

**2010 New York City
Community Health Survey
(NYC CHS)**

Contact information:

CHS Coordinator

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2010 Community Health Survey Questionnaire
 Last updated (04/23/10)

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 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, OR IF Q ZIP = 77777 OR Q ZIP = 99999, ASK Q BORO

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

READ IF NEEDED:

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

IF QUOTA OUT, GO TO CHILD SUBSCRIPT QS.1. WRITE DATA FOR QZIP (QZIP), QCONFIRM (QCONFIRM), AND QBORO (QBORO) FROM MAIN SUB_SCRIPT. WRITE DATA FROM SAMPLE FOR UHF, REPLICATE, QKEY - THE ORIGINAL ONE, MAILED, RESMC, CSS.

QLEVEL =1

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 - [GO TO s6b1]
- 9 Refused

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]

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. (If s6b = 2) May I please have the adult's name so we can ask for them when we call back?/(If q pick = 2) May I please have the (PICKED PERSON'S) name so that we can speak with [them] when we call back?

- 1 Gave response - (ENTER RESPONSE)
- 7 (VOL) Don't know - (Thanks and terminate)
- 9 (VOL) Refused - (Thanks and terminate)

Q WHICH INTERVIEWER: SELECT LANGUAGE

- 1 English
- 2 Spanish
- 3 Russian Paper
- 4 Chinese Paper

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.

ENTER CHS MAIN SUBSCRIPT HERE. WRITE DATA FROM SAMPLE FOR UHF, REPLICATE, QKEY - THE ORIGINAL ONE, MAILED, RESMC, CSS. WRITE SCREENER VARIABLES TO CHS SUBSCRIPT.

HEALTH STATUS**TCNY****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 NEEDED: Medicare is a health insurance program for people 65 and older or persons with disabilities.

READ IF NEEDED: 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 IF Q2.1 = 1, ELSE SKIP TO Q2.3a/b

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 including Medicaid Managed Care
- 06 The military, CHAMPUS, TriCare, or the VA
- 07 COBRA, or
- 08 Some other source ?
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

CATI - RANDOMIZE RESPONDENTS TO RECEIVE EITHER Q2.3a OR Q2.3b (1:1)

ASK ALL - VERSION 1 ONLY

Q2.3a - Do you have one person or more than one person you think of as your personal doctor or health care provider?

INTERVIEWER PROBE 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 - VERSION 2 ONLY

Q2.3b - Do you have a doctor or other health care provider you see regularly if you are ill or need a checkup?

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

9 REFUSED

TCNY

ASK ALL

Q2.4 - 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

CARDIOVASCULAR HEALTH

TCNY

ASK ALL

Q3.1 - 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

TCNY

ASK IF Q3.1 = 1

Q3.2 - Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for your high blood pressure?

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

TCNY

ASK IF Q3.2 = 1

Q3.3 - Are you currently taking medication for your high blood pressure?

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

ASK ALL

Q3.4 - 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

Q3.5 - 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 IF Q3.5 = 1

Q3.6 - About how long has it been since you last had your cholesterol checked?

READ ONLY 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

TCNY

ASK ALL

Q3.7 - 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 IF 3.7 = 1

Q3.8 - Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for your high cholesterol?

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

TCNY

ASK IF 3.7 = 1

Q3.9 - 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

Q4.1- 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

ASTHMA

ASK ALL

Q4.2 - 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 IF Q4.2 = 1

Q4.3 - 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

ASK IF Q4.2 = 1

Q4.4 - During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma?

_____ NUMBER OF VISITS [76 OR MORE = "76"]

- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

MENTAL HEALTH

READ: The next few questions are about your mental health

TCNY

ASK ALL

Q5.1 - 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

TCNY
ASK ALL

Q5.2 - 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

TCNY **ASK ALL**

Q5.3 - (READ IF NEEDED: During the past 30 days), how often did you feel

Restless or fidgety?

(READ IF NEEDED: 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

TCNY
ASK ALL

Q5.4 - (READ IF NEEDED: During the past 30 days), how often did you feel

Hopeless?

(READ IF NEEDED: 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

TCNY
ASK ALL

Q5.5 - (READ IF NEEDED: During the past 30 days), how often did you feel

That everything was an effort?

(READ IF NEEDED: 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

TCNY
ASK ALL

Q5.6 - (READ IF NEEDED: During the past 30 days), how often did you feel

Worthless?

(READ IF NEEDED: 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

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***GENERATE K6 score*****
FOR Q 5.1 - Q 5.6, CODE "7 Don't know" and "9 Refused" as = 5.
k6 score =30 - (5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6)
if k6 >12 then SMI=1;
else if k6<=12, THEN SMI =2;
    
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TCNY
ASK IF SMI=1

Q5.7 We just talked about a number of feelings you had during the PAST 30 DAYS.
Altogether, how MUCH did these feelings interfere with your life or activities:
a lot, some, a little, or not at all?

- 1 A LOT
- 2 SOME
- 3 A LITTLE
- 4 NOT AT ALL
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q5.8 - DURING THE PAST 30 DAYS, have you received any counseling or taken prescription medication for a mental health problem?

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

ASK IF Q5.8 ≠ 1

Q5.9 - IN THE LAST 12 MONTHS, have you received any counseling or taken prescription medication for a mental health problem?

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

ASK ALL

Q5.10 - 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

NUTRITION

READ SCREEN: And now some questions about food and drinks.

ASK ALL

Q6.1 - In general, how healthy is your overall diet? Would you say 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

ASK ALL

Q6.2 - 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
- 4 [VOL] Physically unable to walk
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY
ASK ALL

Q6.3 - 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: 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 [CATI RANGE 0 - 50]

77 DON'T KNOW/NOT SURE
 99 REFUSED

TCNY
ASK ALL

Q6.4 How often do you drink sugar sweetened soda? Do NOT include diet soda or seltzer.

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

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

1__ PER DAY (RANGE 1-99)
 2__ PER WEEK (RANGE 1-99)
 3__ PER MONTH (RANGE 1-99)

888 NONE / NEVER / RARELY
 777 DON'T KNOW/NOT SURE
 999 REFUSED

CATI: ONLY ONE FIELD CAN BE ENTERED

TCNY
ASK ALL

Q6.5 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 NEEDED: How many sweetened drinks do you drink per day, per week or per month?

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

1__ PER DAY (RANGE 1-99)
 2__ PER WEEK (RANGE 1-99)
 3__ PER MONTH (RANGE 1-99)

888 NONE / NEVER / RARELY
 777 DON'T KNOW/NOT SURE
 999 REFUSED

CATI NOTE: ONLY ALLOW ONE FIELD TO BE ENTERED.

ASK ALL

Q6.6 - When buying canned or packaged products, how often do you choose products because you believe they are 'low salt' or 'low sodium'? Would you say frequently, sometimes, hardly ever or never?

- 1 FREQUENTLY
- 2 SOMETIMES
- 3 HARDLY EVER
- 4 NEVER
- 5 (VOL.) NEVER BUY CANNED/PACKAGED FOODS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q6.7 - How often do you add salt to your food at the table? Would you say 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

Q6.8 - Are you cutting down on salt to help-

(IF Q3.1 = 1: lower or control your high blood pressure?

(IF Q3.1 NE 1: prevent high blood pressure?

- 1 YES
- 2 NO
- 3 DO NOT USE SALT
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

READ: The next two questions are about eating meals, including breakfast, lunch and dinner, from restaurants, delis and street vendors.

ASK ALL

Q6.9- How many times per week or per month do you eat meals purchased at a deli, street vendor or restaurant? Please include meals eaten at a restaurant, carried out or delivered.

- 1__ PER WEEK (RANGE 1-99)
- 2__ PER MONTH (RANGE 1-99)

- 888 NONE / NEVER / RARELY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ASK ALL

Q6.10 - How often do you eat something from a fast-food restaurant or chain such as: McDonalds, KFC, Taco Bell, Golden Krust or similar places?

READ IF NEEDED: How many times per week or per month?

- 1__ PER WEEK (RANGE 1-99)
- 2__ PER MONTH (RANGE 1-99)

- 888 NONE / NEVER / RARELY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

COMMUTING PATTERNS

ASK ALL

Q7.1 - Between 9 a.m. and 5 p.m. weekdays, where do you spend **most** of your time?

INTERVIEWER: IF RESPONDENT WORKS AT HOME CHOOSE OPTION 1

READ IF NEEDED: I am asking where you spend MOST of your time on MOST weekdays between 9 am and 5 pm.

READ ANSWER CATEGORIES

- 1 At or around your home
- 2 At a work location outside your home
- 3 At school
- 4 At work or school equally
- 8 (VOL.) SOME PLACE ELSE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF Q7.1 = 2,3,4 (AWAY FROM HOME ON WEEKDAYS) ELSE SKIP TO Q7.4

Q7.2 - How do you usually get there?

PROBE: there= where you spend most of your time between 9 and 5

INTERVIEWER NOTE: IF RESPONDENT SAYS 'TRAIN' PROBE TO SEE IF IT IS A SUBWAY OR COMMUTER TRAIN

ACCEPT ALL THAT APPLY

- 1 Subway
- 2 City bus
- 3 Express bus
- 4 Bicycle
- 5 Walking
- 6 Car
- 7 Taxi
- 8 Commuter train (such as LIRR, PATH, Metro North)
- 9 Ferry
- 10 Some other way
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q7.2 NE 77|99

Q7.3 - On average, how many minutes is your one-way commute when you are going to work or school?

READ IF NEEDED: If you go to work and school, how many minutes is your one-way commute to the first place you usually go.

- _____ MINUTES (RANGE: 0 - 180)
- _____ HOURS (RANGE: 0-3; INTERVIEWER NOTE: 15 MINUTES=.25, 30 MINUTES=.5, 45 MINUTES=.75)
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

[CATI: ONLY ALLOW ANSWERS IN MINUTES OR HOURS]

NEIGHBORHOOD SAFETY

SCREEN: Thinking about the neighborhood where you live...

ASK ALL

Q7.4 - How safe from crime do you consider your neighborhood to be?

INTERVIEWER: PLEASE READ RESPONSES

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

ASK ALL

Q7.5 - At any time in the last 90 days have you seen any mice or rats or signs of mice or rats on the street where you live?

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

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

PHYSICAL ACTIVITY

ASK ALL

Q8.1 - On an average day, how many hours do you watch television? Only include time when you are sitting and watching the T.V.

- _____ HOURS (RANGE 00-12 HOURS, 77, 88, 99)
- 00 NEVER
- 88 LESS THAN A HALF HOUR
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ENTER THE NUMBER OF HOURS. IF THE RESPONDENT SAYS NO TIME IS SPENT WATCHING TV, ENTER 00. ENTER 88 FOR LESS THAN A HALF HOUR. IF THE RESPONDENT SAYS BOTH HOURS AND MINUTES ROUND TO THE NEAREST HOUR.

ASK ALL

Q8.2 - During the past 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

ASK ALL

Q8.3 - 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
- 5 [VOL] PHYSICALLY UNABLE TO RIDE A BIKE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.3 = 1, 2 OR 3

Q8.4 - 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

TCNY**ASK ALL**

Q8.5 - 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

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

ASK ALL

Q8.6 - 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, per month or per year do you do these activities?

- 1__ PER DAY (RANGE: 1-4)
- 2__ PER WEEK (RANGE: 1 - 28)
- 3__ PER MONTH (RANGE: 1 - 120)
- 4__ PER YEAR (RANGE: 1 - 1456)
- 666 UNABLE TO DO THIS ACTIVITY
- 888 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

ASK IF Q8.6 NE 666,888, 777 OR 999

Q8.7 - 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

Q8.8 - 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, per month or per year do you do these activities?

- 1__ PER DAY (RANGE 1 - 4)
- 2__ PER WEEK (RANGE 1 - 28)
- 3__ PER MONTH (RANGE 1 - 120)
- 4__ PER YEAR (RANGE: 1 - 1456)
- 666 UNABLE TO DO THIS ACTIVITY
- 888 NEVER
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

ASK IF Q8.8 NE 666,888,777 OR 999

Q8.9 - 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.

CATI INSTRUCTION: RANDOMIZE RESPONDENTS FOR Q8.10 AND Q8.11. HALF SHOULD RECEIVE Q8.10 BEFORE THE SERIES OF VIGOROUS/MODERATE EXERCISE QUESTIONS (Q8.6-Q8.9) AND THE OTHER HALF SHOULD RECEIVE IT AFTER Q8.6-Q8.9.

ASK ALL

Q8.10 - In general, how physically active are you? Don't include physical activity that is part of a job or school classes. Would you say very active, somewhat active, not very active or not active at all?

- 1 Very active
- 2 Somewhat active
- 3 Not very active
- 4 Not active at all
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.11 - Compared with most others your age, would you say that you are more active, less active or about the same?

- 1 More active
- 2 Less active
- 3 About the same
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q8.12 Are you physically able to climb the stairs?

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

[IF Q8.12=YES, ASK Q8.13 & Q8.14]

Q8.13. How many total floors of stairs do you walk up on an average weekday at home and at work combined?

READ IF NEEDED: Exclude stairs in the subway.

- 1 0 floors per weekday
- 2 1-2 floors per weekday
- 3 3-5 floors per weekday
- 4 6 floors or more per weekday
- 7 DON'T KNOW/NOT SURE

9 REFUSED

Q8.14. In a building with a mechanical alternative (elevator or escalator), how often do you take the stairs?

- 1 Always
- 2 Usually
- 3 Sometimes
- 4 Almost never
- 5 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

Q9.1 - What is your age?

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

ASK IF Q9.1 = 07 OR 09, ELSE SKIP TO Q9.2

Q9.1a - 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

Q9.2 - 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

Q9.3 - Are you Hispanic or Latino?

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

ASK IF Q9.3 = 1, ELSE SKIP TO Q9.4

Q9.3a - Please tell me which group best represents your Hispanic or Latino origin or ancestry:

READ ANSWER CHOICES, ACCEPT FIRST RESPONSE [CATI: RANDMONIZE: 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 [VOL] SPANISH
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q9.4 - (READ IF Q9.3=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, MULTIPLE RESPONSE:

- 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

QLEVEL = 4

ASK IF MORE THAN ONE ANSWER TO Q9.4, ELSE SKIP TO Q9.5

Q9.4a - Which one of these groups would you say best represents your race?

READ MENTIONED RACES:

CATI Note: Fill selected races from Q9.4.

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 8 Other named in Q9.4
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q9.5 - 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 Q9.5a**)
- 2 Outside USA [List of countries, includes Puerto Rico and other US territories] (**SKIP TO Q9.5b**)

ASK IF Q9.5 = 1.

Q9.5a

- | | |
|------------|---------------|
| 01 ALABAMA | 05 ARKANSAS |
| 02 ALASKA | 06 CALIFORNIA |
| 04 ARIZONA | 08 COLORADO |

- | | |
|-------------------------|--------------------------|
| 09 CONNECTICUT | 34 NEW JERSEY |
| 10 DELAWARE | 35 NEW MEXICO |
| 11 DISTRICT OF COLUMBIA | 36 NEW YORK |
| 12 FLORIDA | 37 NORTH CAROLINA |
| 13 GEORGIA | 38 NORTH DAKOTA |
| 15 HAWAII | 39 OHIO |
| 16 IDAHO | 40 OKLAHOMA |
| 17 ILLINOIS | 41 OREGON |
| 18 INDIANA | 42 PENNSYLVANIA |
| 19 IOWA | 44 RHODE ISLAND |
| 20 KANSAS | 45 SOUTH CAROLINA |
| 21 KENTUCKY | 46 SOUTH DAKOTA |
| 22 LOUISIANA | 47 TENNESSEE |
| 23 MAINE | 48 TEXAS |
| 24 MARYLAND | 49 UTAH |
| 25 MASSACHUSETTS | 50 VERMONT |
| 26 MICHIGAN | 51 VIRGINIA |
| 27 MINNESOTA | 53 WASHINGTON |
| 28 MISSISSIPPI | 54 WEST VIRGINIA |
| 29 MISSOURI | 55 WISCONSIN |
| 30 MONTANA | 56 WYOMING |
| 31 NEBRASKA | 77 DON'T KNOW |
| 32 NEVADA | 88 OTHER (SPECIFY) _____ |
| 33 NEW HAMPSHIRE | 99 REFUSED |

ASK IF Q9.5 = 2.

Q9.5b

- | | |
|------------------------|------------------------------|
| 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 |
| 23. GUATEMALA | ENGLAND, N. IRELAND, |
| 24. GUYANA | SCOTLAND, WALES) |
| 25. HAITI | 55. VENEZUELA |
| 26. HONDURAS | 56. VIETNAM |
| 27. HONG KONG | 57. WEST INDIAN |
| 28. HUNGARY | 58. YUGOSLAVIA |
| 29. INDIA | 66. OTHER (SPECIFY) _____ |
| 30. IRELAND | 77. DON'T KNOW/NOT SURE |
| 31. ISRAEL | 99. REFUSE |
| 32. ITALY | |

ASK IF Q9.5 = 2, ELSE SKIP TO Q9.7

Q9.6 - How long have you lived in this country?

READ IF NEEDED:

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

ASK ALL

Q9.7 - 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

Q9.8 - 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

Q9.9 - 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

Q9.10 - What is the highest grade or year of school you completed?

READ IF NEEDED:

- 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), or
- 6 College 4 years or more (COLLEGE GRADUATE) ?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q9.11 - How many children younger than 18 live in the household?

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

- ___ NUMBER OF CHILDREN [RANGE 0-25]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q9.12 - 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, or
- 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.

If Q9.11 = 77 or 99, skip to Q9.14
 Create new field NHOUSE = QHH (Number of adults) + Q9.11 (Number of Children)
 We will use NHOUSE to create a field (PVTYLVL) to populate the fill for Q9.16
 PVTYLVL = 7090 + (NHOUSE * 3740)

TCNY

READ SCREEN: 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.

ASK ALL

Q9.13 - Is your household's annual income from all sources:

- 02 Less than \$ (PVTYLVL*2) IF "NO," ASK 05; IF "YES," ASK 01
- 01 Less than .
 IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)
- 05 Less than \$ (PVTYLVL*5) IF "NO," ASK 06 (500-599%); IF "YES," ASK 04 (300-399%)
- 06 Less than \$ (PVTYLVL*6) IF "NO," CODE 07 (>600%); IF "YES," CODE 06 (500-599%)
- 04 Less than \$ (PVTYLVL*4) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)
- 07 \$ (PVTYLVL*6)
- 03 Less than \$ (PVTYLVL*3) IF "NO," CODE 04; IF "YES," CODE 03
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q9.13_02 = 77 OR 99, ELSE SKIP TO Q9.14

Q9.13a - 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 Q9.13 = 01 OR Q9.13a = 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

Q9.14 - About how tall are you without shoes?

READ IF NEEDED: 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

Q9.15 - About how much do you weigh without shoes?

READ IF NEEDED: 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 Q9.15 (WEIGHT) = 9999 OR 7777 AND Q9.14 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q9.16a, Q9.16b, Q9.16c (OR ASK Q9.16d, Q9.16e, Q9.16f FOR METRIC).

IF Q9.14 (HEIGHT) = 9999 OR 7777 AND Q9.15 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q9.17a, Q9.17b & Q9.17c (OR ASK Q9.17d, Q9.17e, Q9.17f FOR METRIC).

CRITICAL WEIGHT FOR ENGLISH OBESE:
 = .0427 * (Q9.14 height IN) * (Q9.14 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT:
 = .0356*(Q9.14 height IN)*(Q9.14 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT:
 = .0263*(Q9.14 height IN)*(Q9.14 height IN)

ASK IF Q9.15 = 9999 OR 7777 AND Q9.14 ≠ 9999 OR 7777, ELSE SKIP TO Q10.1

Q9.16a - 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 IF Q9.16a = 1, ELSE SKIP TO Q10.1

Q9.16b - 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 IF Q9.16b = 1, ELSE SKIP TO Q10.1

Q9.16c - 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 * (Q9.14 height CM)*(Q9.14 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
 = .0025* (Q9.14 height CM)*(Q9.14 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
 = .00185* (Q9.14 height CM)*(Q9.14 height CM)

ASK IF Q9.15 = 9999 OR 7777 AND Q9.14 ≠ 9999 OR 7777, ELSE SKIP TO Q10.1
Q9.16d - 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 IF Q9.16d = 1, ELSE SKIP TO Q10.1
Q9.16e - 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 IF Q9.16e = 1, ELSE SKIP TO Q10.1
Q9.16f - 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 * Q9.15 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
 = SQUARE ROOT OF (28.12 * Q9.15 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
 = SQUARE ROOT OF (38 * Q9.15 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q9.14 = 9999 OR 7777 AND Q9.15 ≠ 9999 OR 7777, ELSE SKIP TO Q10.1
Q9.17a - 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 IF Q9.17a = 2, ELSE SKIP TO Q10.1

Q9.17b - 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 IF Q9.17b = 2, ELSE SKIP TO Q10.1

Q9.17c - 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 * Q9.15 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * Q9.15 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * Q9.15 weight KILOS)

ASK IF Q9.14 = 9999 OR 7777 AND Q9.15 ≠ 9999 OR 7777, ELSE SKIP TO Q10.1

Q9.17d - 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 IF Q9.17d = 2, ELSE SKIP TO Q10.1

Q9.17e - 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 IF Q9.17e = 2, ELSE SKIP TO Q10.1

Q9.17f - 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

TCNY
ASK ALL

Q10.1 - 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

TCNY

ASK IF Q10.1 = 1, ELSE SKIP TO Q11.1

Q10.2 - 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 IF Q10.2 = 1

Q10.3 - How many cigarettes on average do you smoke per day?

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

ASK IF Q10.2 = 2

Q10.3a - 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 IF Q10.2 = 2 AND Q10.3a ≠ 777 OR 999

Q10.3b - 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

ASK IF Q10.2 = 1 OR 2

Q10.4 - How soon after waking up do you smoke your first cigarette?

READ IF NEEDED:

- 1 Within 5 minutes
- 2 Within 6-30 minutes
- 3 Within 31-60 minutes, or
- 4 More than 1 hour ?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q10.2 = 1 OR 2

Q10.5 - 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 IF Q10.1 = 1 AND Q10.2 = 3

Q10.6 - 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 (RANGE 0-52)
- 2___ MONTHS (RANGE 0-12)
- 3___ YEARS (RANGE 0-99)
- 888 NEVER SMOKED REGULARLY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

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

ASK IF Q10.2 = 1 or 2

Q10.7 - In April 2009, the price of cigarettes went up by at least "62 cents a pack". Have you smoked fewer cigarettes since the price went up?

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

ASK IF Q10.6 < 1 YEAR

(FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)

Q10.8 - In April 2009, the price of cigarettes went up by at least "62 cents a pack". 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 APRIL 2009
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q10.2 = 1 OR 2

(CURRENT SMOKERS)

Q10.9 - 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 Q10.10A]
- 2 PACK [GO TO Q10.10B]
- 3 SINGLE/LOOSIE [GO TO Q10.10C]
- 4 BUMMED
- 5 ROLLED OWN
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q10.9 = 1, 2 OR 3

(CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)

Q10.10 - How much did you pay for that [ANSWER TO Q10.9]?

DO NOT ROUND - PUT IN EXACT DOLLARS/CENTS

Q10.10A 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

Q10.10B 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

Q10.10C 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 IF Q10.9 = 1, 2, OR 3

(CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)

Q10.11 - Where did you get that [ANSWER FROM Q10.9]?

- 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 IF Q10.2 = 1, 2 OR Q10.6 < 1 YEAR
(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)**

Q10.12a - During the last twelve months, did you use any of the following aids to help you quit?

Q10.12a - A 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 IF Q10.12a = 1
Q10.12b** - Where did you get that?

- 1 Store/pharmacy
- 2 Online
- 3 311/New York State Smoker's Quitline
- 4 Employer or community program
- 5 Hospital outpatient clinic
- 6 Personal doctor or health care provider
- 7 Was given to by friend or family member
- 8 Other
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK IF Q10.2 = 1, 2 OR Q10.6 < 1 YEAR
(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)**

Q10.13a - (During the last twelve 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

**ASK IF Q10.13a = 1
Q10.13b** - Where did you get that?

- 1 Personal doctor or health care provider
- 2 Hospital outpatient clinic
- 3 Was given to by friend or family member
- 4 Online
- 5 Other
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK IF Q10.2 = 1, 2 OR Q10.6 < 1 YEAR
(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)**

Q10.14 - (During the last twelve months did you use) Individual, telephone or group counseling advice.

- 1 Yes
- 2 No
- 7 DON'T KNOW/NOT SURE
- 9 Refused

ASK IF Q10.2 = 1, 2 OR Q10.6 < 1 YEAR

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

Q10.15. - (During the last twelve months did you use) Internet forums or online support groups?

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

ASK IF Q10.2 = 1, 2 OR Q10.6 < 1 YEAR

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

Q10.16 - During the last 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

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

SECOND HAND SMOKE

ASK ALL

Q11.1 - Does anyone (READ IF Q10.2 = 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

Q11.2 - 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

Q11.3 - 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

IMMUNIZATIONS

READ: The next few questions are about flu vaccinations. First I will ask you about seasonal flu vaccinations and then I will ask you about vaccinations for Novel H1N1 also called Swine Flu. Again, these first questions are about seasonal flu.

ASK ALL

Q12.1 - During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?

IF NEEDED: This question is only asking about SEASONAL or regular flu, not H1N1 or Swine Flu

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

ASK IF Q12.1 = 1

Q12.2 - 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, 2009, and March 31, 2010?

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

READ: Now I will ask you about the Novel H1N1 Influenza virus, also called Swine Flu. This is different from the seasonal flu that I just asked you about.

ASK ALL

Q12.3 - Since October 2009, have you been vaccinated against H1N1, also called Swine Flu, by getting a shot in your arm or having a vaccine that was sprayed in your nose?

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

ASK IF Q12.3 = 2

Q12.4 - Did you try to get a vaccination for H1N1, but could not get it because it was not available?

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

ASK ALL

Q12.5 - 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

CANCER

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

ASK IF Q9.2 = 2, ELSE SKIP TO Q13.3

Q13.1 - 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 IF Q13.1 = 1, ELSE SKIP TO Q13.3

Q13.2 - How long has it been since your last mammogram?

READ IF NEEDED

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, or
5 5 or more years ago ?
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.2 = 2, ELSE SKIP TO Q13.5

Q13.3 - 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 IF Q13.3 = 1, ELSE SKIP TO Q13.5

Q13.4 - How long has it been since your last pap smear?

READ IF NEEDED

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, or
5 5 or more years ago ?
7 DON'T KNOW/NOT SURE
9 REFUSED

TCNY

ASK IF Q9.1 >=45 (OR Q9.1a = 1 OR 2), ELSE SKIP TO Q14.1

Q13.5 - 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 NEEDED: 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

TCNY

ASK IF Q13.5 = 1

Q13.6 - When was your most recent colonoscopy [KOH-LUH-NOS-KUH-PEE] performed?

READ IF NEEDED

- 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, or
- 4 10 or more years ago ?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

HIV TESTING

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

Q14.1 - Have you had an HIV test in the last 12 months?

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

TCNY

ASK IF Q14.1 NE 1

Q14.2 - Have you ever had an HIV test?

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

ASK ALL

Q14.3 - 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

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 IF Q9.2 = 2, ELSE SKIP TO Q15.1m (ASK ALL WOMEN)

Q15.1f - 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 [CATI RANGE 0 - 499]

777 DON'T KNOW/NOT SURE
999 REFUSED

ASK IF Q15.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q15.3f

Q15.2f - 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 IF Q15.2f = 1

Q15.2af - What brand of condom did you use?

IF ASKED: This includes the "female condom"

READ IF NEEDED:

1 NYC Condom
2 Durex
3 Trojan
4 Lifestyles
5 Another brand of condom (INCLUDING: ROUGH RIDER, BEYOND SEVEN, KIMONO OR OTHER)
6 Female Condom
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.2 = 2 (ASK ALL WOMEN)

Q15.3f - During the past 12 months, with how many women have you had sex?

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

___ NUMBER [CATI RANGE 0 - 499]

777 DON'T KNOW/NOT SURE
999 REFUSED

ASK IF Q15.3f = 0

Q15.4f - Have you ever had sex with a woman?

READ IF NEEDED: 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 IF Q15.1f > 0 AND NOT 777 OR 999

Q15.5f - In the past 12 months, have you had anal sex?

READ IF NEEDED: 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 IF Q15.5f = 1, ELSE SKIP TO Q16.1

Q15.6f - 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

SEXUAL BEHAVIOR

MEN ONLY:

ASK IF Q9.2 = 1, ELSE SKIP TO Q16.1 (ASK ALL MEN)

Q15.1m - 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 [CATI RANGE 0 - 499]
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

ASK IF Q9.2 = 1 (ASK ALL MEN)

Q15.2m - During the past 12 months, with how many men have you had sex?

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

___ NUMBER [CATI RANGE 0 - 499]
777 DON'T KNOW/NOT SURE
999 REFUSED

ASK IF Q15.2m = 0, ELSE SKIP TO Q15.4m

Q15.3m - Have you ever had sex with a man?

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

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

ASK IF Q15.2m >0 and NOT 777,999 (Only Gay or Bisexual Men who were active in past 12 months), ELSE SKIP TO Q15.5m

Q15.4m - 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 IF Q15.4m = 1 (Only Gay or Bisexual Men who were active in past 12 months)
Q15.4am - What brand of condom did you use?

IF ASKED: This includes the "female condom"

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

READ IF NEEDED:

- 1 NYC Condom
- 2 Durex
- 3 Trojan
- 4 Lifestyles
- 5 Another brand of condom (INCLUDING: ROUGH RIDER, BEYOND SEVEN, KIMONO OR OTHER)
- 6 Female Condom
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF (Q15.1m >0 AND Q15.1m <500, AND (Q15.2m = 0 AND (Q15.3m = 2,7 OR 9)) OR ((Q15.1m >0 AND Q15.1m <500) AND (Q15.2m = 777 OR Q15.2m = 999)), ELSE SKIP TO Q15.6m (Only heterosexual males with no bisexual history)

Q15.5m - 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 IF Q15.5m = 1 (Only heterosexual males with no bisexual history)
Q15.5am - What brand of condom did you use?

IF ASKED: This includes the "female condom"

READ IF NEEDED:

- 1 NYC Condom
- 2 Durex
- 3 Trojan
- 4 Lifestyles
- 5 Another brand of condom (INCLUDING: ROUGH RIDER, BEYOND SEVEN, KIMONO OR OTHER)
- 6 Female Condom
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q15.1m > 0 AND NOT 777 OR 999, AND Q15.2m > 0 AND NOT 777 OR 999, OR Q15.3m = 1 (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q15.7

Q15.6m - 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 IF Q15.6m = 1 (Only bisexual men active with a woman in past 12 months)

Q15.6am - What brand of condom did you use?

IF ASKED: This includes the "female condom"

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

READ IF NEEDED:

- 1 NYC Condom
- 2 Durex
- 3 Trojan
- 4 Lifestyles
- 5 Another brand of condom (INCLUDING: ROUGH RIDER, BEYOND SEVEN, KIMONO OR OTHER)
- 6 Female Condom
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TCNY

ASK IF Q15.1m OR Q15.2m > 0 AND NOT 777 OR 999

Q15.7m - In the past 12 months, have you had anal sex?

READ IF NEEDED:

(IF Q15.1m>0 AND Q15.2m=0) By anal sex, we mean putting your penis in your partner's rectum.

(IF Q15.2m>0 AND Q15.1m>=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

TCNY

ASK IF Q15.7m = 1

Q15.8m - 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

ALCOHOL

SCREEN: Now a few questions about alcohol.

TCNY

ASK ALL

Q16.1 - 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?

- 1 ___ DAYS PER WEEK [RANGE 1-7]
- 2 ___ DAYS IN PAST 30 [RANGE 1-30]

- 888 NO DRINKS IN THE PAST 30 DAYS
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI Note: Only allow one field to be entered.

TCNY

ASK IF Q16.1 > 0 BUT NOT 77 OR 99

Q16.2 - On the days when you drank, about how many drinks did you drink on average?

INTERVIEWER: ROUND UP. 1/2 A 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

TCNY

ASK IF Q16.1 > 0 BUT NOT 77 OR 99

Q16.3 -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 [CATI RANGE 0 -50]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

TELEPHONE MODULE

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

ASK ALL

Q17.1 - 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.

INTERVIEWER NOTE: Cordless telephones should be counted as landline telephones.

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

ASK ALL

Q17.2 - 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

Q17.3 - 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 IF Q17.3=2

Q17.3a - Do you share a cell phone for personal use with other adults?

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

RECRUITMENT TEXT FOR SODIUM FOLLOW UP STUDY

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: You can call the principal investigator at 212-788-9310.

2 INFORMATION ABOUT PARTICIPANTS RIGHTS
 READ: You can call the Institutional Review Board Chairperson at 212-788-4483.

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.

Terminate.

