1 and Q 15.2 > 1 then ask Q 15.14, else if Q 15.13 = 2,7,9 then skip to Q.15.16

Q 15.14. How many

- \_\_\_\_\_ Number of children
- 7 Don't know/not sure
- 9 Refused

Q 15.15. Since your child has been enrolled in the Early Intervention Program, how often has an early intervention therapist or teacher shown you ways that you can help your child's development?

- 1 never
- 2 once or twice
- 3 three or four times
- 4 more than 5 times
- 5 never showed me, but showed my spouse or the caretaker of the child
- 7 don't know
- 9 refused

**[ASK ALL WITH CHILDREN < 3]**

Q 15.16 Did you ever breastfeed or pump breast milk to feed [your baby/ the youngest baby] after delivery?

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

Q 15.17 When [your baby/the youngest baby] was less than one year old, how did you most often lay your baby down to sleep? SPRING 2003 Q4.8

- 1 On his or her side
- 2 On his or her back
- 3 On his or her stomach
- 7 Don't know/not sure
- 9 Refused

**HIV TESTING**

16.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. CHS 2003

- 1 Yes
- 2 No
- 3 Don't Know
- 9 Refuse

**ASK ONLY IF Q 16.1 = 1, ELSE SKIP TO INTRO TO Q 17.1**

16.2 Not including blood donations, in what year was your last HIV test? CHS 2003

— — — —  
Code year

- 7 7 7 7 Don't know/Not sure
- 9 9 9 9 Refused

**SEXUAL BEHAVIOR**

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 men have you had sex? **INTERVIEWER READ:** 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

Q 17.2 During the past 12 months, with how many women have you had sex?

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

\_\_\_\_\_Record number

**if Q 17.1 = 0,777, 999 and 17.2 = 0,777,999 then skip to Q 18.1**

Q 17.3 The last time you had anal or vaginal sex, did you or your partner use a condom?

INTERVIEWER IF ASKED: This includes the "female condom"

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

Q 17.4 The last time you had oral sex, did you or your partner use a condom?

INTERVIEWER IF ASKED: This includes the "female condom"

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

Q 17.5 The last time you had sex, did you use any other method to prevent pregnancy?  
CHS 2003

- 1 No method was used
- 2 Birth control pills
- 3 Shots (Depo-Provera)
- 4 Withdrawal
- 5 Rhythm method
- 6 Foam, Jelly, Cream
- 7 IUD
- 8 Norplant
- 9 Patch/Ortha-evra
- 10 Tubes tied/Vasectomy (sterilization)
- 11 Other method
- 12 Not fertile (too old, can't conceive, pregnant already, just delivered, etc.)
- 77 Don't Know/Not sure
- 99 Refused

If Q 17.3 = 2, 7, 9 or Q 17.5 = 1,77,99 (no birth control used) then ask Q 17.6:

Q 17.6 The last time you had sex, did you intend to get pregnant/get your partner pregnant? CHS 2003

INTERVIEWER READ ALL RESPONSES.

- 1 Yes
- 2 No, but wouldn't have minded
- 3 No
- 4 Already pregnant / partner already pregnant
- 7 Don't Know/Not Sure
- 9 Refused

**Family Planning**

If respondent is male or female age 50 years old or older (Q11.1<=50 OR Q11.1b=3,4), go to next section (Q19.1).

Q 18.1 Have you been pregnant in the last 5 years? [BRFSS98]

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

If Q 18.1 = 1 then ask Q 18.2, else skip to Q 19.1

Q 18.2 Thinking back to your last pregnancy, whether it resulted in a birth or not, were you trying to get pregnant? [INTERVIEWER: READ RESPONSES]

- 1 Yes
- 2 No, but didn't mind
- 3 No
- 7 Don't Know/Not Sure
- 9 Refused

Q 18.3 Did that pregnancy result in a live birth?

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

If Q 18.3 = 2 then ask Q 18.4, else skip to Q 19.1

18.4. Did that pregnancy result in a miscarriage or stillbirth?

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

**Drug Use & Incarceration**

**ASK ALL**

Q 19.1 Have you ever used cocaine, including crack or freebase, heroin, PCP, angel dust, or **any** other street drugs? Do not include marijuana.

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

**If 19.1 =1,7,9 then ask Q19.2, else skip to 19.3**

Q 19.2 Have you ever used a needle to take street drugs?

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

Q 19.3 In the past 12 months have you used Crystal Methamphetamine also known as crystal, tina, crank or rock?

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

Q 19.4 Have you ever spent any time in a correctional facility, jail, prison or detention center as an adult, that is, 18 years old or older?

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

**DOMESTIC VIOLENCE**

**ASK ALL**

Q 20.1 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? [CHS 2002]

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

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

Q 20.2 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? [CHS 2002]

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

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

**IF 20.1 = 1(Yes) OR 20.2 = 1(Yes)**

INTERVIEWER READ: Just for your information, The Domestic Violence Hotline is (800) 621-4673

**ALL: CLOSING**

If you have any questions about the purpose of the survey, about the health issues we discussed or would like to receive the results of this survey, you can contact the New York City Department of Health and Mental Hygiene. If you have further questions about your rights as a participant in this survey, you can contact the chairman of the Institutional Review Board. Would you like either of these phone numbers?

INTERVIEWER: IF RESPONDENT WANTS INFORMATION ABOUT SURVEY OR HEALTH ISSUES, PROVIDE NUMBER: [contact information read]

IF RESPONDENT WANTS INFO ON RIGHTS AS A PARTICIPANT IN THE STUDY (IRB) ALSO PROVIDE: [contact information read].

Thank you for completing this survey.

For completion by interviewer only:

Please indicate the respondent's level of English proficiency:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

-----  
[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:  
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If you have questions or would like more information about CHS data, please email:  
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