2015 New York City
Community Health Survey
(NYC CHS)

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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.

<table>
<thead>
<tr>
<th>REASONS TO CALL-BACK</th>
<th>REASONS NOT TO CALL-BACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>01  No answer</td>
<td>11 Refused</td>
</tr>
<tr>
<td>02  Busy</td>
<td>12 Non-working/disconnected number</td>
</tr>
<tr>
<td>03  Call-back</td>
<td>13 Non-residential number</td>
</tr>
<tr>
<td>04  Answering machine</td>
<td>14 Number-change</td>
</tr>
<tr>
<td>05  Spanish interviewer needed</td>
<td>15 Fax machine</td>
</tr>
<tr>
<td>06  Other language needed</td>
<td>16 Beeper/Cell phone</td>
</tr>
<tr>
<td>07  END OF SHIFT/NUMBER NEVER TRIED</td>
<td>17 Other phone problem</td>
</tr>
<tr>
<td></td>
<td>18 Physically/mentally unable</td>
</tr>
</tbody>
</table>

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 (QZIP1) 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 (QZIP1) 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 IF NEIGHBORHOOD IS ASSIGNED BASED ON FOLLOW-UPS.

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.

[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.

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_ADULT2]
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.

Q ZIP 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 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 QWHICH]

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 (QZIP1) 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(QZIP1) FROM SAMPLE
- UHF2 – INITIALLY SET UHF2=UHF, BUT IF HOODFU=1, CHANGE VALUE OF UHF2 BASED ON ANSWERS TO THE NEIGHBORHOOD FOLLOWUP QUESTIONS IF ASSIGNED

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 Q2.5
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.

INTERVIEWER: IF RESPONDENT SAYS ‘FAMILY HEALTH PLUS’, MARK ‘05’ FOR MEDICAID

02 Someone else’s employer
03 A plan that you or someone else buys on your own
04 Medicare
05 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
Q2.3 - As a result of “Obamacare”, also called the Affordable Care Act, did you or a member of your household get insurance for you through the New York State Health Plan Marketplace?

READ IF NEEDED: The New York Health Plan Marketplace is a website where people can buy their own insurance.

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK IF Q2.3 = 1
Q2.4 – Did you receive a subsidy or financial assistance to help pay for your insurance?

READ IF NEEDED: It might have been a direct payment to the insurance company or a tax credit.

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

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

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 IF Q2.5 = 1 OR 2, ELSE SKIP TO Q2.7
Q2.6 – Have you seen your personal doctor or health care provider in the last 12 months?

READ IF NECESSARY: Seen for a checkup or medical treatment.

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

ASK ALL
Q2.7 – 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

01 A doctor’s private office

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

02 Community health center
03 A hospital outpatient clinic
04 An urgent care center
05 A hospital emergency room
06 An office of an alternative health care provider (such as acupuncturist, chiropractor, traditional healer, or herbalist)
07 Other (specify)__________
88 [VOL] NO USUAL PLACE
77 DON’T KNOW/NOT SURE
99 Refused
ASK IF Q2.7 = 5
Q2.7b - What is the main reason you usually go to the emergency room instead of a doctor’s office or clinic?

READ:

1. You can’t afford to go elsewhere or they don’t turn anyone away
2. You didn’t know where else to go
3. Convenience/you don’t need an appointment
4. It was the best place to get care for condition
5. You prefer or like it as your usual source of care
6. You don’t have a regular doctor
7. Other
77 DON’T KNOW/NOT SURE
99 REFUSED

READ: The next few questions are about difficulties some people have receiving health care.

ASK ALL
Q2.8 - 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
Q2.9 - The last time you needed care for an illness or injury and called to make an appointment at a doctor’s office or clinic, how quickly did they see you?

READ:

1. Same day
2. next day
3. in 2–3 days
4. Four or more days
5. or, You didn’t call to make an appointment
7. DON’T KNOW
9. REFUSED

ASK IF Q2.1 = 1 AND Q2.2 NE 88
Q2.10 - When trying to get health care in the past 12 months has any doctor’s office or clinic told you they were not accepting your insurance?

1. YES
2. NO
3. VOL: DID NOT SEEK CARE
7. DON’T KNOW/NOT SURE
9. REFUSED
AS A K A L L
Q2.11 - In the last 12 months, was there any time when you did NOT fill a prescription for medicine because of the cost?

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

ASK IF Q2.1 = 1 AND Q2.2 NE 88
Q2.12 - Other than prescription medicines, in the past 12 months, have you had any difficulty getting medical care because you could not afford the out-of-pocket costs, such as copays or deductibles?

READ IF NEEDED: A copay is a fixed amount you pay for health care, usually when you receive the service.

READ IF NEEDED: A deductible is the amount you pay for health care before your health insurance begins to pay.

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

ASK Q2.13 IN WAVE 1 ONLY - WITH THE OPTION TO CUT ENTIRELY IF NEEDED

WAVE 1 ONLY (WAVE=1)
ASK ALL
Q2.13 - 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

ASK ALL
Q2.14 - Do you have any insurance that pays for some or all of your dental care?

READ IF NEEDED: Dental care can include cleanings, x-rays or examinations for your teeth or mouth.

READ IF NEEDED: Dental insurance can include private dental insurance or Medicaid.

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
CARDIOVASCULAR HEALTH

Next are some questions about issues related to your health.

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

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

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
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 IF Q4.1 = 1
Q4.2 - Are you currently taking insulin?

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

ASK IF Q4.1 = 1
Q4.3 - Are you now taking diabetic pills to lower your blood sugar? These are sometimes called oral agents or oral hypoglycemic [HI-PO-GLI-SEE-MUK] agents.

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

ASK ALL
Q4.4 - In the last 12 months, have you had an episode of asthma or an asthma attack?

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

ASK IF Q4.4 = 1
Q4.5 - Are you currently taking medication daily to control your asthma, including pills, a pump or an inhaler?

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 - 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 IS (800) LIFE NET OR 800-543-3638

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

ASK ALL

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 IS (800) LIFE NET OR 800-543-3638

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

ASK ALL

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 IS (800) LIFE NET OR 800-543-3638

1 ALL OF THE TIME
2 MOST OF THE TIME
3 SOME OF THE TIME
4 A LITTLE OF THE TIME
5 NONE OF THE TIME
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL
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 IS (800) LIFE NET OR 800-543-3638
1 ALL OF THE TIME
2 MOST OF THE TIME
3 SOME OF THE TIME
4 A LITTLE OF THE TIME
5 NONE OF THE TIME
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
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 IS (800) LIFE NET OR 800-543-3638
1 ALL OF THE TIME
2 MOST OF THE TIME
3 SOME OF THE TIME
4 A LITTLE OF THE TIME
5 NONE OF THE TIME
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
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 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
**GENERATE K6 score****

FOR Q 5.1 - Q 5.6,

RETAIN ORIGINAL VALUES FOR Q5.1-Q5.6 BUT RECODE NEW VALUES FOR:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&quot;All of the time&quot;</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>&quot;Most of the time&quot;</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>&quot;Some of the time&quot;</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>A little of the time&quot;</td>
<td>1</td>
</tr>
<tr>
<td>5</td>
<td>&quot;None of the time”</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>&quot;DON'T KNOW”</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>&quot;REFUSED&quot;</td>
<td>0</td>
</tr>
</tbody>
</table>

K6SCORE = 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6

IF K6SCORE>12 THEN SPD_PY=1;
ELSE IF K6SCORE<=12, THEN SPD_PY =2;

---

**ASK IF SPD_PY=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 IF SPD_PY = 1**

Q5.8- 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 IF SPD_PY = 1**

Q5.9- 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**

Q5.10 - 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 AND ENVIRONMENT

READ: And now a few questions about your home and neighborhood.

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 4
3 5 to 9
4 10 to 19
5 20 to 49
6 50 or more
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q6.2 – During the past 12 months, was there any month when you delayed paying or were not able to pay your mortgage or rent?

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

ASK ALL
Q6.3 – Are you...

READ:
1 A public housing resident living in a building owned by the New York City Housing Authority,
2 Part of a household that receives rental assistance such as Section 8 or any other rental assistance program, or
3 Neither of these
7 DON’T KNOW/NOT SURE
9 REFUSED

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
Q6.4 - The next question is about pesticide use in your home. In the past 12 months did you or another household member use any of the following pesticides to control roaches, ants, bedbugs or other insects inside your home?

READ IF NEEDED: Do not include any times when a professional exterminator or someone else was sent by the landlord to your home.

INTERVIEWER: IF ASKED, WE ARE NOT ASKING ABOUT RODENT CONTROL (RATS/MICE)

[RANDOMIZE ORDER 1-7 AND MULTIPLE SELECT]

READ ALL ANSWERS

INTERVIEWER PROBE: Anything else

1 Bait station, also known as a roach motel
2 Gel
3 Spray (READ IF NECESSARY: from a can or bottle)
4 Bomb or fogger
5 Boric Acid (Borax)
6 Tempo
7 Chinese Chalk (also called “ant chalk” or “miraculous insecticide chalk”)
66 NONE - DID NOT USE ANY INSECTICIDE
77 DON’T KNOW/NOT SURE
99 REFUSED

READ: I’m going to read some statements about your neighborhood and the people who live there. For each of these statements, please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree.

ASK ALL
Q6.5 - You live in a close-knit neighborhood. Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

1 Strongly agree
2 Somewhat agree
3 Neither agree or disagree
4 Somewhat disagree
5 Strongly disagree
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q6.6 - People around your neighborhood are willing to help their neighbors. Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

1 Strongly agree
2 Somewhat agree
3 Neither agree or disagree
4 Somewhat disagree
5 Strongly disagree
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL

Q6.7 – People in your neighborhood generally DO NOT get along with each other.

READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

1 Strongly agree
2 Somewhat agree
3 Neither agree or disagree
4 Somewhat disagree
5 Strongly disagree
7 DON’T KNOW/NOT SURE
9 REFUSED

6/18/15 CATI CHANGE: RANDOMIZE RESPONDENT ASSIGNMENT: 50% TO GET Q6.8, 50% TO GET Q6.8a
10/7/15 CATI CHANGE: ALL RESPONDENTS GET Q6.8a.

Q6.8 – People in your neighborhood DO NOT share the same values.

READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

1 Strongly agree
2 Somewhat agree
3 Neither agree or disagree
4 Somewhat disagree
5 Strongly disagree
7 DON’T KNOW/NOT SURE
9 REFUSED

Q6.8a – People in your neighborhood share the same values.

READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

1 Strongly agree
2 Somewhat agree
3 Neither agree or disagree
4 Somewhat disagree
5 Strongly disagree
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL

Q6.9 – People in your neighborhood CAN be trusted.

READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

1 Strongly agree
2 Somewhat agree
3 Neither agree or disagree
4 Somewhat disagree
5 Strongly disagree
7 DON’T KNOW/NOT SURE
9 REFUSED
***GENERATE NEIGHBORHOOD SOCIAL COHESION SCORE*****

RETAIN ORIGINAL VALUES FOR Q6.5-Q6.9 BUT RECODE NEW VALUES FOR:

FOR Q6.5, Q6.6, AND Q6.9
CODE 1 "STRONGLY AGREE" = 5
CODE 2 "SOMewhat AGREE" = 4
CODE 3 "NEITHER AGREE NOR DISAGREE" = 3
CODE 7 "DON'T KNOW" = 3
CODE 4 "SOMewhat DISAGREE" = 2
CODE 5 "STRONGLY DISAGREE" = 1
CODE 9 "REFUSED" = 0

FOR Q6.7 AND Q6.8
CODE 1 "STRONGLY AGREE" = 1
CODE 2 "SOMewhat AGREE" = 2
CODE 3 "NEITHER AGREE NOR DISAGREE" = 3
CODE 7 "DON'T KNOW" = 3
CODE 4 "SOMewhat DISAGREE" = 4
CODE 5 "STRONGLY DISAGREE" = 5
CODE 9 "REFUSED" = 0

SOCIALCOHESION = SUM(Q6.5:Q6.9);

ASK ALL
Q6.10- How safe from crime do you consider your neighborhood to be? Would you say very safe, somewhat safe, not very safe, or not at all safe?

1  Very safe
2  Somewhat safe
3  Not very safe , OR
4  Not at all safe
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 Q7.11
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 = 1 OR 2
Q7.4 - Thinking about the type of cigarettes you usually smoke, are they menthol or non-menthol?

1 Menthol
2 Non-menthol
7 DON’T KNOW/NOT SURE
9 REFUSED
ASk if Q7.1 = 1
Q7.5 - 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)
Q7.6 - Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummmed 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 Q7.6 = 1, 2 OR 3
Q7.7 How much did you pay for that [ANSWER TO Q7.6]?

DO NOT ROUND – PUT IN EXACT DOLLARS/CENTS

Q7.7A 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

Q7.7B 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

Q7.7C 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 Q7.6 = 1, 2 OR 3

Q7.8 - (CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)
Where did you get that [ANSWER FROM Q7.6]?

- 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

Q7.9 - 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 Q7.9 = 1

Q7.10 - 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 Q7.11 - 7.14 IN WAVE 1 ONLY

WAVE 1 ONLY (WAVE=1)
ASK ALL
Q7.11 - 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

WAVE 1 ONLY (WAVE=1)
ASK IF Q7.11 = 1, ELSE SKIP TO Q7.13
Q7.12 - 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

WAVE 1 ONLY (WAVE=1)
ASK ALL
Q7.13 - 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

WAVE 1 ONLY (WAVE=1)
ASK IF Q7.13 = 1
Q7.14 - 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
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 (IF Q8.2=1/7/9: Latino / IF Q8.2=2: Latina)?

   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 (IF Q8.2=1/7/9: Latino/ IF Q8.2=2: Latina) 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**

<table>
<thead>
<tr>
<th>Q8.6a</th>
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<tr>
<td>60. AFRICA</td>
<td>32. ITALY</td>
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<td>61. ALBANIA</td>
<td>33. JAMAICA</td>
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<td>62. ANTIGUA</td>
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<td>01. ARGENTINA</td>
<td>35. KOREA</td>
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<td>64. AUSTRIA</td>
<td>112. LIBERIA</td>
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<td>02. AUSTRALIA</td>
<td>87. MALAYSIA</td>
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<td>03. BANGLADESH</td>
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<td>07. BRAZIL</td>
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<td>18. EL SALVADOR</td>
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<td>74. ENGLAND</td>
<td>50. TAIWAN</td>
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<td>75. EUROPE</td>
<td>51. TRINIDAD AND TOBAGO</td>
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<tr>
<td>19. FRANCE</td>
<td>52. TURKEY</td>
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<td>20. GERMANY</td>
<td>53. UKRAINE</td>
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<td>21. GHANA</td>
<td>54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)</td>
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<td>22. GREECE</td>
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<td>78. GRENADA</td>
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<td>23. GUATEMALA</td>
<td>109. UZBEKISTAN</td>
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<td>111. GUINEA</td>
<td>55. VENEZUELA</td>
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<td>24. GUYANA</td>
<td>56. VIETNAM</td>
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<td>25. HAITI</td>
<td>110. VIRGIN ISLANDS</td>
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<td>26. HONDURAS</td>
<td>105. WESTERN AFRICA</td>
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<td>27. HONG KONG</td>
<td>57. WEST INDIAN</td>
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<td>28. HUNGARY</td>
<td>58. YUGOSLAVIA</td>
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<td>29. INDIA</td>
<td>66. OTHER (SPECIFY)</td>
</tr>
<tr>
<td>81. IRAN</td>
<td>77. DON'T KNOW/NOT SURE</td>
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<tr>
<td>30. IRELAND</td>
<td>99. REFUSE</td>
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<tr>
<td>31. ISRAEL</td>
<td></td>
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</tbody>
</table>
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
Q8.10 - 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 or partnered
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL
Q8.11 - Now I'll read a list of terms people sometimes use to describe themselves:

[IF Q8.2 = 1 OR MALE - READ] Are you gay, straight - that is not gay, bisexual, or something else.

[IF Q8.2 = 2 OR FEMALE - READ] Are you lesbian or gay, straight - that is not lesbian or gay, bisexual, or something else.

[IF Q8.2 = 7 OR 9 - READ] Are you gay, straight - that is not gay or lesbian, bisexual, or something else.

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 Gay [Q8.2 = 2,7,9 - READ: or lesbian]
2 Straight, that is not gay
3 Bisexual, or
4 Something else
7 DON'T KNOW/NOT SURE
9 REFUSED

IF Q8.11 = 7
Q8.11a - Do you not understand the words, are you not sure yet, or do you mean something else?

1 Don’t understand the words
2 Not sure yet
3 Something else
7 DON’T KNOW/NOT SURE
9 REFUSED

IF Q8.11 = 4 OR Q8.11a = 3
Q8.11b - What do you mean by something else? (SPECIFY)___________
ASK ALL
Q8.12 - Some people do not identify with the sex they were assigned at birth and think of themselves as transgender or identify in another way. For example: a person who is born male may feel female and live as a woman. Do you consider yourself to be transgender or have an identity different than your sex at birth?

1 Yes [READ IF NEEDED: you are transgender or have a different identity than your sex at birth]
2 No [READ IF NEEDED: you are not transgender]
7 DON’T KNOW/NOT SURE
9 REFUSED

IF Q8.12 = 7
Q8.12a: Do you not understand the question, are you exploring your gender identity and are not sure how you consider yourself yet, or do you mean something else?

READ IF NEEDED:
1 Don’t understand the question
2 You are exploring your gender identity and not sure how you consider yourself yet
3 Something else
4 (VOL.) RESPONDENT IDENTIFIES WITH THEIR SEX AT BIRTH, AS MALE OR FEMALE AND WAS MISTAKENLY CODED
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q8.12 = 1 [transgender or gender non-conforming]
Q8.12b - Are you a transgender woman, a transgender man, or do you have a different gender identity?

INTERVIEWER: READ THE SELECTED ANSWER BACK TO RESPONDENT TO CONFIRM.

1 Transgender woman, that is you were assigned male at birth but currently identify as a woman/or female
2 Transgender man, that is you were assigned female at birth but currently identify as a man/or male
3 Have another gender identity than the sex you were assigned at birth
4 (VOL.) RESPONDENT IDENTIFIES WITH THEIR SEX AT BIRTH, AS MALE OR FEMALE AND WAS MISTAKENLY CODED
7 DON’T KNOW/NOT SURE
9 REFUSED

IF Q8.12a = 3 OR Q8.12b = 3
Q8.12c - How do you identify your gender? __________________________
READ: Now a few more questions about yourself and your household.

ASK ALL
Q8.13 - 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
Q8.14 - 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
Q8.15 - 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 Q8.14 or CQHH = 77 or 99, skip to Q8.17
Create new field NHOUSE = QHH/CQHH (Number of adults) + Q8.14(Number of Children)
USE NHOUSE to create a field (PVTYLVL) to populate the fill for Q8.16

PVTYLVL = 7,610 + (NHOUSE * 4,160)

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
Q8.16 - 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 Q8.16_02 = 77 OR 99, ELSE SKIP TO Q8.17
Q8.16a - 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 Q8.16 IS 100%-199% FPL [Q8.16=2 OR Q8.16A=2]
Q8.16b - 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 Q8.16 = 01 OR Q8.16a = 1 OR Q8.16b = 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
Q8.17 - 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
Q8.18 - 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 Q8.18 (WEIGHT) = 9999 OR 7777 AND Q8.17 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q8.19a, Q8.19b, Q8.19c, Q8.19d (OR ASK Q8.19e, Q8.19f, Q8.19g, Q8.19h FOR METRIC).

IF Q8.17 (HEIGHT) = 9999 OR 7777 AND Q8.18 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q8.20a, Q8.20b, Q8.20c, Q8.20d (OR ASK Q8.20e, Q8.20f, Q8.20g, Q8.20h FOR METRIC).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: = .049 * (Q8.17 height IN) * (Q8.17 height IN)
CRITICAL WEIGHT FOR ENGLISH OBESE: = .0427 * (Q8.17 height IN) * (Q8.17 height IN)
CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: = .0356*(Q8.17 height IN)*(Q8.17 height IN)
CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: = .0263*(Q8.17 height IN)*(Q8.17 height IN)

ASK IF Q8.18 = 9999 OR 7777 AND Q8.17 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.19a – Do you weigh less than [critical weight for OBESE]?
   1 YES, WEIGH LESS [SKIP TO Q8.19c]
   2 NO, DON’T WEIGH LESS [SKIP TO Q8.19b]
   7 DON’T KNOW/NOT SURE
   9 REFUSED

ASK IF Q8.19a = 2, ELSE SKIP TO Q8.19c
Q8.19b – 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 Q8.19a = 1, ELSE SKIP TO Q9.1
Q8.19c – Do you weigh less than [critical weight for OVERWEIGHT]?
   1 YES, WEIGH LESS [SKIP TO Q8.19d]
   2 NO, DON’T WEIGH LESS
   7 DON’T KNOW/NOT SURE
   9 REFUSED

ASK IF Q8.19c = 1, ELSE SKIP TO Q9.1
Q8.19d – 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 = 0.0035 \times (Q8.17 \text{ height CM})^2

CRITICAL WEIGHT FOR METRIC OBESE = 0.003 \times (Q8.17 \text{ height CM})^2

CRITICAL WEIGHT FOR METRIC OVERWEIGHT = 0.0025 \times (Q8.17 \text{ height CM})^2

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT = 0.00185 \times (Q8.17 \text{ height CM})^2

ASK IF Q8.18 = 9999 OR 7777 AND Q8.17 \neq 9999 OR 7777, ELSE SKIP TO Q9.1

Q8.19e - Do you weigh less than [critical weight for METRIC OBESE]?

1 YES, WEIGH LESS [SKIP TO Q8.19g]
2 NO, DON’T WEIGH LESS [SKIP TO Q8.19f]
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q8.19e = 2, ELSE SKIP TO Q8.19g

Q8.19f - 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 Q8.19e = 1, ELSE SKIP TO Q9.1

Q8.19g - Do you weigh less than [critical weight for METRIC OVERWEIGHT]?

1 YES, WEIGH LESS [SKIP TO Q8.19h]
2 NO, DON’T WEIGH LESS
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q8.19g = 1, ELSE SKIP TO Q9.1

Q8.19h - 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 * Q8.18 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE:
= SQUARE ROOT OF (23.43 * Q8.18 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * Q8.18 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * Q8.18 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q8.17 = 9999 OR 7777 AND Q8.18 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.20a- Is your height less than [critical height for OBESE]?

1 YES, LESS [SKIP TO Q8.20b]
2 NO, NOT LESS [SKIP TO Q8.20c]
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q8.20a = 1, ELSE SKIP TO Q8.20c
Q8.20b- 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 Q8.20a = 2, ELSE SKIP TO Q9.1
Q8.20c - Is your height less than [critical height for OVERWEIGHT]?

1 YES, LESS
2 NO, NOT LESS [SKIP TO Q8.20d]
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q8.20c = 2, ELSE SKIP TO Q9.1
Q8.20d - 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 * Q8.18 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE = SQUARE ROOT OF (333 * Q8.18 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT = SQUARE ROOT OF (400 * Q8.18 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT = SQUARE ROOT OF (540.5 * Q8.18 weight KILOS)

ASK IF Q8.17 = 9999 OR 7777 AND Q8.18 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
Q8.20e - Is your height less than [critical height for METRIC OBESE]? 
  1 YES, LESS [SKIP TO Q8.20f] 
  2 NO, NOT LESS [SKIP TO Q8.20g] 
  7 DON’T KNOW/NOT SURE 
  9 REFUSED

ASK IF Q8.20e = 1, ELSE SKIP TO Q8.20g
Q8.20f - Is your height less than [critical height for METRIC VERY OBESE]? 
  1 YES, LESS 
  2 NO, NOT LESS 
  7 DON’T KNOW/NOT SURE 
  9 REFUSED

ASK IF Q8.20e = 2, ELSE SKIP TO Q9.1
Q8.20g - Is your height less than [critical height for METRIC OVERWEIGHT]? 
  1 YES, LESS 
  2 NO, NOT LESS [SKIP TO Q8.20h] 
  7 DON’T KNOW/NOT SURE 
  9 REFUSED

ASK IF Q8.20g = 2, ELSE SKIP TO Q9.1
Q8.20h - 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
NUTRITION

READ: 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
Q9.3 - 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?

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

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
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 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.

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 Q9.5 IN WAVE 1 ONLY

WAVE 1 ONLY (WAVE=1)
ASK ALL
Q9.5 - 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

PHYSICAL ACTIVITY

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

ASK ALL
Q10.1 - During the past 30 days, other than your regular job, did you participate in
any physical activities or exercises such as running, calisthenics, golf, gardening,
or walking for exercise?

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

ASK Q10.4 - Q10.7a IN WAVE 2 ONLY

SCREEN: Now I am going to ask you about vigorous physical activity and then about
moderate and light physical activity.
WAVE 2 ONLY (WAVE=2)

ASK ALL

Q10.4 - How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?

READ IF NEEDED: 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.

WAVE 2 ONLY (WAVE=2)

ASK IF Q10.4 NE 666,888, 777 OR 999

Q10.5 - About how long do you do these vigorous leisure-time physical activities each time?

READ IF NEEDED: 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.

WAVE 2 ONLY (WAVE=2)

ASK ALL

Q10.6 - 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 NEEDED: 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.

WAVE 2 ONLY

ASK IF Q10.6 NE 666,888,777 OR 999

Q10.7 - About how long do you do these light to moderate leisure-time physical activities each time?

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

WAVE 2 ONLY (WAVE=2)
ASK IF Q10.7 NE 77 OR 99
Q10.7a - How many of those (CATI: FILL HOURS OR MINUTES FROM ABOVE) are moderate activity that caused a moderate increase in your breathing or heart rate? Do not include light-activity.

READ IF NEEDED: 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
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, 2014, and March 31, 2015?
   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 Q8.1 >= 45 (OR Q8.1a = 1 OR 2), ELSE SKIP TO Q14.1

Q13.1 - 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 Q13.1 = 1

Q13.2 - 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

READ: 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

READ: 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 [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 Q15.1f > 0 AND NOT 777 OR 999
Q15.4f - 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 Q15.4f = 1
Q15.5f - The last time you had anal sex did you or your partner use a condom?

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 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 or your partner 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 Q15.1m OR Q15.2m > 0 AND NOT 777 OR 999
Q15.6m - 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

ASK IF Q15.6m = 1
Q15.7m - The last time you had anal sex did you or your partner use a condom?

1 YES
2 NO
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

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
Q16.4 - In the past 12 months, have you ever taken a prescription pain reliever such as oxycodone or hydrocodone that was 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 Q16.4 = 1
Q16.5 - 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
Q16.6 - 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
INTIMATE PARTNER VIOLENCE

SCREEN: The next questions are about your personal safety. Remember that all your answers will be kept private and if a question upsets you, you don’t have to answer it.

ASK ALL

Q17.1 - Have you ever been frightened for your safety or the safety of your family or friends because of the anger or threats from a current or former intimate partner?

[READ IF NEEDED: The intimate partner could be a current or past boyfriend or girlfriend, husband or wife, common-law spouse, someone with whom you have a child in common, or a dating partner. We are interested in any experiences you have had in the present or past.]

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

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

ASK IF Q17.1 = 1

Q17.2 - Did this happen in the past 12 months?

[READ IF NEEDED: In the past 12 months, have you been frightened for your safety or the safety of your family or friends because of anger or threats from a current or former intimate partner?]

READ IF NEEDED: The intimate partner could be a current or past boyfriend or girlfriend, husband or wife, common-law spouse, someone with whom you have a child in common, or dating partner. We are interested in any experiences you have had in the past 12 months.

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

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
VISION ZERO (TRAFFIC SAFETY)

READ: Now for some questions about traffic and pedestrian safety in New York City.

ASK ALL

Q18.1 – In the past 30 days, on how many days did you drive a car or motor vehicle in New York City?

|___|___|
ENTER NUMBER OF DAYS [RANGE: 0-30]
77 DON’T KNOW
99 REFUSED

ASK IF Q18.1 GE 1, BUT NOT 77 OR 99

Q18.2 – In the past 30 days, when you drove in New York City, how often did you drive 10 miles per hour or more over the posted speed limit?

READ:
1 Often
2 Sometimes
3 Rarely
4 Never
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q18.1 GE 1, BUT NOT 77 OR 99

Q18.3 – In the past 30 days, when you drove in New York City, how often have you read or sent a text message or email while you were driving?

READ:
1 Often
2 Sometimes
3 Rarely
4 Never
7 DON’T KNOW/NOT SURE
9 REFUSED
**TELEPHONE MODULE**

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

**READ:** 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**

Q19.1 - 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**

Q19.2 - 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 Q19.2=2**

Q19.3 - 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 Q19.2 OR Q19.3 = 1**

Q19.4 - 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, PTYPE=1 AND QLANDLINE=1)

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

ASK IF QLANDLINE=1
CQ19.1 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
ADDRESS COLLECTION FOR INCENTIVE - ASK IF PTYPE=1 (CELL PHONE RESPONDENTS ONLY)

Please Read:

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

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.