

2008 Community Health Survey Questionnaire
Last updated (08/28/08)

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. 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.

[IF NEEDED] 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 77777 FOR DK
RECORD 99999 FOR Ref.

IF Q ZIP = 77777 OR 99999 THEN ASK Q Confirm (OR IF RESPONDENT ZIP CODE DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST)

Q Confirm. Just to confirm, is your zipcode_____?

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

IF RESPONDENT CONFIRMS ORIGINAL ZIPCODE,ASK Q BORO. IF RESPONDENT SAYS THE ZIP CODE FIRST GIVEN IS NOT CORRECT OBTAIN CORRECTED ZIP CODE. IF THIS ZIPCODE STILL DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST, ASK Q BORO

Q BORO In which of the five New York City boroughs are you residing?

READ IF NECESSARY:

- 1 The Bronx
- 2 Brooklyn
- 3 Manhattan
- 4 Queens
- 5 Staten Island
- 6 DO NOT LIVE IN NYC [TERMINATE]
- 7 DON'T KNOW/NOT SURE [TERMINATE]
- 9 REFUSED [TERMINATE]

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?

[READ IF NEEDED: Household members are those who spend a majority of their time living in the household.]

RECORD 88 FOR NOT A PRIVATE RESIDENCE

RECORD 99 FOR REFUSED/DK

_____ Number of adults [RANGE 1-20]

IF NO ADULTS (HH=0) OR NOT A PRIVATE RESIDENCE (HH=88) OR REFUSED/DK (HH=99):

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. Let me start by saying your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 25 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information. **[GO TO QWHICH]**

IF HHa=2 (NOT THE ADULT)

s6b May I speak with the adult?

- 1 Yes - available (SKIP TO WHICH)
- 2 No - not available - ~~callback~~ [GO TO s6b1]
- 9 Refused

CALLBACK IF PICKED ADULT IS NOT AVAILABLE

s6b1 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

[If either NUMMEN or NUMWOMEN = 99 then Thank and terminate]

[CATI note: See Appendix A for Selection algorithm]

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

- 1 Yes - available (SKIP TO WHICH)
- 2 No - not available - [GO TO S6b1]
- 9 Refused

IF PICKED PERSON IS NOT AVAILABLE:

S6b1. 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

IF HHa = 1 GO TO Q1.1, ELSE GO TO Q HELLO

Q HELLO

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. 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.

Your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 25 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

HEALTH STATUS

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, ELSE SKIP TO Q2.4

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 **(SKIP TO Q2.3)**

(ALL OTHERS SKIP TO Q2.4)

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 Q2.2 = 05, ELSE SKIP TO Q2.4

Q2.3 What is the name of your current Family Health Plus or Medicaid insurance plan?

01. AFFINITY HEALTH PLAN

02. AMERICHOICE OF NEW YORK

03. AMERIGROUP

04. CENTERCARE

05. FIDELIS CARE

06. GHI

07. HIP

08. HEALTHFIRST

09. HEALTHPLUS

10. METROPLUS

11. NEIGHBORHOOD HEALTH PROVIDERS

12. NEW YORK PRESBYTERIAN COMMUNITY HEALTH PLAN

13. WELLCARE

14. THE HEALTH PLAN GIVEN IS NOT ON THE LIST

77. DON'T KNOW/NOT SURE

99. REFUSED

ASK ALL

Q2.4 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 Q2.5 IF Q2.4 = 1 OR 2, ELSE SKIP TO Q3.1

Q2.5 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 Q2.6 IF Q2.5 = 1, ELSE SKIP TO Q3.1

Q2.6 Thinking about the last time you visited your personal doctor or health care provider, while the doctor was meeting with you, how did he or she record your health information? Was it paper charts, a computer, both paper charts and a computer or are you not sure?

INTERVIEWER: IF ASKED: "That is, after checking in at the front desk, but before checking out."

INTERVIEWER: IF ASKED: "By computer, I mean a desktop, a laptop, or tablet computer but does not include testing devices."

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

ASK Q2.7 IF Q2.5= 1 , ELSE SKIP TO Q3.1

Q2.7 The last time your personal doctor or other healthcare provider gave you a prescription for medicine, was this prescription a computer printout, a handwritten prescription on a pad, or did he or she just call it in or fax it to the pharmacy?

- 1 A COMPUTER PRINTOUT
- 2 A HANDWRITTEN PRESCRIPTION ON A PAD
- 3 CALLED IN BY TELEPHONE
- 4 FAXED OR EMAILED IT
- 5 NO PRESCRIPTION IN LAST 12 MONTHS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

MENTAL HEALTH

READ: The next few questions are about your mental health

(ASK ALL)

Q 3.1a During the past 30 days, how often did you feel

So sad that nothing could cheer you up?

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

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER FOR PROJECT LIBERTY IS
(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

Q 3.1b During the past 30 days, how often did you feel

Nervous?

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

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER FOR PROJECT LIBERTY IS
(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

Q 3.1c. During the past 30 days, how often did you feel

Restless or fidgety?

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

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER FOR PROJECT LIBERTY IS
(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

Q 3.1d. During the past 30 days, how often did you feel

Hopeless?

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

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER FOR PROJECT LIBERTY IS
(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

Q 3.1e. During the past 30 days, how often did you feel

That everything was an effort?

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

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER FOR PROJECT LIBERTY IS
(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

Q 3.1f. During the past 30 days, how often did you feel
Worthless?

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

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER FOR PROJECT LIBERTY IS
(800) LIFE NET OR **800-543-3638**

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q3.2 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 Q3.3 IF Q3.2 = 1, ELSE SKIP TO Q3.5

Q3.3 Were you first told by a doctor, nurse or other health professional that
you have depression in the last 12 months?

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

ASK Q3.4 IF Q3.2 = 1, ELSE SKIP TO Q3.5

Q3.4 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

Q3.5 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 01-30 DAYS 88, 77,99)
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CARDIOVASCULAR HEALTH

ASK ALL

Q4.1 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 Q4.2 IF Q4.1 = 1, ELSE SKIP TO Q4.3

Q4.2 Are you currently taking medication for your high blood pressure?

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

ASK ALL

Q4.3 Do you take aspirin daily or every other day for your heart?

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

ASK ALL

Q4.4 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 Q4.5 IF Q4.4 = 1, ELSE SKIP TO Q5.1

Q4.5 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

Q5.1 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 Q5.2 IF Q5.1 = 1, ELSE SKIP TO Q6.1

Q5.2 How old were you when you were first told you have diabetes?

- ____ AGE (Range 0-97)
- 98 DON'T KNOW/NOT SURE
- 99 REFUSED

ASTHMA

ASK ALL

Q6.1 In the last 30 days, how many days have you experienced a persistent cough?

- ___ DAYS [RANGE 01-30 DAYS 88, 77,99]
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q6.2 In the last 30 days, how many days have you experienced shortness of breath?

- ___ DAYS [RANGE 01-30 DAYS 88, 77,99]
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q6.3 In the last 30 days, how many days have you experienced wheezing?

INTERVIEWER: IF NEEDED: "Wheezing is a high-pitched whistling sound during breathing. It occurs when air flows through narrowed breathing tubes."

- ___ DAYS [RANGE 01-30 DAYS 88, 77,99]
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q6.4 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 Q6.5 IF Q6.4 = 1, ELSE SKIP TO Q7.1

Q6.5 Were you diagnosed with asthma before or after September 11, 2001?

INTERVIEWER: IF RESPONDENT ANSWERS THEY WERE DIAGNOSED WITH ASTHMA ON SEPTEMBER 11, 2001 CODE AS "BEFORE SEPTEMBER 11, 2001"

- 1 BEFORE SEPTEMBER 11, 2001
- 2 AFTER SEPTEMBER 11, 2001
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q6.6 IF Q6.4 = 1, ELSE SKIP TO Q7.1

Q6.6 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

IMMUNIZATIONS

ASK ALL

Q7.1 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 Q7.2 IF Q7.1 = 1, ELSE SKIP TO Q7.3

Q7.2 Did you have a flu shot in your arm or a flu vaccine that was sprayed in your nose during last years flu season, between the dates of September 1, 2007, and March 31, 2008?

INTERVIEWER: IF NEEDED: "Last year's flu season occurred between September 1, 2007 and March 31, 2008."

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

ASK ALL

Q7.3 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 a flu shot. It is also called the pneumococcal vaccine.

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

NUTRITION

SCREEN: And now a few questions about your nutrition

ASK ALL

Q8.1 If you were to walk from your home to purchase fresh fruits and vegetables, how long would it take you to get there? 5 minutes or less, more than 5 minutes but less than 10 minutes or 10 minutes or more?

- 1 5 minutes or less
- 2 More than 5 minutes but less than 10 minutes
- 3 10 minutes or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.2 Thinking about nutrition...how many total servings of fruit and/or vegetables did you eat yesterday? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

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

INTERVIEWER: If respondent tells you what fruits/vegetables he/she ate, add up the servings after repeating the question once.

PROBE: You ate (repeat all the fruits and vegetables respondent said). That adds up to X servings. Would you say you ate X servings of fruits and vegetables yesterday?

_____ Number of servings

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

HEADER SCREEN: The next three questions are about how often you drink sugar sweetened soda, other sweetened beverages and diet soda. One drink would equal a 12 ounce can, bottle or glass.

ASK ALL

Q8.3 How often do you drink sugar sweetened soda? Do not include diet soda or seltzer.

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

READ IF NECESSARY: One drink of soda would equal a 12 ounce can, bottle or glass.

- 1__ PER DAY
- 2__ PER WEEK
- 3__ PER MONTH

- 888 RARELY OR NEVER DRINK SODA
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

ASK ALL

Q8.4 How often do you drink other sweetened drinks like sweetened 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?

READ IF NECESSARY: One drink of sweetened drinks would equal a 12 ounce can, bottle or glass.

- 1__ PER DAY
- 2__ PER WEEK
- 3__ PER MONTH

- 888 RARELY OR NEVER DRINK SODA
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

ASK ALL

Q8.5 How often do you drink diet soda or seltzer?

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

READ IF NECESSARY: One drink of diet soda or seltzer would equal a 12 ounce can, bottle or glass.

INTERVIEWER NOTE: If respondent asks, carbonated water, sparkling water, seltzer, club soda or mineral water, these all count as "seltzer".

INTERVIEWER NOTE:

- 1__ PER DAY
- 2__ PER WEEK
- 3__ PER MONTH

- 888 RARELY OR NEVER DRINK SODA
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

HEADER SCREEN: The next few questions are about your water consumption.

ASK ALL

Q8.6 In the past 30 days, what types of water did you drink? Unfiltered tap water, filtered tap water, bottled plain water, seltzer water, or do you rarely or never drink water?

INTERVIEWER INSTRUCTION: If respondent asks, water from a water cooler (e.g. Deer Park or Poland Springs) should be counted as bottled water.

INTERVIEWER NOTE: If respondent asks, carbonated water, sparkling water, seltzer, club soda or mineral water, these all count as "seltzer".

CHECK ALL THAT APPLY.

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled plain water
- 4 Seltzer water
- 5 Rarely or never drink water
- 7 Don't know/Not sure
- 9 Refused

ASK Q8.7 IF Q8.6 ≠ 5, 7 OR 9 AND MORE THAN ONE ANSWER 1-4 IS SELECTED ELSE, SKIP TO Q8.8.

Q8.7 Of those types of water, which did you drink most often?

INTERVIEWER INSTRUCTION: If respondent asks, water from a water cooler (e.g. Deer Park or Poland Springs) should be counted as bottled water.

READ IF NECESSARY:

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled plain water
- 4 Seltzer water
- 7 Don't know/Not sure
- 9 Refused

ASK ALL

Q8.8 In the past 30 days, how often did you drink water from a water fountain? Would you say at least once a day, at least once a week, at least once a month or never?

- 1 At least once a day
- 2 At least once a week
- 3 At least once a month
- 4 Never
- 7 Don't Know/Not Sure
- 9 Refused

PHYSICAL ACTIVITY

ASK ALL

Q9.1 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

ASK ALL

Q9.2 On a typical weekday do you walk down at least one floor of stairs at home or work? Exclude subway use.

READ IF NEEDED: A weekday is Monday through Friday.

- 1 YES
- 2 NO
- 3 (VOLUNTEERED) DISABLED/WHEELCHAIR UNABLE TO CLIMB STAIRS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK Q9.3 IF Q9.2 NE 3, ELSE SKIP TO Q10.1

Q9.3 On a typical weekday do you walk up at least one floor of stairs at home or work? Exclude subway use.

READ IF NEEDED: A weekday is Monday through Friday.

- 1 YES
- 2 NO
- 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

Q10.1 What is your age?

- _____ AGE IN YEARS [RANGE 18-98]
- 07 DON'T KNOW/NOT SURE
- 09 REFUSED

ASK Q10.1a IF Q10.1 = 07 OR 09, ELSE SKIP TO Q10.2

Q10.1a 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

Q10.2 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

Q10.3 Are you Hispanic or Latino?

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

ASK Q10.3a IF Q10.3 = 1, ELSE SKIP TO Q10.4

Q10.3a 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

Q10.4 (READ IF Q10.3=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 Q10.4a IF MORE THAN ONE ANSWER TO Q10.4, ELSE SKIP TO Q10.5

Q10.4a Which one of these groups would you say best represents your race?

READ MENTIONED RACES:

CATI Note: Fill selected races from Q10.4.

- 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 Q10.4
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

CATI Note: Only one choice can be entered.

ASK ALL

Q10.5 Where were you born? Please tell me the state or country.

1 USA [List of states (screen 1), last option not in USA] **(SKIP TO Q10.5a)**

2 List of countries, includes Puerto Rico and other US territories **(SKIP TO Q10.6)**

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

ASK Q10.5a IF Q10.5 = 1

Q10.5a

[CATI instruction - If necessary probe for state]

- | | |
|-------------------------|--------------------------|
| 01 Alabama | 31 Nebraska |
| 02 Alaska | 32 Nevada |
| 04 Arizona | 33 New Hampshire |
| 05 Arkansas | 34 New Jersey |
| 06 California | 35 New Mexico |
| 08 Colorado | 36 New York |
| 09 Connecticut | 37 North Carolina |
| 10 Delaware | 38 North Dakota |
| 11 District of Columbia | 39 Ohio |
| 12 Florida | 40 Oklahoma |
| 13 Georgia | 41 Oregon |
| 15 Hawaii | 42 Pennsylvania |
| 16 Idaho | 44 Rhode Island |
| 17 Illinois | 45 South Carolina |
| 18 Indiana | 46 South Dakota |
| 19 Iowa | 47 Tennessee |
| 20 Kansas | 48 Texas |
| 21 Kentucky | 49 Utah |
| 22 Louisiana | 50 Vermont |
| 23 Maine | 51 Virginia |
| 24 Maryland | 54 West Virginia |
| 25 Massachusetts | 55 Wisconsin |
| 26 Michigan | 56 Wyoming |
| 27 Minnesota | 77 Don't Know |
| 28 Mississippi | 88 Other (specify) _____ |
| 29 Missouri | 99 Refused |
| 30 Montana | |

ASK Q10.6 IF Q10.5 = 2, ELSE SKIP TO Q10.7

Q10.6 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

Q10.7 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

Q10.8 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

Q10.9 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 HIS/HER ANSWER AFTER READING THE WHOLE LIST THE FIRST TIME, YOU DON'T HAVE TO READ THE LIST AGAIN.

ASK ALL

Q10.10 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

Q10.11 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 [RANGE 0-25]
- 88 NO CHILDREN
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q10.12 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.

Create new field NHOUSE = QHH (Number of adults) + Q10.11 (Number of Children)
We will use NHOUSE to create a field (PVTYLVL) to populate the fill for Q10.13
IF NHOUSE = 1 then PVTYLVL = 10,400
IF NHOUSE > 1 THEN PVTYLVL = 10,400 + ((NHOUSE - 1) * 3,600)

ASK ALL

Q10.13 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 (500-599%); 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 Q10.13a IF Q10.13 = 77 OR 99, ELSE SKIP TO Q10.14

Q10.13a Can you just tell me if your annual household income is less than \$ PVTYLVL?

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

IF Q2.1 = 2 AND Q10.13 = 01 OR Q10.13a = 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

Q10.14 About how tall are you without shoes?

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

**NOTE: If respondent answers in metrics put "9" in first column
ROUND FRACTIONS DOWN**

__ / __ Height
(feet/inches or meters/centimeters)
[RANGES FEET=3-9/INCHES= 0-11 || METERS=0-3/CENTIMETERS=0-275]
7777 Don't Know
9999 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

Q10.15 About how much do you weigh without shoes?

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

**NOTE: If respondent answers in metrics put "9" in first column
ROUND FRACTIONS UP**

___ Weight
(pounds or kilograms)
[RANGES POUNDS=50-600 || KILOGRAMS= 20-275]
7777 Don't Know
9999 Refused

YOU MUST ENTER EITHER POUNDS OR KILOGRAMS - NOT BOTH.

BMI FOLLOW-UPS

IF Q10.15 (WEIGHT) = 999 OR 777 AND Q10.14 (HEIGHT) ≠ 999 OR 777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q10.16a, Q10.16b, Q10.16c (OR ASK Q10.16d, Q10.16e, Q10.16f FOR METRIC).

IF Q10.14 (HEIGHT) = 999 OR 777 AND Q10.15 (WEIGHT) ≠ 999 OR 777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q10.17a, Q10.17b & Q10.17c (OR ASK Q10.17d, Q10.17e, Q10.17f FOR METRIC).

CRITICAL WEIGHT FOR ENGLISH OBESE:
= .0427 * (Q10.14 height IN) * (Q10.14 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT:
= .0356*(Q10.14 height IN)*(Q10.14 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT:
= .0263*(Q10.14 height IN)*(Q10.14 height IN)

ASK Q10.16a IF Q10.15 = 999 OR 777 AND Q10.14 ≠ 999 OR 777, ELSE SKIP TO Q11.1
Q10.16a 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 Q10.16b IF Q10.16a = 1, ELSE SKIP TO Q11.1
Q10.16b 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 Q10.16c IF Q10.16b = 1, ELSE SKIP TO Q11.1
Q10.16c 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 * (Q10.14 height CM)*(Q10.14 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q10.14 height CM)*(Q10.14 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q10.14 height CM)*(Q10.14 height CM)

ASK Q10.16d IF Q10.15 = 999 OR 777 AND Q10.14 ≠ 999 OR 777, ELSE SKIP TO Q11.1
Q10.16d 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 Q10.16e IF Q10.16d = 1, ELSE SKIP TO Q11.1
Q10.16e 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 Q10.16f IF Q10.16e = 1, ELSE SKIP TO Q11.1
Q10.16f 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 * Q10.15 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * Q10.15 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * Q10.15 weight LB)

THEN CONVERT TO FEET, INCHES

ASK Q10.17a IF Q10.14 = 999 OR 777 AND Q10.15 ≠ 999 OR 777, ELSE SKIP TO Q11.1

Q10.17a 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 Q10.17b IF Q10.17a = 2, ELSE SKIP TO Q11.1

Q10.17b 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 Q10.17c IF Q10.17b = 2, ELSE SKIP TO Q11.1

Q10.17c 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 * Q10.15 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * Q10.15 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * Q10.15 weight KILOS)

ASK Q10.17d IF Q10.14 = 999 OR 777 AND Q10.15 ≠ 999 OR 777, ELSE SKIP TO Q11.1
Q10.17d 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 Q10.17e IF Q10.17d = 2, ELSE SKIP TO Q11.1
Q10.17e 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 Q10.17f IF Q10.17e = 2, ELSE SKIP TO Q11.1
Q10.17f 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

Q11.1 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 Q11.2 IF Q11.1 = 1, ELSE SKIP TO Q12.1

Q11.2 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 Q11.3 IF Q11.2 = 1

Q11.3 How many cigarettes on average do you smoke per day?

- _____ PER DAY [RANGE 1-200]
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK Q11.3a IF Q11.2 = 2

Q11.3a On the days that you smoke, how many cigarettes on average do you smoke per day?

- _____ PER DAY [RANGE 1-200]
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK Q11.3b IF Q11.2 = 2 AND Q11.3a ≠ 777 OR 999

Q11.3b On average, about how many days per month do you smoke?

- 1_ _ DAYS PER MONTH [RANGE 0-30]
- 2_ _ DAYS PER WEEK [RANGE 0-7]
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Respondent can answer in days per month OR days per week, but not both.

ASK Q11.4 IF Q11.2 = 1 OR 2

Q11.4 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 Q11.5 IF Q11.1 = 1 AND Q11.2 = 3

Q11.5 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]

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

CATI Note: Interviewer must enter a number into only one field.

(READ IF Q11.2 = 1 OR 2) In June 2008, the price of cigarettes went up by "a dollar twenty five" a pack. I'd like to ask you a few questions about how this increase has affected you.

**ASK Q11.6 IF Q11.2 = 1 or 2
(CURRENT SMOKERS)**

Q11.6 Have you smoked fewer cigarettes since the price went up?

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

**ASK Q11.7 IF Q11.2 = 1 or 2
(CURRENT SMOKERS)**

Q11.7 Have you thought seriously about quitting since the price went up?

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

**ASK Q11.8 IF Q11.2 = 1 or 2
(CURRENT SMOKERS)**

Q11.8 Have you switched to a cheaper brand since the price went up?

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

**ASK Q11.9 IF Q11.2 = 1 or 2
(CURRENT SMOKERS)**

Q11.9 Have you bought more cigarettes from "a person on the street" since the price went up?

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

**ASK Q11.10 IF Q11.2 = 1 or 2
(CURRENT SMOKERS)**

Q11.10 Have you bought more cigarettes from outside New York State, on the internet, through the mail or on an Indian reservation since the price went up?

INTERVIEWER: CIGARETTES BOUGHT AT MILITARY BASES AND/OR DUTY FREE (TAX FREE) SHOULD BE INCLUDED.

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

**ASK Q11.11 IF Q11.2 = 1 or 2
(CURRENT SMOKERS)**

Q11.11 Have you bought more loosies since the price went up?

READ IF NEEDED: Loosies being individual cigarettes not in a pack.

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

**ASK Q11.12 IF Q11.2 = 1 or 2 OR Q11.5 < 1 YEAR
(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)**

Q11.12 (READ ONLY IF Q12.5 < 1 YEAR: In June 2008 cigarette prices increased by "a dollar twenty five" a pack.) Have you smoked a pipe more, smoked cigars more or used chewing tobacco more since the price went up?

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

**ASK Q11.13 IF Q11.5 < 1 YEAR
(FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)**

Q11.13 Did the change in the price of cigarettes affect your decision to quit smoking?

INTERVIEWER READ IF NEEDED: Did it have any affect on your decision to quit?

INTERVIEWER NOTE: ACCEPT 'YES' EVEN IF R INDICATES MULTIPLE REASONS FOR QUITTING.

- 1 YES
- 2 NO
- 3 QUIT BEFORE JUNE 2008
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

SCREEN: And now some questions about the last cigarette you smoked.

**ASK Q11.14 IF Q11.2 = 1 OR 2
(CURRENT SMOKERS)**

Q11.14 Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummed or did you roll your own?

- 1 CARTON [GO TO Q11.15A]
- 2 PACK [GO TO Q11.15B]

- 3 SINGLE/LOOSIE [GO TO Q11.15C]
- 4 BUMMED
- 5 ROLLED OWN
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK Q11.15 IF Q11.14 = 1, 2 OR 3
(CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)**

Q11.15 How much did you pay for that [ANSWER TO Q11.14]?

DO NOT ROUND - PUT IN EXACT DOLLARS/CENTS

Q11.15A CARTON: ENTER PRICE IN DOLLARS AND CENTS

\$___. __ [RANGE 1-120 DOLLARS]
8888 DID NOT PAY FOR CIGARETTES
7777 DON'T KNOW/NOT SURE
9999 REFUSED

Q11.15B PACK: ENTER PRICE IN DOLLARS AND CENTS

\$___. __ [RANGE 1-12 DOLLARS]
8888 DID NOT PAY FOR CIGARETTES
7777 DON'T KNOW/NOT SURE
9999 REFUSED

Q11.15C SINGLE/LOOSIE: ENTER PRICE IN CENTS

\$___. __ [RANGE 1 CENT to 1 DOLLAR]
88 DID NOT PAY FOR CIGARETTES
77 DON'T KNOW/NOT SURE
99 REFUSED

**ASK Q11.16 IF Q11.14 = 1, 2, OR 3
(CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)**

Q11.16 Where did you get that [ANSWER FROM Q11.14]?

- 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
- 88 Somewhere else (SPECIFY) _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK Q11.17 IF Q11.2 = 1 or 2 OR Q11.5 <= 1 YEAR

(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)

Q11.17 During the past 12 months, did you use any of the following aids to help you quit? The Nicotine patch, nicotine gum, nicotine lozenge, nicotine nasal spray or nicotine inhaler?

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

ASK Q11.18 IF Q11.2 = 1 or 2 OR Q11.5 <= 1 YEAR

(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)

Q11.18 (During the past 12 months,) did you use a prescription pill to block the craving of smoking, like Zyban, Bupropion or Chantix?

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

SECOND HAND SMOKE

ASK ALL

Q12.1 Does anyone (READ IF Q11.2 = 1 OR 2: else) who lives in your household smoke regularly?

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

ASK ALL

Q12.2 When you are at home, how often are you around people when they are smoking? 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
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q12.3 Which statement best describes the rules about smoking inside your home?

READ IF NECESSARY: Exclude smoking in outside areas such balconies and patios

READ ALL ANSWER CHOICES:

- 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

PETS

SCREEN: The next few questions are about pets.

ASK ALL

Q13.1 Do you or anyone else in the household have any dogs or cats?

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

ASK Q13.2 IF Q13.1 = 1, ELSE SKIP TO Q14.1

Q13.2 How many dogs do you have?

- _____ DOGS [RANGE 1-70]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK Q13.3 IF Q13.1 = 1, ELSE SKIP TO Q14.1

Q13.3 How many cats do you have?

- _____ CATS [RANGE 1-70]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CANCER SCREENING

SCREEN: Now I will ask you some questions about cancer screenings.

ASK Q14.1 IF Q10.2 = 2, ELSE SKIP TO Q14.6

Q14.1 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 Q14.2 IF Q14.1 = 1, ELSE SKIP TO Q14.3

Q14.2 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 Q14.3 IF Q10.2 = 2, ELSE SKIP TO Q14.5

Q14.3 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 Q14.4 IF Q14.3 = 1, ELSE SKIP TO Q14.5

Q14.4 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 Q14.5 IF Q10.1 >=45 (OR Q10.1a = 1 OR 2), ELSE SKIP TO Q15.1

Q14.5 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 Q14.6 IF Q14.5 = 1, ELSE SKIP TO Q15.1

Q14.6 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

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

Q15.1 Have you had an HIV test in the last 12 months?

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

ASK Q15.2 IF Q15.1 = 2,7,9

Q15.2 Have you ever had an HIV test?

- 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.

WOMEN ONLY:

ASK Q16.1f IF Q10.2 = 2, ELSE SKIP TO Q16.1m (ASK ALL WOMEN)

Q16.1f 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 Q16.2f IF Q16.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q16.4f

Q16.2f The last time you had sex, did you use a condom?

IF ASKED : This includes the "female condom"

IF ASKED: This is the last time you had sex with a man.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

ASK Q16.3f IF Q16.1f > 0 and NOT 777 OR 999, AND Q10.1 < 45 (OR Q10.1a = 3 OR 4), ELSE SKIP TO Q16.4f

Q16.3f The last time you had sex, did you or your partner use any other method other than a condom to prevent pregnancy?

IF NECESSARY: This includes withdrawal or rhythm method.

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

ASK Q16.4f IF Q10.2 = 2 (ASK ALL WOMEN)

Q16.4f 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 Q16.5f IF Q16.4f = 0 and NOT 777,999

Q16.5f 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

SEXUAL BEHAVIOR

MEN ONLY:

ASK Q16.1m IF Q10.2 = 1, ELSE SKIP TO Q17.1 (ASK ALL MEN)

Q16.1m 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]
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

ASK Q16.2m IF Q10.2 = 1 (ASK ALL MEN)

Q16.2m 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 Q16.3m IF Q16.2m = 0 and NOT 777,999 ELSE SKIP TO Q16.4m

Q16.3m 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 Q16.4m if Q16.2m >0 and NOT 777,999 (Only Gay or Bisexual Men who were active in past 12 months), ELSE SKIP TO Q16.5m

Q16.4m The last time you had sex with a man, did you use a condom?

IF ASKED : This includes the "female condom"

1 YES
2 NO
3 [VOLUNTEERED] DIDN'T HAVE ANAL SEX
7 DON'T KNOW/ NOT SURE
9 REFUSED

ASK Q16.5m IF Q16.1m > 0 AND NOT 777 OR 999, AND Q16.2=0 AND Q16.3m=2,7 OR 9 (Only heterosexual men active in past 12 months) ELSE SKIP TO Q16.6m

Q16.5m 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 Q16.6m IF Q16.1m > 0 AND NOT 777 OR 999, AND Q16.2m>0 AND NOT 777 OR 999, OR Q16.3m=1 (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q16.7m

Q16.6m The last time you had sex with a woman, 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 Q16.7m IF Q16.1m > 0 and NOT 777,999, AND Q10.1 < 65 (OR Q10.1a = 2, 3 OR 4), ELSE SKIP TO Q17.1

Q16.7m The last time you had sex (IF Q16.2m > 0 AND NOT 777,999 READ: with a woman), did you or your partner use any other method other than a condom to prevent pregnancy?

IF NECESSARY: This includes withdrawal or rhythm method.

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

CONDOM INITIATIVE

ASK ALL

Q17.1 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 Q17.2 IF Q17.1 = 1, ELSE SKIP TO Q18.1

Q17.2 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

ALCOHOL CONSUMPTION

SCREEN: Now a few questions about alcohol.

ASK ALL

Q18.1 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 Q18.2 IF Q18.1 > 0 BUT NOT 77 OR 99, ELSE SKIP TO Q19.1

Q18.2 On the days when you drank, about how many drinks did you drink on average?

INTERVIEWER: ROUND UP. IF RESPONDENT ANSWERS ½ OF DRINK CODE AS 1 DRINK.

___ NUMBER OF DRINKS [RANGE OF 1-50 WITH A MINIMUM OF 1 DRINK]
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK Q18.3 IF Q18.1 > 0 BUT NOT 77 OR 99, ELSE SKIP TO Q19.1

Q18.3 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

DOMESTIC VIOLENCE

SCREEN: The next questions are about your personal safety. Some questions ask about threats or about being hurt; others ask about unwanted sexual experiences. Remember that all your answers will be kept private and if a question upsets you, you don't have to answer it.

ASK ALL

Q19.1 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?

READ IF NEEDED: The intimate partner could be a current or past partner and refers to any intimate partner past or present.

INTERVIEWER, IF ASKED: The domestic violence hotline is (800) 621-HOPE (800-621-4673).

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

READ IF Q19.1 = 1, ELSE SKIP TO Q19.2

SCREEN: Just for your information, the Domestic Violence Hotline is (800) 621-HOPE (800-621-4673).

ASK ALL

Q19.2 Since you turned 18, has anyone ever forced you into any type of unwanted vaginal, oral or anal sex?

INTERVIEWER, IF ASKED: The rape and sexual assault hotline is (212) 267-7273.

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

ASK ALL

Q19.3 Has a doctor or other health professional ever asked you about conflict in your relationship, such as whether you have been hit or hurt or forced into a sexual act by an intimate partner?

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

TELEPHONE MODULE

Note: the question order for the telephone module was changed the week after data collection started. For recoding purposes, the original question order, below, was used. To review the final question order, see page 49.

SCREEN: And now, because this is a telephone survey I need to ask you a few more questions about your telephone usage, then we will be done. These questions are only asked for statistical purposes.

ASK ALL

Q20.1 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 Q20.2 IF Q20.1 = 1, ELSE SKIP TO Q20.3

Q20.2 How many of these are residential numbers?

- RESIDENTIAL TELEPHONE NUMBERS [RANGE 0-5]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q20.3 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

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

ASK ALL

Q20.4 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

Q20.5 Do you have a cell phone for personal use? Please include cell phones if they are used for any personal use.

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

ASK Q20.6 IF Q20.5 = 1, ELSE SKIP TO Q20.8

Q20.6 Do you usually share this cell phone with any other adults?

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

ASK Q20.7 IF Q20.5 = 2, ELSE SKIP TO Q20.8

Q20.7 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 Q20.8 IF Q20.6 OR Q20.7 = 1, ELSE SKIP TO Q20.9

Q20.8 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

ASK Q20.9 IF Q20.5 = 1 OR Q20.7 = 1, ELSE SKIP TO CLOSING

Q20.9 Thinking about all the calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

——— Percent
777 DON'T KNOW
999 REFUSED

NOTE: Below is the final question order for the telephone module. The survey was recoded using the original question order (see page 47).

ASK ALL

Q20.1 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 Q20.2 IF Q20.1 = 1, ELSE SKIP TO Q20.3

Q20.2 How many of these are residential numbers?

- _____ RESIDENTIAL TELEPHONE NUMBERS [RANGE 0-5]
- 7 DON'T KNOW/NOT SURE
 - 9 REFUSED

ASK ALL

Q20.3 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

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

ASK ALL

Q20.4 Do you have a cell phone for personal use? Please include cell phones if they are used for any personal use.

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

ASK Q20.5 IF Q20.4 = 1, ELSE SKIP TO Q20.6

Q20.5 Do you usually share this cell phone with any other adults?

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

ASK Q20.6 IF Q20.4 = 2, ELSE SKIP TO Q20.7

Q20.6 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 Q20.7 IF Q20.5 OR Q20.6 = 1, ELSE SKIP TO Q20.8

Q20.7 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

ASK ALL

Q20.8 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 Q20.9 IF Q20.4 = 1 OR Q20.6 = 1, ELSE SKIP TO CLOSING

Q20.9 Thinking about all the calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

- _____ Percent
- 778 DON'T KNOW
- 999 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: [contact information read]

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