

2014 New York City
Community Health Survey
(NYC CHS)

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**2014 Community Health Survey Questionnaire
Last updated (10.31..14)**

LANDLINE INTRODUCTION -SKIP TO CELL INTRODUCTION IF CELL VERSION

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	REASONS NOT TO CALL-BACK
01 No answer	11 Refused
02 Busy	12 Non-working/disconnected number
03 Call-back	13 Non-residential number
04 Answering machine	14 Number-change
05 Spanish interviewer needed	15 Fax machine
06 Other language needed	16 Beeper/Cell phone
07 END OF SHIFT/NUMBER NEVER TRIED	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, 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.

LEVEL =1

CATI: CREATE THE FOLLOWING VARIABLES:

- UHF - ASSIGNED USING ORIGINAL RULES (BASED ON QZIP OR ZIP OF PLURALITY FROM SAMPLE IF QZIP=77777/99999).
- UHFFLAG - SET TO 1 IF UHF ASSIGNED BASED ON QZIP, SET TO 2 IF ASSIGNED BASED ON ZIP OF PLURALITY FROM SAMPLE
- HOODFU - IF UHF = UNASSIGNED (43) OR UHFFLAG=2, ASK NEIGHBORHOOD FOLLOW-UP QUESTIONS AND SET 'HOODFU'=1 - ELSE GO TO QHH
- UHF2 - INITIALLY SET UHF2=UHF, BUT IF HOODFU=1, CHANGE VALUE OF UHF2 BASED ON ANSWERS TO THE NEIGHBORHOOD FOLLOWUP QUESTIONS

NEIGHBORHOOD FOLLOW-UP QUESTIONS [NEW IN 2014]

IF Q BORO=1 [BRONX]:

NH1. What is the name of the neighborhood in **The Bronx** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

_____ Neighborhood
99 Refused [GO TO QHH]

IF NH1=36 (University Heights), ASK NH1a.

NH1a. Do you live above or below 183rd Street?

- 1 Above 183rd Street (SET UHF2=103)
- 2 Below 183rd Street (SET UHF2=105)
- 7 Don't Know/Not Sure
- 9 Refused

GO TO Q HH.

IF Q BORO=2 [BROOKLYN]:

NH2. What is the name of the neighborhood in **Brooklyn** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

_____ Neighborhood
99 Refused

IF NH2=39 (Prospect Park South), ASK NH2a.

NH2a. Do you live east or west of Argyle Road?

- 1 East of Argyle Road (SET UHF2=206)
- 2 West of Argyle Road (SET UHF2=207)
- 7 Don't Know/Not Sure
- 9 Refused

GO TO Q HH.

IF NH2=45 (Williamsburg), ASK NH2b.

NH2b. Is where you live considered Bushwick, East Williamsburg or Greenpoint?

- 1 Bushwick/East Williamsburg (SET UHF2=201)
- 2 Greenpoint (SET UHF2=211)
- 3 No/Just Williamsburg (SET UHF2=201)
- 7 Don't Know/Not Sure
- 9 Refused

GO TO Q HH.

IF Q BORO=3 [MANHATTAN]:

NH3. What is the name of the neighborhood in **Manhattan** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

_____ Neighborhood
99 Refused

IF NH3=12 (Harlem), ASK NH3a

NH3a. Do you live in West Harlem, Central Harlem or East Harlem?

READ IF NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east.

Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

East Harlem is considered the area between 96th Street on the south to Harlem River on the north, from 5th Avenue to the East River. This neighborhood is sometimes referred to as "Spanish Harlem".

- 1 West Harlem (SET UHF2=301)
 - 2 Central Harlem (SET UHF2=302)
 - 3 East Harlem (SET UHF2=303)
 - 7 Don't Know/Not Sure
 - 9 Refused
- GO TO Q HH.**

IF NH3=34 (Upper Manhattan), ASK NH3b.

NH3b. Is that Upper Manhattan in Central Harlem or West Harlem?

READ IN NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east. Some neighborhoods close by include Inwood and Washington Heights.

Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

- 1 West Harlem (SET UHF2=301)
 - 2 Central Harlem (SET UHF2=302)
 - 7 Don't Know/Not Sure
 - 9 Refused
- GO TO Q HH.**

IF Q BORO=4 [QUEENS]:

NH4. What is the name of the neighborhood in Queens where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
 _____ Neighborhood
 99 Refused

IF Q BORO=5 [STATEN ISLAND]:

NH5. What is the name of the neighborhood in Staten Island where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
 _____ Neighborhood
 99 Refused

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.

In appreciation for your participation, after you complete the interview you can choose to enter a drawing for \$100.

IF INTERVIEW BEFORE AUGUST 31: A total of five New Yorkers who complete the survey by August 31st will be randomly drawn.

IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: A total of five New Yorkers who complete the survey after August 31st will be randomly drawn.

[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.

In appreciation for your participation, after you complete the interview you can choose to enter a drawing for \$100.

IF INTERVIEW BEFORE AUGUST 31: A total of five New Yorkers who complete the survey by August 31st will be randomly drawn.

IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: A total of five New Yorkers who complete the survey after August 31st will be randomly drawn.

END LANDLINE INTRODUCTION**CELL PHONE INTRODUCTION**

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 telephone survey to learn more about the health of New Yorkers. Your cell phone number was randomly chosen to participate in our study. I just have a few questions to find out if you are eligible for the study.

Programmer: For the voice mail messages, respondents to receive a voice mail message on the first, third and ninth unsuccessful attempts to make contact.

ELIGIBILITY QUESTIONS

Q CONF_ADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [GO TO DRIVING]
- 2 NO [GO TO CONF_ADULT]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_ADULT2 Is this your own cell phone or does it belong to one of your parents or a guardian?

- 1 CELL PHONE BELONGS TO MINOR
- 2 CELL PHONE BELONGS TO PARENT OR GUARDIAN [CALLBACK1]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF CELL PHONE BELONGS TO MINOR [ANSWER = 1] READ: Thank you very much, but we are only interviewing persons aged 18 or older at this time. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CALLBACK1 When would be a better time to call back and speak to a parent or guardian?

_____Day _____Time

Q DRIVING In order to ensure your safety I'd like to ask you, are you driving a car right now?

- 1 YES [GO TO CALLBACK2]
- 2 NO [GO TO Q CONF_PHN]
- 7 DON'T KNOW/ NOT SURE
- 9 REFUSED

Q CALLBACK2 When would be a better time to call you back?

_____Day _____Time

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_PHN Is this (PHONE NUMBER)?

- 1 YES [GO TO CONF_CELL]
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF NO: Thank you very much but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you for your time. **END SURVEY**

Q CONF_CELL In order to make sure our information is correct, I would just like to double check with you. Is this a cellular telephone?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES [GO TO CONF_PRVRES]
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

CATI: CREATE 'PTYPE' VARIABLE. SET TO 1 IF QCONF_CELL=1 (CELL); SET TO 2 (LANDLINE) IF QCONF_CELL=2.

CONF_PRVRES Do you live in a private residence, that is, not in a dormitory or other type of group living situation?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

- 1 YES [Go to CONF_NYC]
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

IF NO: Thank you very much, but we are only interviewing people who live in private residences at this time. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_NYC In which of the five New York City boroughs do you live?

READ IF NECESSARY: The five boroughs of New York City include The Bronx, Brooklyn, Manhattan, Queens and Staten Island.

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

IF RESPONDENT DOES NOT LIVE IN NYC [ANSWER = 6]: Thank you very much, but we are only interviewing people who currently live in New York City. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

TERMINATE IF SCREENING FOR CELL-ONLY HHS IN MANHATTAN: COSCRN=2 & QCONF_NYC=3 & PTYPE=2. ELSE **IF PTYPE=2, SKIP TO QZIP IN LANDLINE SCREENER**

Q LANDLINE Do you also have a landline telephone that is used to make and receive calls in your home?

READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. This would also include a cordless phone that receives service by being connected to outside telephone lines through a jack in the wall."

INTERVIEWER: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES
- 2 NO [GOTO INTRO1]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TERMINATE IF SCREENING FOR CELL-ONLY HHS IN MANHATTAN: COSCREEN=2 AND Q CONF_NYC=3 (MANHATTAN) AND PTYPE=1 AND Q LANDLINE=1, 7 OR 9: Thank you very much for your time. END SURVEY.

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

INTRO1 FOR PTYPE=1 (CELL PHONES)

INTRO1 Thank you. Your cell phone number has been chosen randomly, and I would like to ask some further questions about your health and health practices.

Participation is voluntary: you can stop the interview at any time or decide not to answer any question. Any information you give me will be confidential. 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.

In appreciation for the time that you spend answering our questions on your cell phone, we will provide you with ten dollars in compensation for this interview.

In appreciation for your participation, if you choose, you will also be entered in a drawing for \$100. You will not receive the \$100 unless you are randomly selected.

IF INTERVIEW BEFORE AUGUST 31: A total of five New Yorkers who complete the survey by August 31st will be randomly drawn.

IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: A total of five New Yorkers who complete the survey after August 31st will be randomly drawn.

Q ZIP Could I please have your five-digit zip code?

RECORD 99999 FOR DK/RF

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 Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST, ASK NEIGHBORHOOD FOLLOW-UP QUESTIONS AND CATI CREATE & SET 'HOODFU'=1 - ELSE GO TO QWHICH

NEIGHBORHOOD FOLLOW-UP QUESTIONS [NEW IN 2014]

IF Q CONF_NYC=1 [BRONX]:

NH1. What is the name of the neighborhood in **The Bronx** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

____ Neighborhood
99 Refused [GO TO QHH]

IF NH1=36 (University Heights), ASK NH1a.

NH1a. Do you live above or below 183rd Street?
1 Above 183rd Street (SET UHF2=103)
2 Below 183rd Street (SET UHF2=105)
7 Don't Know/Not Sure
9 Refused
GO TO QWHICH.

IF Q CONF_NYC=2 [BROOKLYN]:

NH2. What is the name of the neighborhood in **Brooklyn** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

____ Neighborhood
99 Refused

IF NH2=39 (Prospect Park South), ASK NH2a.

NH2a. Do you live east or west of Argyle Road?
1 East of Argyle Road (SET UHF2=206)
2 West of Argyle Road (SET UHF2=207)
7 Don't Know/Not Sure
9 Refused
GO TO QWHICH.

IF NH2=45 (Williamsburg), ASK NH2b.

NH2b. Is where you live considered Bushwick, East Williamsburg or Greenpoint?

1 Bushwick/East Williamsburg (SET UHF2=201)
2 Greenpoint (SET UHF2=211)
3 No/Just Williamsburg (SET UHF2=201)
7 Don't Know/Not Sure
9 Refused
GO TO QWHICH.

IF Q CONF_NYC=3 [MANHATTAN]:

NH3. What is the name of the neighborhood in Manhattan where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

____ Neighborhood
99 Refused

IF NH3=12 (Harlem), ASK NH3a

NH3a. Do you live in West Harlem, Central Harlem or East Harlem?

READ IF NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east.

Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

East Harlem is considered the area between 96th Street on the south to Harlem River on the north, from 5th Avenue to the East River. This neighborhood is sometimes referred to as "Spanish Harlem".

1 West Harlem (SET UHF2=301)
 2 Central Harlem (SET UHF2=302)
 3 East Harlem (SET UHF2=303)
 7 Don't Know/Not Sure
 9 Refused
GO TO QWHICH.

IF NH3=34 (Upper Manhattan), ASK NH3b.

NH3b. Is that Upper Manhattan in Central Harlem or West Harlem?

READ IN NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east. Some neighborhoods close by include Inwood and Washington Heights.

Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

1 West Harlem (SET UHF2=301)
 2 Central Harlem (SET UHF2=302)
 7 Don't Know/Not Sure
 9 Refused
GO TO QWHICH.

IF Q CONF_NYC=4 [QUEENS]:

NH4. What is the name of the neighborhood in Queens where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

_____ Neighborhood
 99 Refused

IF Q CONF_NYC=5 [STATEN ISLAND]:

NH5. What is the name of the neighborhood in Staten Island where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]

_____ Neighborhood
 99 Refused

CATI: CREATE THE FOLLOWING VARIABLES:

- UHF - ASSIGNED USING ORIGINAL RULES (BASED ON QZIP OR ZIP OF PLURALITY FROM SAMPLE IF QZIP=77777/99999).
- UHFFLAG - SET TO 1 IF UHF ASSIGNED BASED ON QZIP, SET TO 2 IF ASSIGNED BASED ON ZIP OF PLURALITY FROM SAMPLE
- UHF2 - INITIALLY SET UHF2=UHF, BUT IF HOODFU=1, CHANGE VALUE OF UHF2 BASED ON ANSWERS TO THE NEIGHBORHOOD FOLLOWUP QUESTIONS

Q WHICH INTERVIEWER: SELECT LANGUAGE

1 English
 2 Spanish
 3 Russian Paper
 4 Chinese Paper

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 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 Q2.3

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

ASK IF Q2.2 = 3

Q2.2a - Did you get your insurance through the New York Health Benefit Exchange?

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

ASK IF Q2.1 = 2

Q2.3 - What is the ONE MAIN reason that you don't have health insurance?

[CATI - RANDOMIZE OPTIONS 1-4]

READ:

- 1 Cost/too expensive
- 2 Insurance ended recently
- 3 Didn't think you were eligible
- 4 Too difficult/need help
- 5 Or something else (SPECIFY)
- 7 DON'T KNOW/NOT SURE
- 9 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?

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

Q2.5 - When you are sick or need advice about your health, to which one of the following places do you usually go? [Interviewer: select only one]

BEGIN READING ANSWER CHOICES

- 1 A doctor's private office

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

READ:

- 2 Community health center
- 3 A hospital outpatient clinic
- 4 A hospital emergency room or urgent care center
- 5 An office of an alternative health care provider (such as acupuncturist, chiropractor, traditional healer, or herbalist)
- 6 Other (specify)_____
- 88 [VOL} NO USUAL PLACE
- 77 DON'T KNOW/NOT SURE
- 99 Refused

ASK IF Q2.4 = 1 OR 2, ELSE GO TO Q2.7

Q2.6 - The last time you needed care for an illness or injury and called your personal doctor's office for an appointment, how quickly did they see you?

READ:

- 1 Same day
- 2 next day
- 3 in 2-3 days
- 4 in 4-5 days
- 5 more than 5 days
- 6 I didn't call my doctor's office
- 7 DON'T KNOW
- 9 REFUSED

ASK ALL

Q2.7 - Was there a time in the past 12 months when you needed medical care but did NOT get it? Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalizations.

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

ASK ALL

Q2.8 - How long has it been since you had your teeth cleaned by a dentist or dental hygienist?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Less than six months ago
- 2 6 months ago but less than 1 year ago
- 3 1 year ago but less than 2 years ago
- 4 2 years ago but less than 5 years ago
- 5 5 or more years ago
- 6 NEVER
- 7 Don't know/Not sure
- 9 Refused

CARDIOVASCULAR HEALTH

Next are some questions about issues related to your health.

ASK ALL

Q3.1 - How long has it been since you last had your blood pressure taken by a doctor or other health professional?

READ IF NEEDED:

- 1 Less than 6 months ago
- 2 6 months to 1 year ago
- 3 More than 1 year to 2 years ago
- 4 More than 2 years ago, or
- 5 Never
- 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 hypertension, also called high blood pressure?

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

ASK IF Q3.2 = 1

Q3.3- 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

ASK IF Q3.3 = 1

Q3.4 - Are you currently taking medication for your high blood pressure?

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

ASK ALL

Q3.5- 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
- 6 Never
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q3.6 - Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

ASK IF 3.6 = 1

Q3.7 - 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

ASK IF 3.6 = 1

Q3.8 - Are you currently taking medication to lower your high cholesterol?

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

DIABETES AND ASTHMA**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

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

MENTAL HEALTH

READ: The next few questions are about your mental health

ASK ALL

Q5.1 - 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 ALL

Q5.2 - Have you ever been told by a doctor, nurse or other health professional that you have bipolar disorder, mania, psychosis or schizophrenia?

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

ASK ALL

Q5.3- In the past 12 months, have you taken a prescription medication for a mental health problem?

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

ASK ALL

Q5.4- In the past 12 months, have you received any counseling for a mental health problem?

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

ASK ALL

Q5.5 - Was there a time in the past 12 months when you needed treatment for a mental health problem, but did not get it?

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

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

HOUSING ENVIRONMENT

READ: And now a few questions about your home.

ASK ALL

Q6.1a - Is this home or apartment owned or rented?

- 1 OWNED (READ IF NEEDED: Owned by you or someone in your family)
- 2 RENTED
- 3 (VOL.) OCCUPIED WITHOUT PAYMENT OF RENT
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q6.1 - How many living units or apartments are in your building? (READ LIST)

INTERVIEWER NOTE: A SINGLE FAMILY HOME SHOULD BE CODED AS '1'
(READ IF NEEDED: Please choose your closest estimate.)

- 1 1 to 2
- 2 3 to 9
- 3 10 to 49
- 4 50 or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q6.2 - During the past 12 months, have you had a problem with bed bugs in your home that required an exterminator?

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

TOBACCO

READ: The next few questions are about your use of tobacco.

ASK ALL

Q7.1 - Have you smoked at least 100 cigarettes in your entire life?

READ IF NEEDED: 100 cigarettes=5 packs.

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

ASK IF Q7.1 = 1, ELSE SKIP TO Q7.10

Q7.2 - 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 Q7.2 = 1

Q7.3 - 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 Q7.2 = 2

Q7.3a - 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 Q7.2 = 2 AND Q7.3a ≠ 777 OR 999

Q7.3b - 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 Q7.1 = 1

Q7.4 - How old were you when you first started smoking cigarettes regularly?

- _____ YEARS [RANGE 5-85]
- 888 NEVER SMOKED REGULARLY
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

**ASK IF Q7.2 = 1 OR 2
(CURRENT SMOKERS)**

Q7.5 - Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummed or did you roll your own?

- 1 CARTON
- 2 PACK
- 3 SINGLE/LOOSIE
- 4 BUMMED
- 5 ROLLED OWN
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q7.5 = 1, 2 OR 3

Q7.6 How much did you pay for that [ANSWER TO Q7.5]?

DO NOT ROUND - PUT IN EXACT DOLLARS/CENTS

Q7.6A CARTON: ENTER PRICE IN DOLLARS AND CENTS

- \$__ . __ [RANGE 1-180 DOLLARS]
- 8888 DID NOT PAY FOR CIGARETTES
- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

Q7.6B PACK: ENTER PRICE IN DOLLARS AND CENTS

- \$__ . __ [RANGE 1-18 DOLLARS]
- 8888 DID NOT PAY FOR CIGARETTES
- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

Q7.6C SINGLE/LOOSIE: ENTER PRICE IN CENTS

- \$__ . __ [RANGE 1 CENT to 2 DOLLARS]
- 8888 DID NOT PAY FOR CIGARETTES
- 7777 DON'T KNOW/NOT SURE
- 9999 REFUSED

ASK IF Q7.5 = 1, 2 OR 3

Q7.7 - (CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)

Where did you get that [ANSWER FROM Q7.5]?

- 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 Q7.2 = 1 OR 2

Q7.8 - The last time you bought a SINGLE PACK OF CIGARETTES, did you receive any type of discount on the pack? This includes buying a pack advertised as 'on sale', getting a special offer such as buy-one-get-one-free or using an on-pack or manufacturer's coupon. Do not include the purchase of cartons or loosies.

- 1 YES
 2 NO
 3 [VOL] DO NOT BUY SINGLE PACKS
 7 DON'T KNOW/NOT SURE
 9 REFUSED

ASK IF Q7.8 = 1

Q7.9 - The last time you used a discount or special offer to buy a single pack of cigarettes, about how much did you save?

READ IF NEEDED: Your best estimate is fine.

- 1 Less than \$0.50
 2 \$0.50 to less than \$1.00
 3 \$1.00 to less than \$1.50
 4 \$1.50 to less than \$2.00
 5 More than \$2.00
 6 [VOL] USED A BUY-ONE-GET-ONE-FREE OFFER
 7 DON'T KNOW/NOT SURE
 9 REFUSED

ASK ALL

Q7.10 - In the past 30 days, have you smoked a cigarillo or little cigar with a plastic or filter tip, such as Black & Mild, Swisher Sweet or Cheyenne?

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

ASK IF Q7.10 = 1, ELSE SKIP TO Q7.13

Q7.11 - On how many days during the past 30 days have you smoked cigarillos or little cigars?

READ IF NEEDED: Include cigarillos or little cigars with a plastic or filter tip, such as Black & Mild, Swisher Sweet or Cheyenne?

____ NUMBER OF DAYS [RANGE 1-30]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK IF Q7.11 NE 00, 77 OR 99, ELSE SKIP TO Q7.13

Q7.12 - During the past 30 days, on days that you smoked cigarillos or little cigars, how many on average did you smoke per day?

Interviewer: Round up if answer is given in fractions. I.e. "one and a half" little cigars should be recorded as 2.

____ PER DAY [RANGE 1-40]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK ALL

Q7.13 - In the past 30 days, have you smoked a hookah, also called a water pipe?

READ IF NEEDED: A hookah is a tobacco pipe with a long tube that draws smoke through water contained in a bowl.

INTERVIEWER NOTE: IF ASKED, NARGHILE [nar - ge - le], ARGHILA [ar - ge - la], OR KALIAN [kal - E - yan] ARE OTHER NAMES FOR A HOOKAH.

1 YES
 2 NO
 3 [VOL - DO NOT KNOW WHAT A HOOKAH IS]
 7 DON'T KNOW/NOT SURE
 9 REFUSED

ASK ALL

Q7.14 - In the past 12 months, have you tried an electronic cigarette, also known as an e-cigarette?

1 YES
 2 NO
 3 [VOL] DO NOT KNOW WHAT ELECTRONIC/E-CIGARETTES ARE
 7 DON'T KNOW/NOT SURE
 9 REFUSED

ASK IF Q7.14 = 1, ELSE SKIP TO Q7.16

Q7.15 - In the past 30 days, did you use an electronic cigarette 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 ALL

Q7.16- How often do you smell cigarette smoke in your home that comes from another home or apartment or from outside?

READ:

- 1 Every day
- 2 A few times per week
- 3 A few times per month
- 4 A few times per year
- 5 Never
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q6.1 = 2,3,4 [MULTI-UNIT BUILDING]

Q7.17 - Some apartment buildings prohibit smoking everywhere in the building. To the best of your knowledge, does the building you live in prohibit smoking in all areas, including apartments?

INTERVIEWER NOTE: Do not probe if Don't Know/Not Sure.

- 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. Your answers are only used for research purposes.

ASK ALL

Q8.1 - What is your age?

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

ASK IF Q8.1 = 07 OR 09, ELSE SKIP TO Q8.2

Q8.1a - 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:

- 1 65 or older
- 2 45-64
- 3 30-44
- 4 25-29, or
- 5 18-24
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.2 - 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

Q8.3 - Are you Hispanic or Latino?

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

ASK IF Q8.3 = 1, ELSE SKIP TO Q8.4

Q8.3a - Please tell me which group best represents your Hispanic or Latino origin or ancestry:

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

ASK ALL

Q8.4 - (READ IF Q8.3=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

ASK IF MORE THAN ONE ANSWER TO Q8.4, ELSE SKIP TO Q8.5

Q8.4a - Which one of these groups would you say best represents your race?

READ MENTIONED RACES:

CATI Note: Fill selected races from Q8.4.

- 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 Q8.4
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.4 = 3 [ASIAN]

Q8.5 - Please tell me which group best represents your Asian heritage or ancestry?

READ ANSWER CHOICES, ACCEPT FIRST RESPONSE [CATI: RANDOMIZE: 01-06]

- 01 Chinese
- 02 Asian Indian
- 03 Filipino
- 04 Korean
- 05 Japanese
- 06 Vietnamese
- 07 Something else _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q8.6 - Where were you born? Please tell me the country.

1 USA

2 Outside USA [List of countries, includes Puerto Rico and other US territories
(SKIP TO Q8.6a)

INTERVIEWER: PUERTO RICO AND OTHER US TERRITORIES ARE CONSIDERED OUTSIDE OF THE UNITED STATES

ASK IF Q8.6 = 2

Q8.6a

- | | |
|------------------------|--|
| 60. AFRICA | 30. IRELAND |
| 61. ALBANIA | 31. ISRAEL |
| 62. ANTIGUA | 32. ITALY |
| 01. ARGENTINA | 33. JAMAICA |
| 64. AUSTRIA | 34. JAPAN |
| 02. AUSTRALIA | 35. KOREA |
| 03. BANGLADESH | 87. MALAYSIA |
| 04. BARBADOS | 36. MEXICO |
| 05. BELARUS | 37. NICARAGUA |
| 68. BELIZE | 38. NIGERIA |
| 06. BOLIVIA | 39. PAKISTAN |
| 07. BRAZIL | 40. PANAMA |
| 08. CANADA | 41. PERU |
| 09. CARIBBEAN | 42. PHILIPPINES |
| 10. CHILE | 43. POLAND |
| 11. CHINA | 44. PUERTO RICO |
| 12. COLOMBIA | 45. ROMANIA |
| 13. COSTA RICA | 46. RUSSIA |
| 14. CUBA | 47. SIERRA LEONE |
| 73. CZECHOSLOVAKIA | 48. SOUTH AMERICAN |
| 15. DOMINICAN REPUBLIC | 49. SPAIN |
| 16. ECUADOR | 102. ST. LUCIA |
| 17. EGYPT | 103. ST. VINCENT |
| 18. EL SALVADOR | 50. TAIWAN |
| 74. ENGLAND | 51. TRINIDAD AND TOBAGO |
| 75. EUROPE | 52. TURKEY |
| 19. FRANCE | 53. UKRAINE |
| 20. GERMANY | 54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES) |
| 21. GHANA | 109. UZBEKISTAN |
| 22. GREECE | 55. VENEZUELA |
| 78. GRENADA | 56. VIETNAM |
| 23. GUATEMALA | 110. VIRGIN ISLANDS |
| 24. GUYANA | 57. WEST INDIAN |
| 25. HAITI | 58. YUGOSLAVIA |
| 26. HONDURAS | 66. OTHER (SPECIFY) _____ |
| 27. HONG KONG | 77. DON'T KNOW/NOT SURE |
| 28. HUNGARY | 99. REFUSE |
| 29. INDIA | |
| 81. IRAN | |

ASK IF Q8.4 = 2 AND Q8.6 = 1 [BLACK/AFRICAN AMERICAN AND U.S. BORN]

Q8.6b - Were either of your parents born in the West Indies?

READ IF NECESSARY: We are referring to your biological or birth parents

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

ASK IF Q8.6 = 2, ELSE SKIP TO Q8.7b

Q8.7 - 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

Q8.7b - Was your father born in one of the 50 states in the U.S., Puerto Rico or another country?

- 1 United States
- 2 Puerto Rico
- 3 Another country [INCLUDE OTHER U.S. TERRITORIES BESIDES PUERTO RICO]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.7c - Was your mother born in one of the 50 states in the U.S., Puerto Rico or another country?

- 1 United States
- 2 Puerto Rico
- 3 Another country [INCLUDE OTHER U.S. TERRITORIES BESIDES PUERTO RICO]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.8 - What language do you speak most often at home?

- 1 ENGLISH
- 2 SPANISH
- 3 RUSSIAN
- 4 CHINESE (INCLUDES MANDARIN & CANTONESE)
- 5 INDIAN (INCLUDES HINDI & TAMIL)
- 6 ITALIAN
- 7 FRENCH (FRENCH-CREOLE)
- 8 YIDDISH
- 9 OTHER
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK ALL

Q8.9 - Are you. . .

READ ALL RESPONSES:

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

ASK IF Q8.9 = 1 OR 6, ELSE SKIP TO Q8.10

Q8.9b - Was your [IF Q8.9 = 1 READ: Spouse/ IF Q8.9 = 6 READ: Partner] born in one of the 50 states of the U.S., Puerto Rico or another country?

- 1 United States
- 2 Puerto Rico
- 3 Another country [INCLUDE OTHER U.S. TERRITORIES BESIDES PUERTO RICO]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q8.10 - Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself.

READ RESPONSES UNTIL RESPONDENT MAKES A SELECTION:

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

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

ASK ALL

Q8.11 - 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 IF PTYPE=1

CQHH - 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 99 FOR REFUSED/DK

_____ Number of adults [RANGE 1-20]

ASK ALL

Q8.12 - 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

Create new field **NHOUSE** = **QHH/CQHH** (Number of adults) + **Q8.12** (Number of Children)

ASK IF NHOUSE = 1 [RESPONDENT LIVES ALONE]

Q8.12a - Thinking about your neighborhood or community where you live, do you have at least one person that could help you in an emergency?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

ASK ALL

Q8.13 - 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 **Q8.12** or **CQHH** = 77 or 99, skip to **Q8.15**

USE **NHOUSE** to create a field (**PVTYLVL**) to populate the fill for **Q8.14**

PVTYLVL = 7,610 + (**NHOUSE** * 4,060)

READ SCREEN: The next question is about your combined household income.
 [READ IF NHOUSE>1: By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.]

ASK ALL

Q8.14 - 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 (PVTYLVL) .
- 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 Q8.14_02 = 77 OR 99, ELSE SKIP TO Q8.15

Q8.14a - 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

ASK IF Q8.14 IS 100%-199% FPL [Q8.14=2 OR Q8.14A=2]

Q8.14b - Is your combined household's annual income from all sources less than [PVTYLVL*1.38]?

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

IF Q2.1 = 2 AND Q8.14 = 01 OR Q8.14a = 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

Q8.15 - 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

Q8.16 - 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 Q8.16 (WEIGHT) = 9999 OR 7777 AND Q8.15 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q8.17a, Q8.17b, Q8.17c, Q8.17d (OR ASK Q8.17e, Q8.17f, Q8.17g, Q8.17h FOR METRIC).

IF Q8.15 (HEIGHT) = 9999 OR 7777 AND Q8.16 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q8.18a, Q8.18b, Q8.18c, Q8.18d (OR ASK Q8.18e, Q8.18f, Q8.18g, Q8.18h FOR METRIC).

$$\text{BMI} = 703 * \text{LBS} / \text{inches}^2$$

$$\text{CRITICAL WEIGHT FOR ENGLISH VERY OBESE:} = .049 * (\text{Q8.15 height IN}) * (\text{Q8.15 height IN})$$

$$\text{CRITICAL WEIGHT FOR ENGLISH OBESE:} = .0427 * (\text{Q8.15 height IN}) * (\text{Q8.15 height IN})$$

$$\text{CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT:} = .0356 * (\text{Q8.15 height IN}) * (\text{Q8.15 height IN})$$

$$\text{CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT:} = .0263 * (\text{Q8.15 height IN}) * (\text{Q8.15 height IN})$$

ASK IF Q8.16 = 9999 OR 7777 AND Q8.15 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.17a - Do you weigh less than [critical weight for **OBESE**]?

- 1 YES, WEIGH LESS [SKIP TO Q8.17c]
- 2 NO, DON'T WEIGH LESS [SKIP TO Q8.17b]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17a = 2, ELSE SKIP TO Q8.17c
Q8.17b - Do you weigh less than [critical weight for **VERY OBESE**]?

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

ASK IF Q8.17a = 1, ELSE SKIP TO Q9.1
Q8.17c - Do you weigh less than [critical weight for **OVERWEIGHT**]?

- 1 YES, WEIGH LESS [SKIP TO Q8.17d]
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17c = 1, ELSE SKIP TO Q9.1
Q8.17d - 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 VERY OBESE =
 $.0035 * (Q8.15 \text{ height CM}) * (Q8.15 \text{ height CM})$

CRITICAL WEIGHT FOR METRIC OBESE
 $= .003 * (Q8.15 \text{ height CM}) * (Q8.15 \text{ height CM})$

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
 $= .0025 * (Q8.15 \text{ height CM}) * (Q8.15 \text{ height CM})$

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
 $= .00185 * (Q8.15 \text{ height CM}) * (Q8.15 \text{ height CM})$

ASK IF Q8.16 = 9999 OR 7777 AND Q8.15 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.17e - Do you weigh less than [critical weight for **METRIC OBESE**]?

- 1 YES, WEIGH LESS[**SKIP TO Q8.17g**]
- 2 NO, DON'T WEIGH LESS[**SKIP TO Q8.17f**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17e = 2, ELSE SKIP TO Q8.17g
Q8.17f - Do you weigh less than [critical weight for **METRIC VERY OBESE**]?

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

ASK IF Q8.17e = 1, ELSE SKIP TO Q9.1
Q8.17g - Do you weigh less than [critical weight for **METRIC OVERWEIGHT**]?

- 1 YES, WEIGH LESS[**SKIP TO Q8.17h**]
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.17g = 1, ELSE SKIP TO Q9.1
Q8.17h - 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 VERY OBESE =
 SQUARE ROOT OF (20.09 * Q8.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE:
 = SQUARE ROOT OF (23.43 * Q8.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
 = SQUARE ROOT OF (28.12 * Q8.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
 = SQUARE ROOT OF (38 * Q8.16 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q8.15 = 9999 OR 7777 AND Q8.16 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1

Q8.18a- Is your height less than [critical height for **OBESE**]?

- 1 YES, LESS [**SKIP TO Q8.18b**]
- 2 NO, NOT LESS [**SKIP TO Q8.18c**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.18a = 1, ELSE SKIP TO Q8.18c

Q8.18b- Is your height less than [critical height for **VERY OBESE**]?

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

ASK IF Q8.18a = 2, ELSE SKIP TO Q9.1

Q8.18c - Is your height less than [critical height for **OVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q8.18d**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.18c = 2, ELSE SKIP TO Q9.1

Q8.18d - 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 VERY OBESE =
 SQUARE ROOT OF (286 * Q8.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE
 = SQUARE ROOT OF (333 * Q8.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
 = SQUARE ROOT OF (400 * Q8.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
 = SQUARE ROOT OF (540.5 * Q8.16 weight KILOS)

ASK IF Q8.15 = 9999 OR 7777 AND Q8.16 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.18e - Is your height less than [critical height for **METRICOBESE**]?

- 1 YES, LESS [**SKIP TO Q8.18f**]
- 2 NO, NOT LESS [**SKIP TO Q8.18g**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.18e = 1, ELSE SKIP TO Q8.18g
Q8.18f - Is your height less than [critical height for **METRIC VERYOBESE**]?

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

ASK IF Q8.18e = 2, ELSE SKIP TO Q9.1
Q8.18g - Is your height less than [critical height for **METRICOVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q8.18h**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q8.18g = 2, ELSE SKIP TO Q9.1
Q8.18h - Is your height less than [critical height for **METRICUNDERWEIGHT**]?

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

NUTRITION

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

ASK ALL

Q9.1 - Thinking about nutrition...how many total servings of fruit and/or vegetables did you eat yesterday? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

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

ASK ALL

Q9.2 - 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

ASK ALL

Q9.3 - 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?

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

ASK IF Q9.3 NE 888,777,999

Q9.3a - When you drink sugar sweetened soda, what size do you usually drink?
(READ LIST)

INTERVIEWER: IF RESPONDENT IS UNSURE ABOUT THE SIZE OF A SERVING, INSTRUCT THEM TO THINK OF THE SIZE THEY USUALLY DRINK.

READ IF NEEDED: Please try to use your best estimate.

- 1 Less than 12 ounces
- 2 12 ounces
- 3 16 ounces
- 4 20 ounces
- 5 32 ounces
- 6 More than 32 ounces
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK ALL

Q9.4 - 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 NEEDED: How many other sweetened drinks do you drink per day, per week or per month?

READ IF NEEDED: Please try to use your best estimate.

- 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 IF Q9.4 NE 888,777,999

Q9.4a - When you drink other sweetened drinks, what size do you usually drink?(READ LIST)

READ IF NEEDED: Other sweetened drinks include 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: Please try to use your best estimate.
- 1 Less than 12 ounces
 - 2 12 ounces
 - 3 16 ounces
 - 4 20 ounces
 - 5 32 ounces
 - 6 More than 32 ounces
 - 7 DON'T KNOW/NOT SURE
 - 9 REFUSED

ASK ALL

Q9.5 - In the last 12 months, has a doctor, nurse or other health professional asked or talked to you about your diet or eating habits?

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

PHYSICAL ACTIVITY

READ: Now I will ask you some questions about physical activity.

ASK ALL

Q10.1 - In general, how physically active are you? 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

Q10.2 - 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

Q10.3 - 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 once a week or more, 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 ONCE A WEEK OR MORE
- 2 SEVERAL TIMES A MONTH
- 3 AT LEAST ONCE A MONTH
- 4 A FEW TIMES A YEAR
- 5 NEVER
- 6 [VOL] PHYSICALLY UNABLE TO RIDE A BIKE
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

READ: The next few questions are about the usual way you travel to and from places such as work, shopping or school.

ASK ALL

Q10.4 - During the last 7 days, did you walk for at least 10 minutes at a time to get to and from places such as work, shopping, or other activities?

READ IF NECESSARY: This refers to walking outside of your home.

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

ASK IF Q10.4 = 1, ELSE SKIP TO Q10.7

Q10.5 - During the last 7 days, on how many days did you walk to get to and from places?

CATI: HARD EDIT 1-7

|__|__|
 ENTER NUMBER OF DAYS [RANGE: 1-7]
 77 DON'T KNOW
 99 REFUSED

ASK IF Q10.5 NE 77 OR 99 ELSE SKIP TO Q10.7

Q10.6 - How many hours or minutes did you spend walking to get from place to place on an average day during the last 7 days?

READ IF NEEDED: Think about yesterday if an average day is too difficult to determine.

SOFT EDIT: >4 HOURS. SOFT EDIT WORDING: INTERVIEWER, YOU HAVE RECORDED THAT THE RESPONDENT SPENDS MORE THAN 4 HOURS WALKING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH RESPONDENT THAT OVER 4 HOURS IS CORRECT.

SOFT EDIT: >4 HOURS.
 HARD EDIT: >24 HOURS.
 HARD EDIT: <10 MINUTES.

__ MINUTES [RANGE 00-59]
 __ HOURS [RANGE 0-24]
 77 DON'T KNOW/NOT SURE
 99 REFUSED

ASK ALL

Q10.7 - During the last 7 days did you use a bicycle to get to and from places?

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

ASK IF Q10.7 = 1, ELSE SKIP TO Q10.10

Q10.8 - During the last 7 days, on how many days did you bicycle to get to and from places?

PROBE: This question asks about travel to and from places such as work, shopping, or other activities.

CATI: HARD EDIT 1-7

|__|__|
 ENTER NUMBER OF DAYS [RANGE: 1-7]
 77 DON'T KNOW
 99 REFUSED

ASK IF Q10.8 NE 77 OR 99, ELSE SKIP TO Q10.10

Q10.9 - How many hours or minutes did you spend bicycling to get from place to place on an average day during the last 7 days?

PROBE IF DIFFICULTY: Think about the last day when you used your bicycle to go from one place to another.

SOFT EDIT: >4 HOURS. SOFT EDIT WORDING: INTERVIEWER, YOU HAVE RECORDED THAT THE RESPONDENT SPENDS MORE THAN 4 HOURS BICYCLING TO GET TO AND FROM PLACES ON A TYPICAL DAY. PLEASE CONFIRM WITH RESPONDENT THAT OVER 4 HOURS IS CORRECT.

SOFT EDIT: >4 HOURS.
HARD EDIT: >24 HOURS.

___ MINUTES [RANGE 00-59]
___ HOURS [RANGE 0-24]
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK ALL

Q10.10 - The next questions are about sports, fitness and recreational activities. Exclude the activities you have told me about for getting around and focus on sports, fitness and recreation.

During the last 7 days, did you do any sports, fitness or recreational activities that caused an increase in your breathing or heart rate? Examples would be swimming, working out or jogging.

READ IF NEEDED: This includes brisk walking or fast biking that are for exercise (and not for getting place to place).

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

ASK IF Q10.10 = 1, ELSE SKIP TO Q10.14

Q10.11 - During the last 7 days, on how many days, did you do sports, fitness or recreational activities that increased your breathing or heart rate?

CATI: HARD EDIT 1-7

|___|___|
ENTER NUMBER OF DAYS [RANGE: 1-7]
77 DON'T KNOW
99 REFUSED

ASK IF Q10.11 NE 77 OR 99, ELSE SKIP TO Q10.14

Q10.12 - On an average day during the last 7 days, how many hours or minutes did you spend doing these sports, fitness or recreational activities?

SOFT EDIT: >4 HOURS. SOFT EDIT WORDING: INTERVIEWER, YOU HAVE RECORDED THAT THE RESPONDENT SPENDS MORE THAN 4 HOURS DOING RECREATIONAL ACTIVITIES ON A TYPICAL DAY. PLEASE CONFIRM WITH RESPONDENT THAT OVER 4 HOURS IS CORRECT.

SOFT EDIT: >4 HOURS.
HARD EDIT: >24 HOURS.

___ MINUTES [RANGE 00-59]
___ HOURS [RANGE 0-24]
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK IF Q10.12 NE 77 OR 99, ELSE SKIP TO Q10.14

Q10.13 - How many, if any, of those (FILL HOURS OR MINUTES FROM ABOVE) doing sports, fitness or recreational activities were vigorous activity that caused a **large** increase in your breathing or heart rate?

CATI: RESTRICT ANSWER TO LESS THAN OR EQUAL TO TOTAL MINUTES

____ HOURS
 _____ MINUTES
 888 NONE
 777 DON'T KNOW/NOT SURE
 999 REFUSED

READ: Now I am going to ask you about how much time you spent in the last 7 days sitting at work, at home, in a car, or on the subway.

ASK ALL

Q10.14 -

On an average day during the last 7 days, from the time you woke up to around 5 o'clock in the evening, how many hours or minutes did you spend sitting?

READ IF DIFFICULTY: Think about yesterday if needed.

HARD EDIT: >12 HOURS.

|__|__|__|
 ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-12]
 DON'T KNOW 777
 REFUSED 999

ASK ALL

Q10.15 - And from 5 o'clock in the evening to the time you went to bed on an average day during the last 7 days, how many hours or minutes did you spend sitting?

READ IF DIFFICULTY: Think about yesterday if needed.

HARD EDIT: >12 HOURS.

|__|__|__|
 ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-12]
 DON'T KNOW 777
 REFUSED 999

ASK ALL

Q10.16 - Between 9 a.m. and 5 p.m. weekdays, where do you spend **most** of your time? (READ LIST)

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.

- 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 Q10.16 = 2,3,4 (AWAY FROM HOME ON WEEKDAYS) ELSE SKIP TO Q11.1

Q10.17 - 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

NOISE, PIERCING AND INDOOR TANNING

READ: Now for some questions about headphones.

ASK ALL

Q11.1 - In an average week, about how many days do you listen to a personal music player, such as an MP3 player or iPod, with headphones?

READ IF NEEDED: Personal music players include iPods, MP3 players, portable CD players, radios or any other device which is usually carried by the individual and for which headphones are used for listening.

- _____ (RANGE 0-7)
- 66 USE ONE, BUT LESS THAN WEEKLY
 - 88 DO NOT OWN PERSONAL MUSIC PLAYER
 - 77 DON'T KNOW/NOT SURE
 - 99 REFUSED

ASK IF Q11.1 NE 0, 88, 77 OR 99

Q11.2 - On an average day that you listen to a personal music player with headphones, about how many hours do you listen at more than half the volume? Would you say:

READ:

- 1 1 hour or less
- 2 More than 1 hour but less than 4 hours
- 3 4 hours or more
- 4 (VOL.) Never listen at more than half volume

- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

READ IF NEEDED: Personal music players include Ipods, MP3 players, portable CD players, radios or any other device which is usually carried by the individual and for which ear plugs are used for listening.

READ: Now for some questions about body piercings and indoor tanning.

ASK ALL

Q11.3 - Have you ever had your ears pierced in the lower, soft part of your ear lobe?

INTERVIEWER NOTE: GAUGED EARRINGS OR MULTIPLE PIERCINGS IN THE LOWER PART OF THE EAR LOBE SHOULD BE INCLUDED

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

ASK ALL

Q11.4 - Have you ever had your ears pierced in the hard cartilage of your upper ear?

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

ASK ALL

Q11.5 - Have you ever had any other piercings in other parts of your body?

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

ASK IF Q11.4 =1 OR Q11.5 = 1

Q11.6 - How old were you when you got your most recent piercing, either in the hard cartilage of your upper ear or in another part of your body?

READ IF NEEDED: Exclude piercings in the soft lower part of your ear lobe.

PROBE IF NEEDED: Your best estimate is fine.

- _____ AGE [RANGE 00 - 98]
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

CATI: Compare age in Q11.6 with age given in Q8.1/8.1a. If age in Q11.6 > age in Q8.1, add prompt: "Previously, you told me that you were [age from Q8.1/Q8.1a]. Just to confirm, [Re-ask Q11.6]."

ASK ALL

Q11.7 - How many times in the past 12 months did you use a sunlamp, sunbed or tanning booth in a commercial facility such as a tanning salon, health club, or nail salon? Do not include spray on tan or devices used at home.

- 1 0 times
- 2 1 to 2 times
- 3 3 to 9 times
- 4 10 to 19 times
- 5 20 to 39 times
- 6 40 times or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IMMUNIZATIONS

READ: The next few questions are about vaccinations.

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?

- 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, 2013, and March 31, 2014?

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

ASK ALL

Q12.3 - Do you work in a health care setting where you have direct contact with patients as part of your routine work?

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

CANCER

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

ASK IF Q8.2 = 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 Q8.1 >=45 (OR Q8.1a = 1 OR 2), ELSE SKIP TO Q14.1

Q13.3 - 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

ASK IF Q13.3 = 1

Q13.4 - 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

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

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 Q8.2 = 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 Q8.2 = 2 AND Q8.1 ≤ 45 (OR Q8.1a = 3,4,5) AND Q15.1f > 0 AND NOT 777,999

[ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]

Q15.3f - The last time you had vaginal sex, were you taking birth control pills?

1 YES

2 NO

3 (VOL) NEVER HAD VAGINAL SEX

7 DON'T KNOW/NOT SURE

9 REFUSED

IF Q15.3f = 3, SKIP TO Q15.7f

ASK IF Q8.2 = 2 AND Q8.1 ≤ 45 (OR Q8.1a = 3,4,5) AND Q15.1f > 0 AND NOT 777,999

AND Q15.3f NE 3 [ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER, UNLESS Q15.3f = 3 (NEVER HAD VAGINAL SEX)]

Q15.4f - The last time you had vaginal sex, did you or your partner use any other method of birth control to prevent a pregnancy?

READ IF NECESSARY: This includes the withdrawal or rhythm method

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

ASK IF Q15.4f = 1, ELSE SKIP TO Q15.6f

Q15.5f - What method or methods did you use?

READ LIST IF NEEDED

ACCEPT MULTIPLE RESPONSES

- 1 Injectable birth control ("the shot", "Depo-Provera"), vaginal ring ("Nuva-Ring"), patch ("Ortho - Evra")
- 2 Intrauterine device/IUD ("Mirena" or "Copper-T"), or implant ("Implanon")
- 3 Emergency contraception ("Morning-after pill")
- 4 Withdrawal, Rhythm Method, diaphragm, cervical cap, sponge, female condom, jelly, cream or spermicide
- 5 Sterilization (Tubes Tied, Vasectomy or Hysterectomy)
- 6 I did not use any of these methods
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q15.2f = 2 AND Q15.3f = 2 AND Q15.4f = 2 [THOSE WHO DID NOT USE A CONDOM, BIRTH CONTROL PILLS OR OTHER TYPE OF BIRTH CONTROL METHOD AT LAST VAGINAL SEX]

Q15.6f - The last time you had vaginal sex, did you intend to get pregnant? Would you say yes, no, or no, but YOU wouldn't have minded?

- 1 YES
- 2 NO
- 3 NO, BUT WOULDN'T HAVE MINDED
- 4 (VOL.) RESPONDENT WAS ALREADY PREGNANT
- 5 (VOL.) RESPONDENT IS UNABLE TO GET PREGNANT OR PARTNER UNABLE TO GET RESPONDENT PREGNANT (FERTILITY ISSUES)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

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

Q15.7f - 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 Q15.7f = 1

Q15.8f - In the past 12 months, when you have had anal sex have you or your partner used a condom? Every time, some of the time, or never?

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

ASK IF Q8.2 = 2 [ASK ALL WOMEN]

Q15.9f - 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

SEXUAL BEHAVIOR

MEN ONLY:

ASK IF Q8.2 = 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 Q8.2 = 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 and NOT 777,999 (Only Gay or Bisexual Men who were active in past 12 months), ELSE SKIP TO Q15.4m

Q15.3 m - 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 (Q15.1m >0 AND Q15.1m <500, AND (Q15.2m = 0)) OR ((Q15.1m >0 AND Q15.1m <500) AND (Q15.2m = 777 OR Q15.2m = 999)), ELSE SKIP TO Q15.5m (ONLY HETEROSEXUAL MALES)

Q15.4m - 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 Q15.1m > 0 AND NOT 777 OR 999, AND Q15.2m > 0 AND NOT 777 OR 999). (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q15.6

Q15.5m - 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 Q8.2 = 1 AND Q8.1 ≤65 (OR Q8.1a = 2,3,4,5) AND Q15.1m > 0 AND NOT 777,999 [ASK OF MEN 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER]

Q15.6m - The last time you had vaginal sex, was your partner taking birth control pills?

- 1 YES
- 2 NO
- 3 (VOL.) NEVER HAD VAGINAL SEX
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

IF Q15.6m = 3 SKIP TO Q15.10m

ASK IF Q8.2 = 1 AND Q8.1 ≤65 (OR Q8.1a = 2,3,4,5) AND Q15.1m > 0 AND NOT 777,999 AND Q15.6m NE 3 [ASK OF MEN 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER, UNLESS Q15.6m = 3 (NEVER HAD VAGINAL SEX)]

Q15.7m - The last time you had vaginal sex, did you or your partner use any other method of birth control to prevent a pregnancy?

READ IF NECESSARY: This includes the withdrawal or rhythm method

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

ASK IF Q15.7m = 1, ELSE SKIP TO Q15.9m

Q15.8m - What method or methods did you use?

READ LIST IF NEEDED

ACCEPT MULTIPLE RESPONSES

- 1 Injectable birth control ("the shot", "Depo-Provera"), vaginal ring ("Nuva-Ring"), patch ("Ortho - Evra")
- 2 Intrauterine device/IUD ("Mirena" or "Copper-T"), or implant ("Implanon")
- 3 Emergency contraception ("Morning-after pill")
- 4 Withdrawal, Rhythm Method, diaphragm, cervical cap, sponge, female condom, jelly, cream or spermicide
- 5 Sterilization (Tubes Tied, Vasectomy or Hysterectomy)
- 6 I did not use any of these methods
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF (Q15.4m = 2 or Q15.5m = 2) AND Q15.6m = 2 and Q15.7m = 2 [THOSE WHO DID NOT USE A CONDOM, BIRTH CONTROL PILLS OR OTHER TYPES OF BIRTH CONTROL METHOD AT LAST VAGINAL SEX]

Q15.9m - The last time you had vaginal sex, did you intend to get your partner pregnant? Would you say yes, no, or no, but YOU wouldn't have minded?

- 1 YES
- 2 NO
- 3 NO, BUT WOULDN'T HAVE MINDED
- 4 (VOL.) PARTNER WAS ALREADY PREGNANT
- 5 (VOL.) RESPONDENT IS UNABLE GET PARTNER PREGNANT OR PARTNER UNABLE TO GET PREGNANT (FERTILITY ISSUES)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q15.1m OR Q15.2m > 0 AND NOT 777 OR 999**Q15.10m** - 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 puts his penis in your rectum.

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

ASK IF Q15.10m = 1**Q15.11m** - 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 AND DRUG ABUSE

SCREEN: Now a few questions about alcohol.

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.

ASK IF Q16.1 > 0 BUT NOT 888, 777 OR 999

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

ASK IF Q16.1 > 0 BUT NOT 888, 777 OR 999

Q16.3 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have

[IF Q8.2 = 1 READ: 5 or more drinks on one occasion?]

[IF Q8.2 = 2 OR IF Q8.2 = 7|9 READ: 4 or more drinks on one occasion?]

- ___ NUMBER OF TIMES [CATI RANGE 0 -50]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q16.1 > 0 BUT NOT 888, 777 OR 999

Q16.4 - During the past 30 days, what is the largest number of drinks you had on any occasion?

- ___ NUMBER OF DRINKS [CATI RANGE FOR MEN: 1-50; CATI RANGE FOR WOMEN: 1-50]
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

READ: The next few questions are about medications that require a prescription. Do not include 'over the counter' medications. Your answers are strictly confidential and your name or phone number will not be given to the health department. It is important that you provide accurate answers.

ASK ALL

Q16.5a - Have you ever had a prescription pain reliever such as oxycodone or hydrocodone prescribed to you?

READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

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

ASK IF Q16.5a = 1, ELSE SKIP TO Q16.5d

Q16.5b - In the past 12 months, have you even once taken any of the prescription pain relievers that had been prescribed to you?

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

ASK IF Q16.5b = 1

Q16.5c - When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.

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

ASK ALL

Q16.5d - In the past 12 months have you ever, even once taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

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

ASK IF Q16.5c = 1

Q16.6a - In the past 12 months, how often did you take a prescription pain reliever that was prescribed for you, but that you took at a higher dosage or took more often than was directed?

READ: You can answer with the number of days per week, days per month or days per year.

- 1__ DAYS PER WEEK (RANGE 1-7)
- 2__ DAYS PER MONTH (RANGE 1-30)
- 3__ DAYS PER YEAR (RANGE 1-365)

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

ASK IF Q16.5d = 1

Q16.6b - In the past 12 months, how often did you take a prescription pain reliever that was not prescribed for you?

READ: You can answer with the number of days per week, days per month or days per year.

- 1__ DAYS PER WEEK (RANGE 1-7)
- 2__ DAYS PER MONTH (RANGE 1-30)
- 3__ DAYS PER YEAR (RANGE 1-365)

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

READ: The next question is about a different kind of drug.

ASK ALL

Q16.7 - In the past 12 months, have you used ecstasy, also called Molly or MDMA?

- 1 YES
- 2 NO
- 3 (VOL.) DO NOT KNOW WHAT ECSTASY/MOLLY/MDMA IS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF Q16.7 = 1

Q16.8 - In the past 12 months, how often have you used ecstasy?

READ:

- 1 One time
- 2 Two to five times
- 3 Six to twelve times
- 4 More than twelve times
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

TELEPHONE MODULE

LANDLINE TELEPHONE MODULE QUESTIONS (ASK IF LANDLINE VERSION OR PTYPE=2)

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. Do not include business telephone numbers.

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

ASK ALL

Q17.2 - - 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 Q17.2=2

Q17.3 - 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 IF Q17.2 OR Q17.3 = 1

Q17.4 - Of all of the phone calls that you receive, are...(Read List)

- 1 all or almost all calls received on cell phones,
- 2 some received on cell phones and some received on land lines, or
- 3 very few or none on cell phones.
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

END LANDLINE TELEPHONE MODULE QUESTIONS

CELL PHONE TELEPHONE MODULE QUESTIONS (ASK IF CELL VERSION AND PTYPE=1)

SCREEN: And now, because this is a cell phone survey I need to ask you a few more questions about your cell phone usage for statistical purposes.

ASK ALL

CQ17.1 How long have you had this cell phone number?

INTERVIEWER: WE ARE INTERESTED IN WHETHER THE RESPONDENT HAS HAD THE NUMBER ASSOCIATED WITH THE CELL PHONE FOR ALL OF THE PAST 12 MONTHS.

- 1 Less than 12 months
- 2 12 months or more
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK IF QLANDLINE=1

CQ17.2 Of all of the phone calls that you receive, are...(Read List)

- 1 all or almost all calls received on cell phones,
- 2 some received on cell phones and some received on land lines, or
- 3 very few or none on cell phones.
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

END CELL PHONE TELEPHONE MODULE QUESTIONS

MOBILITY QUESTIONS (9/5/2013)

{ASK ALL}

M1 Did you live in this house or apartment 1 year ago?

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

IF M1=2, ASK M2.

M2 Where were you living 1 year ago? Was it a house or apartment: [READ CHOICES]

- 1 In one of the five boroughs of New York City (Bronx, Brooklyn, Manhattan, Queens, Staten Island),
- 2 Outside of New York City but in New York State,
- 3 In the U.S. but not in New York State (excludes Puerto Rico), OR
- 4 Outside of the U.S. (includes Puerto Rico).
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

[ASK ALL]

COLLECT PHONE NUMBER(S) FOR DRAWING

DRAWING Thank you for helping the New York City Health Department by completing the Community Health Survey.

As I mentioned earlier in our interview, if you choose, you can enter in a drawing for \$100 for participating in the survey.

Would you like to enter the drawing?

- 1 YES
- 2 NO [GO TO CLOSING}

So that we can contact you if you are selected, I need to collect one or more phone numbers and your name or initials. You can give me your home phone number, cell phone number and even a work phone number. The phone numbers and your name will not be shared with anyone and will only be used to notify you if you are randomly drawn.

IF INTERVIEW OCCURS BEFORE AUGUST 31: We will randomly draw up to five people who participated in the Community Health Survey to each receive \$100. Recipients will be selected in early September.

IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: We will randomly draw up to five people who participated in the Community Health Survey to each receive the \$100. Recipients will be selected in early December.

LOTPHONE: What phone number or phone numbers would you like us to use if you are selected for the \$100? You can give me a landline phone number, a cell phone number a work number or all three.

LANDLINE NUMBER(S) [CAPTURE PHONE NUMBER(S)] _____
 CELL PHONE NUMBER(S) [CAPTURE PHONE NUMBER(S)] _____
 WORK PHONE NUMBER(S) [CAPTURE PHONE NUMBER(S)] _____

LOTNAME: Can I have your name or initials so that we will know who to ask for if you are selected?

NAME OR INITIALS: FIRST NAME _____
 LAST NAME _____

IF RESPONDENT REFUSES PHONE NUMBER AND NAME GO TO [CLOSING]

**ADDRESS COLLECTION FOR INCENTIVE - ASK IF PTYPE=1 (CELL PHONE RESPONDENTS ONLY)
 PLEASE READ:**

That is my last question. Everyone’s answers will be combined to give us information about the health practices of people in New York City. In appreciation for the time you have spent answering our questions, we would like to provide you with ten dollars in compensation.

So that we know where to send the compensation, would you please give me your name and address so that we can send you the ten dollar payment?

The information you provide will only be used to send you the payment. It will not be used for any other purposes.

COLLECT NAME AND ADDRESS

NAME (What is your name?) ENTER NAME
ADDRESS (What is your street address?) ENTER STREET ADDRESS
CITY (What is the city?) ENTER CITY
ZIP (What is your zip code?) ENTER ZIP CODE

[ASK ALL]**CLOSING:**

Thank you for participating in this important survey about the health of New Yorkers. 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 347-396-2821.

2 INFORMATION ABOUT PARTICIPANTS RIGHTS

READ: You can call the Institutional Review Board Chairperson at 347-396-6051.

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.