

2007 Community Health Survey Questionnaire
Wave 2 Final
(Last Updated 6.8.07)

Hello, My name is _____, and I am calling for the New York City Department of Health and Mental Hygiene. We're conducting an important study to improve the health of New Yorkers. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential and you don't have to give me any personal identifying information such as your full name or address.

REASONS TO CALL-BACK

- 01 No answer
- 02 Busy
- 03 Call-back
- 04 Answering machine
- 05 Spanish interviewer needed
- 06 Other language needed
- 07 END OF SHIFT/NUMBER NEVER TRIED

REASONS NOT TO CALL-BACK

- 11 Refused
- 12 Non-working/disconnected number
- 13 Non-residential number
- 14 Number-change
- 15 Fax machine
- 16 Beeper/Cell phone
- 17 Other phone problem
- 18 Physically/mentally unable

Q ZIP To make sure that your neighborhood is correctly identified, could I please have your five-digit zip code?

RECORD 99999 FOR DK/RF

Q HH Now I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

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.

TERMINATE INTERVIEW.

IF ONLY 1 ADULT (HH=1) ASK HHa, ELSE IF MORE THAN ONE ADULT (HH>1) ASK HHb.

HHa Are you the adult?

- 1 Yes
- 2 No
- 9 Refused

IF HHa=1, THEN READ S6A, ELSE SKIP TO S6B.

s6a Then you are the person I need to speak with. Again, you don't have to give your name, address, or other information, which can identify you. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 20 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

IF HHa=2 (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?

IF MORE THAN ONE ADULT (HH>1) ASK HHb.

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

INTERVIEWER: RECORD 99 FOR REFUSED

___ Men
___ Women

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

- 1 Yes - available (SKIP TO 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
- 3 Russian Paper
- 4 Chinese Paper
- 5 Language Line

Q HELLO

Hello, My name is _____, and I am calling for the New York City Department of Health and Mental Hygiene. We're conducting an important study to improve the health of New Yorkers. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential.

You don't have to give your name, address, or other information, which can identify you. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 20 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

HEALTH STATUS/FREQUENT MENTAL DISTRESS

ASK ALL

Q1.1 Would you say that in general your health is excellent, very good, good, fair or poor?

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ACCESS

ASK ALL

Q2.1 Do you have any kind of health insurance coverage, including private health insurance, prepaid plans such as H-M-Os, or government plans such as Medicare or Medicaid?

READ IF NECESSARY: Medicare is a health insurance program for people 65 and older or persons with disabilities.

READ IF NECESSARY: Medicaid is a health insurance program for persons whose income and resources cannot cover the costs of health care.

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

ASK Q2.2 IF Q2.1 = 1

Q2.2 What type of health insurance do you use to pay for your doctor or hospital bills? Is it insurance through:

BEGIN READING ANSWER CHOICES

01 Your employer

IF R CLEARLY PICKS 1, STOP READING ANSWER CHOICES AND ENTER 1. OTHERWISE, READ ENTIRE LIST.

- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Family Health Plus or Medicaid
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 COBRA
- 08 Some other source
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero-filled.

ASK Q2.3 IF Q2.1 = 1

Q2.3 Managed care plans, such as H-M-Os or P-P-Os, provide you with a list of doctors and hospitals and pay all or nearly all of your costs if you use a doctor or hospital on that list. But if you use some other doctor or hospital, you may have to pay extra, go without coverage, or get special permission from the plan. As far as you know, is your health insurance a managed care plan?

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

ASK ALL

Q2.4 Were you without health insurance at any point during the last 12 months?

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

ASK ALL

Q2.5 Do you have one person or more than one person you think of as your personal doctor or health care provider?

IF YES: Do you have only one or more than one?

- 1 YES, ONLY ONE
- 2 YES, MORE THAN ONE
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q2.6 IF Q2.5 = 1 OR 2

Q2.6 Have you seen your personal doctor or health care provider in the last 12 months?

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

ASK Q2.7 IF Q2.5 = 3, 7 OR 9 OR IF Q2.6 = 2, 7 OR 9

Q2.7 Have you seen any doctor, nurse or other health professional in the last 12 months?

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

ASK ALL

Q2.8 Doctors record your medical information when you are seen by them. Medical information can include visit notes, a list of medications, notes on allergies, medical history, and laboratory results.

The last time you saw a doctor, nurse or other health care professional, what was used to write down and store your medical information? Was it paper charts, a computer, both paper charts and a computer or are you not sure?

- 1 PAPER CHARTS
- 2 A COMPUTER
- 3 BOTH PAPER CHARTS AND A COMPUTER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL - VERSION 1 ONLY

Q2.9a Was there a time in the past 12 months when you needed medical care but did not get it? Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalizations.

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

ASK ALL - VERSION 2 ONLY

Q2.9b [VERSION 2] Was there a time in the past 12 months when you needed medical care but did not get it? Medical care includes hospitalizations, tests, procedures, prescription medication and doctor's visits.

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

DENTIST

ASK ALL

Q3.1 Do you have one person or more than one person you go to for regular dental care?

IF YES: Do you have only one or more than one?

- 1 YES, ONLY ONE
- 2 YES, MORE THAN ONE
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q3.2 How long ago was your most recent visit to a dental care provider?

READ IF NECESSARY:

- 1 Less than 12 months ago
- 2 1 year ago but less than 2 years ago
- 3 2 years ago but less than 3 years ago
- 4 3 years ago but less than 5 years ago
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

PREVENTIVE HEALTH

ASK ALL

Q4.1 In the last 12 months has a doctor, nurse or other health professional asked or talked to you about your weight?

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

ASK ALL

Q4.2 In the last 12 months has a doctor, nurse or other health professional asked or talked to you about your physical activity or exercise?

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

ASK ALL

Q4.3 In the last 12 months has a doctor, nurse or other health professional asked or talked to you about your diet or eating habits?

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

ASK ALL

Q4.4 In the last 12 months has a doctor, nurse or other health professional asked or talked to you about alcohol use?

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

ASK ALL

Q4.5 In the last 12 months has a doctor, nurse or other health professional asked or talked to you about drug use?

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

MENTAL HEALTH

ASK ALL

Q5.1 Thinking about your mental health, which includes stress, depression and problems with emotions, for about how many days during the past 30 days was your mental health not good?

- ___ NUMBER OF DAYS [RANGE 00-30]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q5.2 During the past 2 weeks, how often have you been bothered by little interest or pleasure in doing things? Not at all, several days, or nearly every day?

- 1 NOT AT ALL
- 2 SEVERAL DAYS
- 3 NEARLY EVERY DAY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF ASKED: The number for Lifenet is (800)-LIFENET or 800-543-3638.

ASK ALL

Q5.3 During the past 2 weeks, how often have you been bothered by feeling down, depressed or hopeless? Not at all, several days, or nearly every day?

- 1 NOT AT ALL
- 2 SEVERAL DAYS
- 3 NEARLY EVERY DAY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF ASKED: The number for Lifenet is (800)-LIFENET or 800-543-3638.

ASK ALL

Q5.4 Have you ever been told by a doctor, nurse or other health professional that you have depression?

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

ASK Q5.5 IF Q5.4 = 1

Q5.5 Were you first told by a doctor, nurse or other health professional that you had depression in the last 12 months?

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

ASK Q5.6 IF Q5.4 = 1

Q5.6 In the last 12 months, have you received any counseling or taken prescription medication for depression?

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

ASK ALL

Q5.7 Immediately following a disaster or public health emergency, whom would you consult for emotional support?

READ IF NECESSARY. IF ANY ANSWERS ARE READ, ALL MUST BE READ.

- 01 No one
- 02 Primary care physician
- 03 Spiritual or religious leader
- 04 A family member, spouse or partner
- 05 A friend
- 06 A co-worker
- 07 Mental health professional
- 08 Traditional (non-medical) healer
- 09 OTHER
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

CARDIOVASCULAR HEALTH

ASK ALL

Q6.1 Have you ever been told by a doctor, nurse or other health professional that you have hypertension, also called high blood pressure?

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

ASK Q6.2 IF Q6.1 = 1

Q6.2 Have you ever been told by a doctor, nurse or other health professional that you need to take medication for your high blood pressure?

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

ASK Q6.3 IF Q6.2 = 1

Q6.3 Are you currently taking medication for your high blood pressure?

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

ASK ALL

Q6.4 Cholesterol is a fatty substance found in the blood. Have you ever had your cholesterol checked?

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

ASK Q6.5 IF Q6.4 = 1

Q6.5 About how long has it been since you last had your cholesterol checked?

READ IF NECESSARY:

- 1 Less than 12 months ago
- 2 1 year ago but less than 2 years ago
- 3 2 years ago but less than 3 years ago
- 4 3 years ago but less than 5 years ago
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q6.6 IF Q6.4 = 1

Q6.6 Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

ASK Q6.7 IF Q6.6 = 1

Q6.7 Are you currently taking medication to lower your high cholesterol?

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

DIABETES

ASK ALL

Q7.1 Have you ever been told by a doctor, nurse or other health professional that you have diabetes?

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

- 1 YES
- 2 YES, FEMALE TOLD ONLY DURING PREGNANCY
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q7.2 IF Q7.1 = 1

Q7.2 Are you now taking insulin?

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

ASK Q7.3 IF Q7.1 = 1

Q7.3 Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic [HI-PO-GLI-SEE-MUK] agents.

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

ASK Q7.4 IF Q7.1 = 1

Q7.4 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"?

READ IF NECESSARY: This test is also known as Glycosylated [GLY-CASA-LATED] hemoglobin.

- ___ NUMBER OF TIMES [RANGE 0-12]
- 777 DON'T KNOW/NOT SURE
- 888 NEVER HEARD OF HEMOGLOBIN "A ONE C" TEST
- 999 REFUSED

ASK Q7.5 IF Q7.4 >= 1

Q7.5 The last time you had your hemoglobin "A one C" checked, what was your level?

READ IF NECESSARY: This test is also known as Glycosylated [GLY-CASA-LATED] hemoglobin.

- ___ LEVEL [RANGE 2-30]
- 888 DIDN'T RECEIVE TEST RESULTS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASTHMA/COUGH (WTC)

ASK ALL

Q8.1 Have you ever sought the care of a doctor, nurse or other health professional for a persistent cough that lasted 3 weeks or more?

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

ASK ALL

Q8.2 In the last 30 days, have you experienced a persistent cough that lasted 3 weeks or more?

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

ASK ALL

Q8.3 Have you ever been told by a doctor, nurse or other health professional that you had asthma?

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

ASK Q8.4 IF Q8.3 = 1

Q8.4 In the last 12 months, have you had an episode of asthma or an asthma attack?

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

PHYSICAL ACTIVITY

SCREEN: Now I am going to ask you about bicycle use and physical activity.

ASK ALL

Q9.1 In the past 12 months, how often have you ridden a bicycle in one of the five boroughs of New York City? Would you say several times a month, at least once a month, a few times a year, or never?

IF ASKED: This does not include a stationary bike.

- 1 SEVERAL TIMES A MONTH
- 2 AT LEAST ONCE A MONTH
- 3 A FEW TIMES A YEAR
- 4 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q9.2 IF Q9.1 = 1, 2 OR 3

Q9.2 When you rode a bicycle during the past 12 months, how often did you wear a helmet? Would you say you wore a helmet always, most of the time, sometimes, rarely or never?

- 1 ALWAYS
- 2 MOST OF THE TIME
- 3 SOMETIMES
- 4 RARELY
- 5 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q9.3 Over the last 30 days, have you walked or bicycled more than 10 blocks as part of getting to and from work, school, public transportation or to do errands?

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

SCREEN: Now I am going to ask you about vigorous physical activity and then about moderate physical activity.

ASK ALL

Q9.4 How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?

READ IF NECESSARY: How many times per day, per week, or per month do you do these activities?

- ___ PER DAY
- ___ PER WEEK
- ___ PER MONTH
- 66 UNABLE TO DO THIS ACTIVITY
- 88 NEVER
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only allow one field to be entered.

ASK Q9.4a UNLESS Q9.4 = 66, 88, 77 OR 99

Q9.4a About how long do you do these vigorous leisure-time physical activities each time?

READ IF NECESSARY: For how many minutes or hours do you do these activities each time?

- MINUTES [RANGE 00-59]
- HOURS [RANGE 0-5]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Interviewer must enter a value for both minutes and hours before moving to the next screen, except when entering 77 or 99. A value of 0 can be entered for hours or minutes but not both.

ASK ALL

Q9.5 How often do you do light or moderate leisure-time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?

READ IF NECESSARY: How many times per day, per week, or per month do you do these activities?

- PER DAY
- PER WEEK
- PER MONTH
- 66 UNABLE TO DO THIS ACTIVITY
- 88 NEVER
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only allow one field to be entered.

ASK Q9.5a UNLESS Q9.5 = 66, 77, 88, 99

Q9.5a About how long do you do these light to moderate leisure-time physical activities each time?

READ IF NECESSARY: For how many minutes or hours do you do these activities each time?

- MINUTES [RANGE 00-59]
- HOURS [RANGE 0-5]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Interviewer must enter a value for both Minutes and hours before moving to next screen except when entering 77 or 99. A value of 0 can be entered for hours or minutes but not for both.

NUTRITION

SCREEN: Now I am going to ask you about your soda consumption and then about your sweetened beverage consumption. One drink would equal a 12 ounce can, bottle or glass.

ASK ALL

Q10.1 How often do you drink soda? Do not include diet soda or seltzer.

READ IF NECESSARY: How many sodas do you drink per day, per week or per month?

IF NEEDED: One drink would equal a 12 ounce can, bottle or glass.

- ___ PER DAY
- ___ PER WEEK
- ___ PER MONTH
- 00 RARELY OR NEVER DRINK SODA
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only allow one field to be entered.

ASK ALL

Q10.2 How often do you drink other sweetened drinks like iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do not include diet soda, sugar free drinks, or 100% juice.

READ IF NECESSARY: How many sweetened drinks do you drink per day, per week or per month?

IF NEEDED: One drink would equal a 12 ounce can, bottle or glass.

- ___ PER DAY
- ___ PER WEEK
- ___ PER MONTH
- 00 RARELY OR NEVER DRINK SWEETENED DRINKS
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only allow one field to be entered.

ASK ALL

Q10.3 Choosing "low salt" or "low sodium" foods includes choosing foods that say "low sodium", "no sodium added" or "unsalted" on the label, or choosing fresh fruits and vegetables instead of canned. How often do you buy foods because you believe they are "low salt" or "low sodium" foods? Would you say frequently, sometimes, hardly ever, or never?

- 1 FREQUENTLY
- 2 SOMETIMES
- 3 HARDLY EVER
- 4 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

DEMOGRAPHICS

SCREEN: Now I'd like to ask you some questions about yourself and your household.

ASK ALL

Q11.1 What is your age?

___ AGE IN YEARS [RANGE 18-98]
777 DON'T KNOW/NOT SURE
999 REFUSED

ASK Q11.1a IF Q11.1 = 777 OR 999

Q11.1a We are only asking this information to make sure that we have talked to enough people in each age group. Can you just tell me if you are...?

READ ANSWER CHOICES:

1 65 or older
2 45-64
3 25-44, or
4 18-24
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL

Q11.2 Because it is sometimes difficult to determine over the phone, I am asked to confirm with everyone . . . Are you male or female?

1 MALE
2 FEMALE
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL

Q11.3 Are you Hispanic or Latino?

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

ASK Q11.3a IF Q11.3 = 1

Q11.3a Please tell me which group best represents your Hispanic or Latino origin or ancestry:

READ ANSWER CHOICES (ACCEPT FIRST RESPONSE): [RANDOMIZE: 01-04]

- 01 Puerto Rican
- 02 Cuban/Cuban-American
- 03 Dominican/Dominican-American
- 04 Mexican/Mexican-American
- 05 Central or South American
- 06 Other Latin American, or
- 07 Other Hispanic/Latino
- 09 SPANISH
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

ASK ALL

Q11.4 (READ IF Q11.3=1: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group.) Which one or more of the following would you say is your race?

READ ANSWER CHOICES (ACCEPT MULTIPLE RESPONSES):

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian, Alaska Native, or
- 08 Something else (SPECIFY) _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: More than one choice can be entered. Entries must be zero filled.

ASK Q11.4a IF MORE THAN ONE ANSWER TO Q11.4

Q11.4a Which one of these groups would you say best represents your race?

READ MENTIONED RACES:

CATI Note: Fill selected races from Q11.4.

- 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 Q11.4
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI Note: Only one choice can be entered.

ASK ALL

Q11.5 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, includes Puerto Rico and other US territories

- | | |
|------------------------|--|
| 01. ARGENTINA | 32. ITALY |
| 02. AUSTRALIA | 33. JAMAICA |
| 03. BANGLADESH | 34. JAPAN |
| 04. BARBADOS | 35. KOREA |
| 05. BELARUS | 36. MEXICO |
| 06. BOLIVIA | 37. NICARAGUA |
| 07. BRAZIL | 38. NIGERIA |
| 08. CANADA | 39. PAKISTAN |
| 09. CARIBBEAN | 40. PANAMA |
| 10. CHILE | 41. PERU |
| 11. CHINA | 42. PHILIPPINES |
| 12. COLOMBIA | 43. POLAND |
| 13. COSTA RICA | 44. PUERTO RICO |
| 14. CUBA | 45. ROMANIA |
| 15. DOMINICAN REPUBLIC | 46. RUSSIA |
| 16. ECUADOR | 47. SIERRA LEONE |
| 17. EGYPT | 48. SOUTH AMERICAN |
| 18. EL SALVADOR | 49. SPAIN |
| 19. FRANCE | 50. TAIWAN |
| 20. GERMANY | 51. TRINIDAD AND TOBAGO |
| 21. GHANA | 52. TURKEY |
| 22. GREECE | 53. UKRAINE |
| 23. GUATEMALA | 54. UNITED KINGDOM (INCLUDES SCOTLAND, WALES) |
| 24. GUYANA | 55. VENEZUELA |
| 25. HAITI | 56. VIETNAM |
| 26. HONDURAS | 57. WEST INDIAN |
| 27. HONG KONG | 58. YUGOSLAVIA |
| 28. HUNGARY | 66. OTHER (SPECIFY) |
| 29. INDIA | 77. DON'T KNOW/NOT SURE |
| 30. IRELAND | 99. REFUSE |
| 31. ISRAEL | |

ASK Q11.6 IF Q11.5 = 2

Q11.6 How long have you lived in this country?

READ IF NECESSARY:

- 1 Less than 5 years
- 2 5 to 9 years
- 3 10 or more years
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q11.7 Were you living in New York City before 2003?

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

ASK ALL

Q11.8 What language do you speak most often at home?

- 1 ENGLISH
- 2 SPANISH
- 3 RUSSIAN
- 4 CHINESE (includes Mandarin & Cantonese)
- 5 INDIAN (includes Hindi & Tamil)
- 6 OTHER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q11.9 Are you. . .

READ ALL RESPONSES:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, or
- 6 A member of an unmarried couple living together
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q11.10 Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

READ RESPONSES UNTIL RESPONDENT MAKES A SELECTION:

- 1 Heterosexual or straight
- 2 Homosexual, gay or lesbian
- 3 Bisexual
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF RESPONDENT INDICATES THEIR ANSWER AFTER READING THE WHOLE LIST THE FIRST TIME, YOU DON'T HAVE TO READ THE LIST AGAIN.

ASK ALL

Q11.11 What is the highest grade or year of school you completed?

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

ASK ALL

Q15.1a How many children younger than 18 live in the household?

READ IF NECESSARY: Include all children who live in the household the majority of a typical week.

- ___ NUMBER OF CHILDREN
- 00 NO CHILDREN
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q11.12 Are you currently. . .

- 01 Employed for wages or salary
- IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES
- 02 Self-employed
 - 03 A Homemaker
 - 04 A Student
 - 05 Retired
 - 06 Unable to work
 - 07 Unemployed for 1 year or more
 - 08 Unemployed for less than 1 year
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

ASK ALL

Q11.13 The next question is about your combined household income. By household income we mean the combined income from everyone living in the household including even roommates or those on disability income. Is your household's annual 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

ASK Q11.13a IF Q11.13 = 77 OR 99

Q11.13a 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

IF Q2.1 = 2 AND Q11.13 = 01 OR Q11.13a = 1 THEN READ:

You indicated earlier that you do not currently have any health coverage. I just want to let you know that you may be eligible for free health insurance. You can call 311 for more information.

ASK ALL

Q11.14 About how tall are you without shoes?

READ IF NECESSARY: You can answer in either feet and inches OR in centimeters.

ROUND FRACTIONS DOWN

_____ HEIGHT IN FT / INCHES

OR

_____ HEIGHT IN CENTIMETERS

777 DON'T KNOW/NOT SURE

999 REFUSED

YOU MUST ENTER EITHER BOTH FEET AND INCHES OR CENTIMETERS - NOT BOTH. IF 0 (ZERO) INCHES, PLEASE ENTER ZERO. DO NOT LEAVE BLANK.

CATI note: Require both feet and inches or centimeters. Do not allow entry of both. If 0 (zero) inches, must enter zero. Cannot have missing inches and not missing feet, or missing feet and not missing inches.

ASK ALL

Q11.15 About how much do you weigh without shoes?

READ IF NECESSARY: You can answer in either pounds OR kilograms.

ROUND FRACTIONS UP

_____ WEIGHT IN POUNDS

OR

_____ WEIGHT IN KG

777 DON'T KNOW/NOT SURE

999 REFUSED

YOU MUST ENTER EITHER POUNDS OR KILOGRAMS - NOT BOTH.

BMI FOLLOW-UPS

IF Q11.15 (WEIGHT) = 999 OR 777 AND Q11.14 (HEIGHT) ≠ 999 OR 777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q11.16a, Q11.16b, Q11.16c (OR ASK Q11.16d, Q11.16e, Q11.16f FOR METRIC).

IF Q11.14 (HEIGHT) = 999 OR 777 AND Q11.15 (WEIGHT) ≠ 999 OR 777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q11.17a, Q11.17b & Q11.17c (OR ASK Q11.17d, Q11.17e, Q11.17f FOR METRIC).

CRITICAL WEIGHT FOR ENGLISH OBESE:
= .0427 * (Q10.16 height inches) * (Q10.16 height inches)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT:
= .0356*(Q10.16 height inches)*(Q10.16 height inches)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT:
= .0263*(Q10.16 height inches)*(Q10.16 height inches)

ASK Q11.16a IF Q11.15 = 999 OR 777 AND Q11.14 ≠ 999 OR 777
Q11.16a Do you weigh less than [critical weight for **obese**]?

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

ASK Q11.16b IF Q11.16a = 1
Q11.16b Do you weigh less than [critical weight for **overweight**]?

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

ASK Q11.16c IF Q11.16b = 1
Q11.16c Do you weigh less than [critical weight for **underweight**]?

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

CRITICAL WEIGHT FOR METRIC OBESE
= .003 * (Q10.16cm height CM)*(Q10.16cm height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q10.16cm height CM)*(Q10.16cm height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q10.16cm height CM)*(Q10.16cm height CM)

ASK Q11.16d IF Q11.15 = 999 OR 777 AND Q11.14 ≠ 999 OR 777

Q11.16d Do you weigh less than [critical weight for **METRIC obese**]?

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

ASK Q11.16e IF Q11.16d = 1

Q11.16e Do you weigh less than [critical weight for **METRIC overweight**]?

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

ASK Q11.16f IF Q11.16e = 1

Q11.16f Do you weigh less than [critical weight for **METRIC underweight**]?

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

CRITICAL HEIGHT IN INCHES FOR OBESE:
= SQUARE ROOT OF (23.43 * WEIGHT from Q10.17 LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * WEIGHT from Q10.17 LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * WEIGHT from Q10.17 LB)

THEN CONVERT TO FEET, INCHES

ASK Q11.17a IF Q11.14 = 999 OR 777 AND Q11.15 ≠ 999 OR 777
Q11.17a Is your height less than [critical height for **obese**]?

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

ASK Q11.17b IF Q11.17a = 2
Q11.17b Is your height less than [critical height for **overweight**]?

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

ASK Q11.17c IF Q11.17b = 2
Q11.17c Is your height less than [critical height for **underweight**]?

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

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE
= SQUARE ROOT OF (333 * WEIGHT KILOS from Q10_17M)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * WEIGHT KILOS from Q10_17M)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * WEIGHT KILOS from Q10_17M)

ASK Q11.17d IF Q11.14 = 999 OR 777 AND Q11.15 ≠ 999 OR 777

Q11.17d Is your height less than [critical height for **METRIC obese**]?

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

ASK Q11.17e IF Q11.17d = 2

Q11.17e Is your height less than [critical height for **METRIC overweight**]?

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

ASK Q11.17f IF Q11.17e = 2

Q11.17f Is your height less than [critical height for **METRIC underweight**]?

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

TOBACCO

ASK ALL

Q12.1 Have you smoked at least 100 cigarettes in your entire life?

READ IF NECESSARY: 100 cigarettes=5 packs.

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

ASK Q12.2 IF Q12.1 = 1

Q12.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q12.3 IF Q12.1=1

Q12.3 How old were you when you first started smoking cigarettes regularly?

- ___ YEARS [RANGE 5-85]
- 777 DON'T KNOW/NOT SURE
- 888 ONLY IF RESPONDENT SAYS NEVER SMOKED REGULARLY
- 999 REFUSED

ASK Q12.4 IF Q12.2 = 1 OR 2

Q12.4 During the past 12 months, have you stopped smoking for 24 hours or longer because you were trying to quit smoking?

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

ASK Q12.5 IF Q12.1 = 1 AND Q12.2 = 3

Q12.5 About how long has it been since you last smoked cigarettes regularly?

ENTER EITHER WEEKS, MONTHS OR YEARS - NOT MORE THAN ONE. ROUND TO CLOSEST WEEK, MONTH OR YEAR IF NECESSARY. [1 year = 12 months]

- ___ WEEKS
- ___ MONTHS
- ___ YEARS
- 888 NEVER SMOKED REGULARLY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

ASK Q12.6 IF Q12.1 = 1

Q12.6 Were you smoking at all around this time 12 months ago?

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

ASK Q12.7 IF Q12.6 = 1

Q12.7 Were you smoking cigarettes every day or some days?

- 1 EVERY DAY
- 2 SOME DAYS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q12.8 IF Q12.2 = 1 OR 2

Q12.8 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 ROLL YOUR OWN
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q12.9 IF Q12.8 = 1, 2 OR 3

Q12.9 Where did you get that [Answer to Q12.8]?

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

CATI Note: Only one choice can be entered. Entries must be zero filled.

SECOND HAND SMOKE

ASK Q13.1 IF Q11.12 = 1

Q13.1 How often are you around people when they are smoking in your workplace?
All of 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
- 5 DO NOT WORK
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK 13.2 IF Q11.7 = 1

Q13.2 How has the ban on smoking in bars, restaurants, and workplaces affected the amount of second-hand smoke you're exposed to? Would you say it has greatly increased, somewhat increased, had no impact, somewhat reduced or greatly reduced the amount of second hand smoke you're exposed to? Or do you rarely or never go to places where you would be exposed to second hand smoke?

- 1 GREATLY INCREASED
- 2 SOMEWHAT INCREASED
- 3 HAD NO IMPACT
- 4 SOMEWHAT REDUCED
- 5 GREATLY REDUCED
- 6 RARELY OR NEVER GO TO PLACES WHERE WOULD BE EXPOSED
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

NON-CORE DEMOGRAPHICS

ASK ALL

Q14.1 Do you have a functioning air conditioner in any room of your home?

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

ASK Q14.2a IF 14.1 = 1 AND DATE BETWEEN MARCH AND JULY 2007

Q14.2a During the summer of 2006, did you turn on at least one of the air conditioners in your home for cooling?

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

ASK Q14.2b IF 14.1 = 1 AND DATE BETWEEN AUGUST AND DECEMBER 2007

Q14.2b During the summer of 2007, did you turn on at least one of the air conditioners in your home for cooling?

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

ASK Q14.3 IF Q11.1 >= 45 OR Q11.1a = 1 OR 2

Q14.3 How many of your friends or relatives do you see or hear from at least once a month?

READ IF NECESSARY:

- 0 None
- 1 One
- 2 Two
- 3 Three or four
- 4 Five to eight
- 5 Nine or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q14.4 IF Q11.1 >= 45 OR Q11.1a = 1 OR 2

Q14.4 How many of your friends or relatives do you feel at ease with that you can talk to about private matters?

READ IF NECESSARY:

- 0 None
- 1 One
- 2 Two
- 3 Three or four
- 4 Five to eight
- 5 Nine or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q14.5 IF Q11.1 >= 45 OR Q11.1a = 1 OR 2

Q14.5 How many of your friends or relatives do you feel close to such that you could call on them for help?

READ IF NECESSARY: Help includes assistance with anything you can not do for yourself.

READ IF NECESSARY:

- 0 None
- 1 One
- 2 Two
- 3 Three or four
- 4 Five to eight
- 5 Nine or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CHILD CARE

ASK Q15.2 IF Q15.1a > 0

Q15.2 You said earlier that there are ____ children under 18 years old living in your house.

How old is the youngest child living in the household?

READ IF NECESSARY: Include all children who live in the household the majority of a typical week.

- __ YEARS [RANGE 00-17]
- __ MONTHS [RANGE 00-11]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI note: Require both years and months. If 0 (zero) for years or months, must enter zero.

IF Q15.2 <= 5 YEARS

SCREEN: The following questions are about the youngest child living in this household.

ASK Q15.3 IF Q15.2 <= 5 YEARS

Q15.3 Besides your family, what kind of child care or school arrangement has been relied on most over the past year for the youngest child living in this household?

READ ANSWER CHOICES:

- 01 Day care center or group day care program
- 02 Head Start, nursery school or pre-kindergarten
- 03 A child care provider's home
- 04 A babysitter or nanny in your home
- 05 No one other than family
- 06 NOT KNOWLEDGEABLE ABOUT CHILD CARE FOR THIS CHILD
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

ASK Q15.4 IF Q15.3 ≠ 06, 77 OR 99

Q15.4 Was a different child care or school arrangement preferred to the one you just named?

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

ASK Q15.5 IF Q15.4 = 1

Q15.5 What kind of child care or school arrangement other than your family would have been most preferred for this child?

READ ANSWER CHOICES:

- 01 Day care center or group day care program
- 02 Head Start, nursery school or pre-kindergarten
- 03 A child care provider's home
- 04 A babysitter or nanny in your home
- 05 No one other than family
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

ASK Q15.6 IF Q15.5 ≠ 05, 77 OR 99

Q15.6 Which of the following was the most important reason why this child is not in this preferred type of child care or school?

READ ANSWER CHOICES:

- 01 The availability of care
- 02 The cost of care
- 03 The distance to and from the care site
- 04 The child's special needs were not met
- 05 Concerns about the quality or safety
- 06 You were not really looking for it
- 07 OTHER
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

TELEPHONE MODULE

SCREEN: And now the next few questions ask about your telephone usage.

ASK ALL

Q16.1 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

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

ASK Q16.2 IF Q16.1 = 1

Q16.2 How many of these are residential numbers?

- ___ RESIDENTIAL TELEPHONE NUMBERS [RANGE 0-5]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK Q16.3 IF Q16.1 = 1

Q16.3 How many telephone numbers in your household are used only as a fax machine, by a computer or modem, as a DSL or for some other exclusive data use?

READ IF NECESSARY: By exclusive we mean "only" for that use.

- ___ NUMBER OF TELEPHONE NUMBERS [RANGE 0-5]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q16.4 During the past 12 months, has your household ever been without telephone service for more than 24 hours?

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

ASK Q16.5 IF Q16.4 = 1

Q16.5 What was the total amount of time your household was without telephone service for more than 24 hours?

- ___ DAYS
- ___ WEEKS
- ___ MONTHS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

ASK ALL

Q16.6 In the next 12 months, how likely are you to disconnect your home landline telephone and only use a cell phone? Would you say very likely, somewhat likely, somewhat unlikely, or very unlikely?

- 1 VERY LIKELY
- 2 SOMEWHAT LIKELY
- 3 SOMEWHAT UNLIKELY
- 4 VERY UNLIKELY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q16.6a Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

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

ASK Q16.6b IF Q16.6a = 1

Q16.6b Do you usually share this cell phone with any other adults?

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

ASK Q16.6c IF Q16.6a = 2

Q16.6c Do you share a cell phone for personal use with other adults?

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

ASK Q16.6d IF Q16.6b OR Q16.6c = 1

Q16.6d How many other adults use this cell phone at least one-third of the time?

Interviewer: 'TWO OR MORE' IS THE MAXIMUM RESPONSE ALLOWED

- 1 NONE
- 2 ONE
- 3 TWO OR MORE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CANCER SCREENING

ASK Q17.1 IF Q11.2 = 2

Q17.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

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

ASK Q17.2 IF Q17.1 = 1

Q17.2 How long has it been since your last mammogram?

READ IF NECESSARY:

- 1 Less than 12 months ago
- 2 1 year ago but less than 2 years ago
- 3 2 years ago but less than 3 years ago
- 4 3 years ago but less than 5 years ago
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q17.3 IF Q11.2 = 2

Q17.3 A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

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

ASK 17.4 IF Q17.3 = 1

Q17.4 How long has it been since your last pap smear?

READ IF NECESSARY:

- 1 Less than 12 months ago
- 2 1 year ago but less than 2 years ago
- 3 2 years ago but less than 3 years ago
- 4 3 years ago but less than 5 years ago
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q17.5 IF Q11.1 >=45 (OR Q11.1a = 1 OR 2)

Q17.5 A colonoscopy [KOH-LUH-NOS-KUH-PEE] is an exam in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had a colonoscopy?

READ IF 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.

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

ASK Q17.6 IF Q17.5 = 1

Q17.6 When was your most recent colonoscopy [KOH-LUH-NOS-KUH-PEE] performed?

READ IF NECESSARY:

- 1 Less than 1 year ago
- 2 1 year ago but less than 5 years ago
- 3 5 years ago but less than 10 years ago
- 4 10 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q17.7 IF Q11.1 >=45 (OR 11.1a = 1 OR 2)

Q17.7 Have you ever had any other test for colon cancer, such as a sigmoidoscopy [SIG-MOI-DOS-KUH-PEE] or a blood stool test, also known as an F-O-B-T?

READ IF NECESSARY: A sigmoidoscopy involves examination of only the lower colon using a thin lighted tube called a sigmoidoscope [SIG-MOI-DUH-SKOHP]. A test for blood in your stool, also known as an F-O-B-T, is where you have a bowel movement and use a stick to smear a small sample of it on a special card.

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

ASK Q17.8 IF Q17.7 = 1

Q17.8 When did you have that test?

READ IF NECESSARY:

- 1 Less than 1 year ago
- 2 1 year ago but less than 5 years ago
- 3 5 years ago but less than 10 years ago
- 4 10 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

HIV

SCREEN: Now I am going to ask you about HIV testing. Do not count any test you might have had as a part of a blood donation.

ASK ALL

Q18.1 Have you had an HIV test in the last 12 months?

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

ASK Q18.2 IF Q18.1 = 2

Q18.2 Have you ever had an HIV test?

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

ASK Q18.3 IF Q18.2 = 1

Q18.3 Did you have that test 1 to 5 years ago or more than 5 years ago?

- 1 1 TO 5 YEARS AGO
- 2 MORE THAN 5 YEARS AGO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q18.4 In the past 12 months has a doctor, nurse or other health professional recommended that you have an HIV test?

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

ASK Q18.5a IF Q18.1 = 1 AND Q18.4 = 1

Q18.5a Did you get your last HIV test during the last 12 months as the result of advice from a doctor, nurse or other health professional?

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

ASK Q18.5b IF Q18.3 = 1

Q18.5b Did you get your last HIV test 1 to 5 years ago as the result of advice from a doctor, nurse or other health professional?

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

ASK Q18.6 IF 18.1 = 1 OR 18.2 = 1

Q18.6 When you were last tested for HIV, were the results available on the same day or did you have to wait a week or more to get the results?

- 1 SAME DAY
- 2 WAIT FOR RESULTS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q18.7 IF 18.1 = 1 OR 18.2 = 1

Q18.7 When you were last tested for HIV, did you receive your test results?

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

ASK ALL

Q18.8 Has a doctor or health professional ever told you that you have HIV or AIDS?

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

ASK Q18.9 IF Q18.8 = 1

Q18.9 Have you seen a doctor, nurse or other health care professional for HIV medical care?

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

SEXUAL BEHAVIOR

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

ASK Q19.1f IF Q11.2 = 2

Q19.1f During the past 12 months, with how many men have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation.

___ NUMBER [<500]
777 DON'T KNOW/NOT SURE
999 REFUSED

ASK Q19.2f IF Q19.1f > 0 AND NOT 777 OR 999

Q19.2f The last time you had sex, did you use a condom?

IF ASKED: This includes the "female condom."

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

ASK Q19.4f IF Q11.2 = 2

Q19.4f During the past 12 months, with how many women have you had sex?

READ IF NECESSARY: By sex we mean oral, vaginal or anal sex, but not masturbation.

___ NUMER [<500]
777 DON'T KNOW/NOT SURE
999 REFUSED

ASK Q19.3f IF Q19.4f = 0

Q19.3f Have you ever had sex with a woman?

READ IF NECESSARY: By sex we mean oral, vaginal or anal sex, but not masturbation.

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

ASK Q19.5f IF Q19.1f > 0 AND NOT 777 OR 999

Q19.5f In the past 12 months, have you had anal sex?

READ IF NECESSARY: By anal sex, we mean having your partner put his penis in your rectum.

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

ASK Q19.6f IF Q19.5f = 1

Q19.6f In the past 12 months, when you have had anal sex have you or your partner used a condom? Every time, some of the time, or never?

- 1 EVERY TIME
- 2 SOME OF THE TIME
- 3 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q19.7f IF Q11.1 < 55 (OR 11.1a = 2, 3 OR 4) AND Q11.2 = 2

Q19.7f Are you currently pregnant?

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

ASK Q19.8f IF Q19.1f > 0 (AND NOT 777 OR 999) AND Q11.1 < 45 (OR 11.1a = 3 OR 4)

Q19.8f Emergency contraception is sometimes called the 'morning-after pill' or Plan B. In the last 12 months, have you, either alone or with your partner, received counseling or information from a medical provider about emergency contraceptive pills?

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

ASK Q19.9f IF Q19.8f = 1

Q19.9f Where did you receive counseling or information for emergency contraception?

READ IF NECESSARY:

- 01 Pharmacy
- 02 Family planning, MIC or Planned Parenthood clinic
- 03 Department of Health STD clinic
- 04 Private doctor's office
- 05 Emergency room
- 06 Community Health Center
- 07 Other (SPECIFY)_____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

ASK Q19.10f IF Q11.2 = 2

Q19.10f Have you ever had a tubal sterilization, sometimes called a tubal ligation or having your tubes tied, to make it impossible to have a baby?

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

ASK Q19.1m IF Q11.2 = 1

Q19.1m During the past 12 months, with how many women have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation.

___ NUMBER [<500]
777 DON'T KNOW/NOT SURE
999 REFUSED

ASK Q19.2m IF Q19.1m > 0 AND NOT 777 OR 999

Q19.2m The last time you had sex, did you use a condom?

IF ASKED: This includes the "female condom."

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

ASK Q19.4m IF Q11.2 = 1

Q19.4m During the past 12 months, with how many men have you had sex?

READ IF NECESSARY: By sex we mean oral or anal sex, but not masturbation.

___ NUMER [<500]
777 DON'T KNOW/NOT SURE
999 REFUSED

ASK Q19.3m IF Q19.4m = 0

Q19.3m Have you ever had sex with a man?

READ IF NECESSARY: By sex we mean oral or anal sex, but not masturbation.

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

ASK Q19.5m IF Q19.1m OR Q19.4m > 0 AND NOT 777 OR 999

Q19.5m In the past 12 months, have you had anal sex?

READ IF NECESSARY:

(IF Q19.1m>0 AND Q19.4m=0) By anal sex, we mean putting your penis in your partner's rectum.

(IF Q19.4m>0 AND Q19.1m>=0) By anal sex, we mean putting your penis in your partner's rectum or having your partner put his penis in your rectum.

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

ASK Q19.6m IF Q19.5m = 1

Q19.6m In the past 12 months, when you have had anal sex have you or your partner used a condom? Every time, some of the time, or never?

- 1 EVERY TIME
- 2 SOME OF THE TIME
- 3 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q19.7m IF Q19.1m >0 (AND NOT 777 OR 999) AND Q11.1 < 65 (OR 11.1a = 2, 3 OR 4)

Q19.7m Emergency contraception is sometimes called the 'morning-after pill' or Plan B. In the last 12 months, have you, either alone or with your partner, received counseling or information from a medical provider about emergency contraceptive pills?

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

ASK Q19.8m IF Q19.7m = 1

Q19.8m Where did you receive counseling or information for emergency contraception?

READ IF NECESSARY:

- 01 Pharmacy
- 02 Family planning, MIC or Planned Parenthood clinic
- 03 Department of Health STD clinic
- 04 Private doctor's office
- 05 Emergency room
- 06 Community Health Center
- 07 Other (SPECIFY)_____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

ASK Q19.9m IF Q11.2 = 1

Q19.9m Have you ever had a vasectomy which makes it impossible for you to father a child?

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

ALCOHOL

ASK ALL

Q20.1 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?

- ___ DAYS PER WEEK [RANGE 1-7]
- ___ DAYS IN PAST 30 [RANGE 1-30]
- 00 NO DRINKS IN THE PAST 30 DAYS
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI Note: Only allow one field to be entered.

ASK Q20.2 IF Q20.1 > 0 BUT NOT 77 OR 99

Q20.2 On the days when you drank, about how many drinks did you drink on average?

- ___ NUMBER OF DRINKS
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK Q20.3 IF Q20.1 > 0 BUT NOT 77 OR 99

Q20.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

- ___ NUMBER OF TIMES
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q20.4 In the past 12 months, have you received any counseling or medication for an alcohol problem?

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

IMMUNIZATIONS

ASK ALL

Q21.1 During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?

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

ASK Q21.2 IF Q21.1 = 1

Q21.2 Did you have a flu shot in your arm or a flu vaccine that was sprayed in your nose between the dates of September 1, 2006, and March 31, 2007?

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

ASK ALL

Q21.3 Do you work in a health care setting where you have direct contact with patients as part of your routine work?

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

ASK ALL

Q21.4 Have you ever received the hepatitis B vaccine?

READ IF NECESSARY: This is given in three separate doses. It is recommended for newborn infants, adolescents and people such as health care workers, who may be exposed to the hepatitis B virus. Even one dose counts as receiving the vaccine.

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

INITIATIVES

ASK ALL

Q22.1 In the past 12 months, have you seen or heard about condoms in a black package with NYC Condom written on it in colorful letters?

READ IF NECESSARY: There may be other condoms that are given out for free, but we are specifically interested in those with NYC condom written in colorful letters.

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

ASK Q22.2 IF Q22.1 = 1

Q22.2 Have you used that condom in the black package with NYC Condom written on it?

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

HEALTH CARE

SCREEN: The next questions are about your health care in the last 12 months.

IF NEEDED: Similar questions were asked earlier but these are a little different.

ASK ALL

Q23.1 In the last 12 months, was there any time when you needed to fill a prescription for medicine but did not get it?

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

ASK ALL

Q23.2 Was there any time when you needed to have laboratory tests done but did not get them done?

READ IF NECESSARY: Was this in the last 12 months?

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

ASK ALL

Q23.3 Was there any time when you needed care for your eyes but did not get it?

READ IF NECESSARY: Was this in the last 12 months?

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

ASK ALL

Q23.4 Was there any time when you needed dental care but did not get it?

READ IF NECESSARY: Was this in the last 12 months?

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

ASK ALL

Q23.5 Was there any time when you needed hospital care but did not get it?

READ IF NECESSARY: Was this in the last 12 months?

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

ASK ALL

Q23.6 Was there any time when you needed to get medical care from a doctor but did not get it?

READ IF NECESSARY: Was this in the last 12 months?

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

CLOSING:

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

Would you like any of these phone numbers?

1 YES

2 NO

IF YES: Which number would you like?

1 MORE INFORMATION ABOUT THE SURVEY OR SURVEY RESULTS-

READ: [contact information read]

2 INFORMATION ABOUT PARTICIPANTS RIGHTS

READ [contact information read]

3 INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY

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

Thanks again for completing the survey.

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