2017 New York City Community Health Survey (NYC CHS)

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2017 Community Health Survey Questionnaire
Last updated (9/13/17)

QLAN. INTERVIEWER: SELECT LANGUAGE

1 English
2 Spanish
3 Russian Paper
4 Chinese Paper

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 Associates. We're doing an important study to improve the health of New Yorkers. Your household was randomly chosen to help us learn about your neighborhood. All answers you give are confidential.

[IF NEEDED] You don’t have to provide any personal information such as your full name or address.

<table>
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<th>REASONS TO CALL-BACK</th>
<th>REASONS NOT TO CALL-BACK</th>
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<tr>
<td>01 No answer</td>
<td>11 Refused</td>
</tr>
<tr>
<td>02 Busy</td>
<td>12 Non-working/disconnected number</td>
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<td>04 Answering machine</td>
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<td>05 Spanish interviewer needed</td>
<td>15 Fax machine</td>
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<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>
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Q ZIP To make sure that we correctly identify your neighborhood, could I please have your five-digit zip code?

RECORD 77777 FOR DK
RECORD 99999 FOR Ref.

IF QUOTA OUT ZIP CODE, GO TO HHa16.

IF Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST

Q Confirm. Just to confirm, is your zip code _________?

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 do you live?

READ IF NEEDED:

1 The Bronx
2 Brooklyn
3 Manhattan
4 Queens, or
5 Staten Island?
IF QUOTA OUT, WRITE DATA FOR QZIP (QZIP), QCVERIFY (QCVERIFY), AND QBORO (QBORO) FROM MAIN SUBSCRIPT. WRITE DATA FROM SAMPLE FOR UHF, REPPLICATE, QKEY - THE ORIGINAL ONE, MAILED, RESMC, CSS.

IF QUOTA OUT, GO TO Q8.12_16 FOR KIDS ELIGIBILITY

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.]

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.]

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 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. 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 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, IF MORE THAN ONE ADULT (HH>1) ASK HHb.
IF HH=0 OR 88, GO TO HH16a.

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 Health Department will share the anonymous survey results of participants with the public so that more can be learned about the health of New Yorkers. 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. We also have a website at the Health Department for you to verify this survey.

[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

ASK IF QHH=0 OR 88 (NO ADULTS OR NOT PRIVATE RESIDENCE)

HH16a. Are you 16 years old or older?

1 YES
2 NO
9 REFUSED

IF HH16A=1, THEN GO TO Q8.12_16, ELSE TERMINATE.

IF HH16A=2, READ: Thank you very much, but we are only interviewing persons aged 16 or older at this time. END SURVEY.

IF HH16A=9 (DON’T KNOW OR REFUSED): Thank you very much for your time. END SURVEY.

IF PICKED PERSON IS NOT AVAILABLE:

S6b1. (If s6b = 2) May I please have the adult’s first name so we can ask for them when we call back?/(If q pick = 2) May I please have the (PICKED PERSON’S) first 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

QCHINESE [INTERVIEWER: IS THAT MANDARIN OR CANTONESE?]
IF HHa = 1 GO TO Q1.1, ELSE GO TO Q HELLO
Q HELLO

[READ IF NEW PERSON COMES TO PHONE: Hello, My name is ______________, and I am
calling on behalf of the New York City Department of Health from Abt Associates. We’re
doing an important study to improve the health of New Yorkers. Your household was
randomly chosen to help us learn about your neighborhood. All answers you give are
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 Health Department will share the
anonymous survey results of participants with the public so that more can be learned
about the health of New Yorkers. 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. We
also have a website at the Health Department for you to verify this survey.

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 Associates. We’re doing an important study to improve the health of New Yorkers. Your cell phone number was randomly chosen to take part in our study. I have a few questions to make sure you are eligible for the study. If you are eligible and complete the survey, we will send you a check for $10 as a thank you.

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 [GO TO CONF_ADULT2]
9 REFUSED [GO TO CONF_ADULT2]

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], ASK QCONF_ADULT16

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 CONF_ADULT16. Are you 16 or 17 years old?

1 YES [GO TO QDRIVING, THEN Q8.12_16]
2 NO
7 DON’T KNOW
9 REFUSED

IF QCONF_ADULT16=2, READ: Thank you very much, but we are only interviewing persons aged 16 or older at this time. END SURVEY.

IF DON’T KNOW OR REFUSED: Thank you very much for your time. END SURVEY.
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_CELL]
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_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 home or apartment, or do you live in institutional housing, such as a dormitory or other group living situation?

READ ONLY IF NECESSARY: Institutional housing includes places such as nursing homes, military barracks, college dormitories, and convents and monasteries.

INTERVIEWER: CODE 1 FOR PRIVATE RESIDENCE AND CODE 2 FOR DORMITORY OR GROUP HOUSING.

1 YES [Go to CONF_NYC]
2 NO [GO TO Q8.12_16]
7 DON'T KNOW / NOT SURE [GO TO Q8.12_16]
9 REFUSED [GO TO Q8.12_16]

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 INTRO1]
2 Brooklyn [GO TO INTRO1]
3 Manhattan [GO TO INTRO1]
4 Queens [GO TO INTRO1]
5 Staten Island [GO TO INTRO1]
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

ELSE IF PTYPE=2, SKIP TO QZIP IN LANDLINE SCREENER

Q8.12_16. How many children 13 years old or younger usually live or stay with you? READ IF NEEDED: Include all children who live or stay at this address.

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

IF Q8.12_16=0 OR 77 OR 99, THANK AND TERMINATE.

IF Q8.12_16=1 TO 25, GO TO NYCKIDS_RECRUITMENT.

CATI: IF 1<=Q8.12b<=25 THEN CHILD_ELIG=1 (CHS COMPLETE)
CATI: IF 1<=Q8.12_16<=25 AND (QCONF_ADULT16=10R HH16a=1) (CHS SCREENOUT – MINOR) THEN CHILD_ELIG=2
CATI: 1<=Q8.12_16<=25 AND ((CONF_PRVRES=2, 7, OR 9) OR (QHH=88) THEN CHILD_ELIG=3 (CHS SCREENOUT – NOT A HOUSEHOLD
CATI: 1<=Q8.12_16<=25 AND (REPLICATE INELIGIBLE TERMINATE) THEN CHILD_ELIG=4 (CHS QUOTA OUT)
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.

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.

Any information you provide will be confidential. The Health Department will share the anonymous survey results of participants with the public so that more can be learned about the health of New Yorkers. 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. We also have a website at the Health Department for you to verify this survey.

In appreciation for the time that you spend answering our questions on your cell phone, we will provide you with ten dollars as a thank you.

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

RECORD 77777 FOR DK
RECORD 99999 FOR Ref.

IF QUOTA OUT ZIP, GO TO Q8212_16

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.]

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.]

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.]

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”.

NYC Department of Health and Mental Hygiene, Bureau of Epidemiology Services
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 WHICH.

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 WHICH.

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

Q CHINESE [INTERVIEWER: IS THAT MANDARIN OR CANTONESE?] 

1 MANDARIN
2 CANTONESE
CATI: CREATE VARIABLE QXVERS.

QXVERS = 1 (LONG VERSION)
QXVERS = 2 (SHORT VERSION)

CATI: CREATE RANDOMIZATION VARIABLE QXVERSNUM.

ASSIGN RANDOM NUMBER (QXVERSNUM) BETWEEN 1 AND 999, WHERE:

QXVERSNUM <= 500 IS ASSIGNED QXVERS = 1 (LONG VERSION) AND
QXVERSNUM > 500 IS ASSIGNED QXVERS = 2 (SHORT VERSION).

AT START OF DATA COLLECTION, ASSIGN QXVERSNUM WITH 50-50 SPLIT OF RESPONDENTS RECEIVING QXVERS = 1 (LONG VERSION).

CHANGES TO PROPORTION OF RESPONDENTS ASSIGNED LONGER VERSION WILL BE BASED ON OVERALL SURVEY LENGTH.
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 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 [ASK IF R INSURED]
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 ALL
Q2.3 - 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

Q2.4 - Was there a time in the past 12 months when you needed medical care but did NOT get it? Medical care includes doctor’s visits, tests, procedures, prescription medication and hospitalizations.

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

ASK ALL

Q2.5 - Now, thinking of your experiences trying to get health care in the past 12 months, have you felt you were hassled, made to feel inferior, or discriminated against for any reason?

READ IF NEEDED: Health care includes doctor visits, test, procedures, prescriptions and hospitalizations.

1 YES
2 NO
3 (VOL.) DID NOT SEEK HEALTH CARE TREATMENT IN PAST 12 MONTHS
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q2.5 = 1

Q2.5b – What was the reason or reasons you felt discriminated against while trying to get health care treatment in the past 12 months?

[ACCEPT MULTIPLE ANSWERS]
[INTERVIEWER: PROBE “Anything else”]
[INTERVIEWER NOTE: Read list only if necessary.]

01 Race/ethnicity, or skin color
02 Age
03 Language/accent
04 Health status or disability
05 Body weight
06 Insurance status or type
07 Income level
08 Religion
09 Sexual orientation
10 Gender/sex
11 Gender identity
12 Immigration status
13 Some other reason
77 DON’T KNOW/NOT SURE
99 REFUSED

ASK IF Q2.5=1 AND R DOES NOT SELECT OPTION 1 IN Q2.5b

Q2.5c – Did you ever feel it was because of your race, ethnicity or skin color?

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

READ: 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 [ASK IF DIAGNOSED WITH HYPERTENSION]
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 [ASK IF DIAGNOSED WITH HYPERTENSION AND TOLD TO TAKE MEDS]
Q3.3 - Are you currently taking medication for your high blood pressure?

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

ASK IF Q3.1 = 1 [ASK IF DIAGNOSED WITH HYPERTENSION]
Q3.4 - During the past 30 days, have you checked your blood pressure at home or another place in your community like a pharmacy?

INTERVIEWER: IF ASKED, DO NOT INCLUDE BLOOD PRESSURE CHECKED BY A HEALTH PROFESSIONAL

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 [ASK IF DIAGNOSED WITH ASTHMA]
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 over the last 2 weeks.

ASK ALL

Q5.1 – Over the last 2 weeks, how often have you been bothered by the following problems:

Little interest or pleasure in doing things?

Would you say not at all, several days, more than half the days, or nearly every day?

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL

Q5.2 – Over the last 2 weeks, how often have you been bothered by the following problems:

Feeling down, depressed, or hopeless?

Would you say not at all, several days, more than half the days, or nearly every day?

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL

Q5.3 – [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Trouble falling or staying asleep, or sleeping too much?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL
Q5.4 - [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Feeling tired or having little energy?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q5.5 - [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Poor appetite or overeating?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q5.6 - [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Feeling bad about yourself – or that you are a failure or have let yourself or your family down?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q5.7 - [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:
Trouble concentrating on things, such as reading the newspaper or watching TV?
[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL
1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q5.8 - [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:
Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? (UHF)
[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS 1-888-NYC-WELL, TEXT “WELL” TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL
1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON’T KNOW/NOT SURE
9 REFUSED

***GENERATE CURRENT_DEPP*****
FOR Q 5.1 – Q 5.8,
RETAINT ORIGINAL VALUES FOR Q5.1-Q5.8 BUT RECODE NEW VALUES FOR:
CODE 1 "Not at all" = 0
CODE 2 "Several days" = 1
CODE 3 "More than half the days" = 2
CODE 4 "Nearly every day" = 3
CODE 7 "DON’T KNOW" = 0
CODE 9 "REFUSED" = 0

PHQ_SCORE = 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6 +5.7 + 5.8
IF PHQ_SCORE>=10 THEN CURRENT_DEPP=1;
ELSE IF PHQ_SCORE<=9, THEN CURRENT_DEPP=2;

ASK IF CURRENT_DEPP = 1
Q5.9- In the past 12 months, have you taken a prescription medication for a mental health problem?
1 YES
ASK IF CURRENT_DEPP = 1
Q5.10 - 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
Q5.11 - 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 1-888-NYC-WELL, TEXT "WELL" TO 65173, OR ONLINE CHAT AT NYC.GOV/NYCWELL

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

READ: Now I will ask a few questions about your home or apartment.

ASK ALL
Q6.1 - 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 IF RENT/OCCUPIED OTHER/DK/RF TO Q6.1
Q6.3 - Are you...

READ:
1 A public housing resident living in a building owned by the New York City Housing Authority, or are you
2 Part of a household that receives rental assistance such as Section 8 or any other rental assistance program, or are you
3 Part of a household living in a rent-controlled or rent-stabilized home, or
4 None of these
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q6.4 - How long have you lived in your home or apartment?

CATI: ALLOW MULTIPLE RESPONSES

___ MONTHS [RANGE 1-20]
___ YEARS [RANGE 1-100]
7777 DON’T KNOW/NOT SURE
9999 REFUSED

ASK IF Q6.4 LESS THAN 2 YEARS. IF Q6.4 GE 7777, SKIP TO NEXT SECTION.
Q6.5 - Where were you living 2 years ago?

READ:
1 In a different house or apartment, but in the same neighborhood
2 In a different neighborhood, but in the same borough
3 In a different borough
4 Outside of New York City
7 DON’T KNOW/NOT SURE
9 REFUSED
TOBACCO

READ: The next few questions are about 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 Q7.9 [ASK IF SMOKED AT LEAST 100 CIGS]
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 [ASK IF SMOKE EVERY DAY]
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 [ASK IF SMOKE SOME DAYS]
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 [ASK IF SMOKE SOME DAYS]
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 Q7.2 = 3 [ASK IF FORMER SMOKER]
Q7.4 About how long has it been since you last smoked cigarettes regularly?

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

1___ WEEKS (RANGE 0-52)
2___ MONTHS (RANGE 0-12)
3___ YEARS (RANGE 0-99)
888 NEVER SMOKED REGULARLY
777 DON’T KNOW/NOT SURE
999 REFUSED
ASK IF Q7.2 = 1 OR 2 [ASK IF CURRENT SMOKER]
Q7.5 - Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummered or did you roll your own?

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

ASK IF Q7.5 = 1, 2 OR 3 [ASK IF LAST CIG FROM A CARTON, PACK, OR SINGLE]
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 AND Q7.6 NE 8888 [LAST CIG. FROM CARTON, PACK OR SINGLE]
Q7.7 - Where did you buy the last cigarette you smoked? Was it in your neighborhood, in another part of New York City, or outside of New York City?

1 In your neighborhood
2 In another part of New York City
3 Outside of New York City
4 DON'T KNOW/NOT SURE
5 REFUSED

ASK IF Q7.2 = 1, 2 OR Q7.4 < 1 YEAR [CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO]
Q7.8 - During the last 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

1 YES
2 NO
3 DON'T KNOW/NOT SURE
4 REFUSED
ASK ALL
Q7.9 - 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 Q7.9 = 1 [ASK IF USED E-CIG PAST 12 MONTHS]
Q7.10 - 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 IF Q7.9 = 1 AND Q7.2 = 1, 2 OR Q7.4 < 1 YEAR [CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO]
Q7.11 - In the past 12 months, have you used an electronic cigarette to help you either cut back or quit smoking regular cigarettes?

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

ASK ALL
Q7.12 - In the past 12 months, 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 - 1E], ARGHILA [ar - ge - 1a], 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
Q7.13 - 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
DEMOGRAPHICS

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

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 [ASK IF AGE REFUSED]
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 75 or older
2 65-74
3 45-64
4 30-44
5 25-29, or
6 18-24
7 DON'T KNOW/NOT SURE
8 REFUSED

OCTOBER 10, 2017
CATI: STARTING 10/10/17, USE QXVERS TO DETERMINE THE ORDER IN WHICH Q8.3 AND Q8.2 IS ASKED:

IF QXVERS=1, ASK Q8.2 FIRST, THEN Q8.3.
IF QXVERS=2, ASK Q8.3 FIRST, THEN Q8.2.

ASK ALL
Q8.3 - How do you describe yourself?

INTERVIEWER: READ AND ALLOW FOR MULTIPLE RESPONSES BUT DO NOT PROBE

1 As a man
2 As a woman
3 As a transgender man
4 As a transgender woman
5 As gender non-conforming
6 or, another gender identity
7 DON'T KNOW/NOT SURE
8 REFUSED

ASK ALL
Q8.2 - [IF QXVERS=2, DISPLAY: This is a different question.] On your original birth certificate, was your sex assigned as male or female?

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

ASK IF (Q8.2 = 1 AND Q8.3 = 2) OR (Q8.2 = 2 AND Q8.3 = 1) [ASK IF IDENTIFY DIFFERENTLY FROM SEX AT BIRTH BUT DOES NOT CHOOSE AS TRANSGENDER IN Q8.3]
SKIP IF RESPONDENT PROVIDED MULTIPLE RESPONSES TO Q8.3
Q8.3c - To confirm, you identify as [Q8.3 FILL] and your sex assigned at birth was [Q8.2 FILL], correct?

1 YES; RESPONDENT HAS A GENDER IDENTITY DIFFERENT THAN THEIR SEX AT BIRTH
2 NO: RESPONDENT IDENTIFIES WITH THE GENDER IDENTITY AND BIRTH SEX MISTAKENLY CODED
3 NO: RESPONDENT IDENTIFIES WITH THEIR SEX AT BIRTH AND GENDER WAS MISTAKENLY CODED
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q8.3 = 7

Q8.3d - Are you exploring your gender identity and are not sure how you consider yourself yet, do you not understand the question, or do you identify as [Q8.2 FILL]?

1 You are exploring your gender identity and not sure how you consider yourself yet,
2 You do not understand the question,
3 You identify as [Q8.2 fill]
7 DON'T KNOW/NOT SURE
9 REFUSED

IF Q8.2 = 1 AND Q8.3 = 1 THEN GENDERID=1 [CIS-MALE]
IF Q8.2 = 1 AND Q8.3 = 2 AND Q8.3C=3 THEN GENDERID=1 [CIS-MALE]
IF Q8.2 = 1 AND Q8.3 = 7 AND Q8.3D=3 THEN GENDERID=1 [CIS-MALE]
IF Q8.2 = 2 AND Q8.3 = 2 THEN GENDERID=2 [CIS-FEMALE]
IF Q8.2 = 1 AND Q8.3 = 7 AND Q8.3D =2 THEN GENDERID=2 [CIS-FEMALE]
IF Q8.2 = 2 AND Q8.3 = 2 THEN GENDERID=2 [CIS-FEMALE]
IF Q8.2 = 1 AND Q8.3 = 7 AND Q8.3D=1 THEN GENDERID=2 [CIS-FEMALE]
IF Q8.2 = 1 AND Q8.3 = 9 THEN GENDERID=3 [TRANS-WOMAN]
IF Q8.2 = 2 AND Q8.3 = 1 AND Q8.3C=1 THEN GENDERID=3 [TRANS-WOMAN]
IF Q8.2 = 7 OR 9 AND Q8.3 = 1 THEN GENDERID=3 [TRANS-WOMAN]
IF Q8.3 = 4 THEN GENDERID=3 [TRANS-WOMAN]
IF Q8.2 = 1 AND Q8.3 = 2 AND Q8.3C=1 THEN GENDERID=3 [TRANS-WOMAN]
IF Q8.2 = 7 OR 9 AND Q8.3 = 4 THEN GENDERID=3 [TRANS-WOMAN]
IF Q8.2 = 1 AND Q8.3 = 3 THEN GENDERID=4 [TRANS-MAN]
IF Q8.2 = 2 AND Q8.3 = 1 AND Q8.3C=1 THEN GENDERID=4 [TRANS-MAN]
IF Q8.2 = 7 OR 9 AND Q8.3 = 3 THEN GENDERID=4 [TRANS-MAN]
IF Q8.2 = 7 OR 9 AND Q8.3 = 5 OR 6 THEN GENDERID=5 [GENDER NONCONFORMING MALE]
IF Q8.2 = 2 AND Q8.3 = 7 AND Q8.3D=1 THEN GENDERID=5 [GENDER NONCONFORMING MALE]
IF Q8.2 = 1 AND Q8.3 = 9 THEN GENDERID=5 [GENDER NONCONFORMING MALE]
IF Q8.2 = 2 AND Q8.3 = 7 AND Q8.3D=1 THEN GENDERID=5 [GENDER NONCONFORMING MALE]
IF Q8.2 = 2 AND Q8.3 = 5 OR 6 THEN GENDERID=6 [GENDER NONCONFORMING FEMALE]
IF Q8.2 = 1 AND Q8.3 = 9 THEN GENDERID=6 [GENDER NONCONFORMING FEMALE]
IF Q8.2 = 7 OR 9 AND Q8.3 = 1 THEN GENDERID=7 [UNSPECIFIED MALE]
IF Q8.2 = 7 OR 9 AND Q8.3 = 2 THEN GENDERID=8 [UNSPECIFIED FEMALE]
IF Q8.2 = 7 OR 9 AND Q8.3 = 5 THEN GENDERID=9 [UNASSIGNED]
IF Q8.2 = 7 OR 9 AND Q8.3 = 6 THEN GENDERID=9 [UNASSIGNED]
IF Q8.2 = 7 OR 9 AND Q8.3 = 7 OR 9 THEN GENDERID=9 [UNASSIGNED]
IF Q8.2 = 1 AND Q8.3 = 2 AND Q8.3C=7 OR 9 THEN GENDERID=9 [UNASSIGNED]
IF Q8.2 = 2 AND Q8.3 = 1 AND Q8.3C=7 OR 9 THEN GENDERID=9 [UNASSIGNED]
IF Q8.3D = 7 OR 9 THEN GENDERID=9 [UNASSIGNED]
ASK ALL
Q8.4 - Are you Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q8.2 EQ 7,9: Latino / IF GENDERID EQ 2,3,6,8: Latina)?

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

ASK IF Q8.4 = 1, ELSE SKIP TO Q8.5 [ASK IF HISPANIC/LATINO]
Q8.4a - Please tell me which group best represents your Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q8.2 EQ 7,9: Latino / IF GENDERID EQ 2,3,6,8: 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
Q8.5 - (READ IF Q8.4=1: Some people, aside from being Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q8.2 EQ 7,9: Latino / IF GENDERID EQ 2,3,6,8: Latina) 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 Middle Eastern or North African
  05 Native Hawaiian or Other Pacific Islander
  06 American Indian, Alaska Native, or
  07 Something else (SPECIFY) _____________________
  77 DON’T KNOW/NOT SURE
  99 REFUSED

ASK IF Q8.5 = 3 [ASK IF ASIAN]
Q8.6 - 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
Q8.7 - 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 Q8.7 = 2 [ASK IF BORN OUTSIDE U.S.]
Q8.7a

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<td>13. COSTA RICA</td>
<td>46. RUSSIA</td>
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<td>14. CUBA</td>
<td>113. SENEGAL</td>
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<td>73. CZECHOSLOVAKIA</td>
<td>47. SIERRA LEONE</td>
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<tr>
<td>15. DOMINICAN REPUBLIC</td>
<td>48. SOUTH AMERICAN</td>
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<tr>
<td>107. EASTERN AFRICA</td>
<td>49. SPAIN</td>
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<tr>
<td>16. ECUADOR</td>
<td>108. SOUTHERN AFRICA</td>
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<td>17. EGYPT</td>
<td>102. ST. LUCIA</td>
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<tr>
<td>18. EL SALVADOR</td>
<td>103. ST. VINCENT</td>
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<tr>
<td>74. ENGLAND</td>
<td>50. TAIWAN</td>
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<tr>
<td>75. EUROPE</td>
<td>51. TRINIDAD AND TOBAGO</td>
</tr>
<tr>
<td>19. FRANCE</td>
<td>52. TURKEY</td>
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<tr>
<td>20. GERMANY</td>
<td>53. UKRAINE</td>
</tr>
<tr>
<td>21. GHANA/</td>
<td>54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)</td>
</tr>
<tr>
<td>22. GREECE</td>
<td>28. HUNGARY</td>
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<tr>
<td>78. GRENADA</td>
<td>58. YUGOSLAVIA</td>
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<tr>
<td>23. GUATEMALA</td>
<td>29. INDIA</td>
</tr>
<tr>
<td>111. GUINEA</td>
<td>66. OTHER (SPECIFY)</td>
</tr>
<tr>
<td>24. GUYANA</td>
<td>77. DON'T KNOW/NOT SURE</td>
</tr>
<tr>
<td>25. HAITI</td>
<td>30. IRELAND</td>
</tr>
<tr>
<td>26. HONDURAS</td>
<td>99. REFUSE</td>
</tr>
<tr>
<td>27. HONG KONG</td>
<td>31. ISRAEL</td>
</tr>
<tr>
<td>28. HUNGARY</td>
<td></td>
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</tbody>
</table>
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 or partnered
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:

[IF GENDERID = 1,4,5- READ] Are you gay, straight - that is not gay, bisexual, or something else.

[IF GENDERID = 2,3,6,8,9 - 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.

READ RESPONSES AGAIN IF NEEDED:

1 Gay [GENDERID = 2,3,6,8,9 - READ: or lesbian]
2 Straight, that is not gay
3 Bisexual, or
4 Something else
7 DON’T KNOW/NOT SURE
9 REFUSED

IF Q8.10 = 7 [ASK IF DON’T KNOW TO Q8.10]
Q8.10a - 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, or
3 Something else
7 DON’T KNOW/NOT SURE
9 REFUSED

IF Q8.10 = 4 OR Q8.10a = 3 [ASK IF 'SOMETHING ELSE' TO Q8.10 OR Q8.10A]
Q8.10b - What do you mean by something else? (SPECIFY)___________
READ: Now a few more questions about yourself and your household.

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

ASK IF PTYPE=1 [ASK IF CELL PHONE INTERVIEW]
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 17 years old or younger usually live or stay with you?

READ IF NEEDED: Include all children who live or stay with you.

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

ASK IF Q8.12 GREATER THAN 0 BUT NOT 77 OR 99 [ASK IF CHILDREN IN HOUSEHOLD]
Q8.12b - ([IF Q8.12 = 1] Is this child / [IF Q8.12 GT 1] How many of these children are) 0 to 13 years old?

READ IF NEEDED: Include all children who live or stay with you.

INTERVIEWER: IF ONLY ONE CHILD IN THE HH AND RESPONDENT SAYS 'YES' ENTER '1', IF NO ENTER '0'

_____ NUMBER OF CHILDREN [RANGE 0-25]
77 DON'T KNOW
99 REFUSED
ASK IF Q8.12b GREATER THAN 0 BUT NOT 77 OR 99, ELSE SKIP TO Q8.13
Q8.12c - ([IF Q8.12b = 1] Is this child 0 to 5 years old? / [IF Q8.12b GT 1] How many of these [Q8.12b] children are) 0 to 5 years old? Please count any child, no matter how young.

[IF Q8.12b GT 1: READ IF NEEDED: Include all children who live or stay with you.]

[IF CHILD_1=1 INTERVIEWER: IF RESPONDENT SAYS ‘YES’ ENTER ‘1’, IF NO ENTER ‘0’]

NUMBER OF CHILDREN [RANGE 0-25]
77 DON’T KNOW
99 REFUSED

VARIABLES FOR NYC KIDS

CATI: Create variable QS.2B to store total number of children ages 6-13
QS.2B = Q8.12b - Q8.12c

CATI: Create variable SOTHER to store total number of other children 0-13
SOTHER = Q8.12b - 1

CATI: Create variable QS.2A to store total number of children 0-5
QS.2A = Q8.12c

CATI: IF 1<=Q8.12b<=25 THEN CHILD_ELIG=1 (CHS COMPLETE)
CATI: 1<=Q8.12_16<=25 AND (QCONF_ADULT16=1 OR HH16a=1) THEN CHILD_ELIG=2 (CHS SCREENOUT - MINOR)
CATI: 1<=Q8.12_16<=25 AND ((CONF_PRVRES=2, 7, OR 9 or QHH=88)) THEN CHILD_ELIG=3 (CHS SCREENOUT - NOT A HOUSEHOLD)
CATI: 1<=Q8.12_16<=25 AND (REPICATE INELIGIBLE TERMINATE) THEN CHILD_ELIG=4 (CHS QUOTA OUT)

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
Create new field NHOUSE = QHH/CQHH (Number of adults) + Q8.12(Number of Children)
USE NHOUSE to create a field (PVTYLVL) to populate the fill for Q8.14

IF NHOUSE = 1 THEN PVTYLVL = 12,060
IF NHOUSE = 2 THEN PVTYLVL = 16,240
IF NHOUSE = 3 THEN PVTYLVL = 20,420
IF NHOUSE = 4 THEN PVTYLVL = 24,600
IF NHOUSE = 5 THEN PVTYLVL = 28,780
IF NHOUSE = 6 THEN PVTYLVL = 32,960
IF NHOUSE = 7 THEN PVTYLVL = 37,140
IF NHOUSE = 8 THEN PVTYLVL = 41,320
IF NHOUSE GT 8 THEN PVTYLVL = 41,320 + (NHOUSE - 8 * 4,180)

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) |
| 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,” ASK 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 [ASK IF INCOME REFUSED]
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, 7,9 AND Q8.14 = 01 OR Q8.14a = 1 OR Q8.14b = 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-UP QUESTIONS

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).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: = .049 * (Q8.15 height IN) * (Q8.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: = .0427 * (Q8.15 height IN) * (Q8.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: = .0356*(Q8.15 height IN)*(Q8.15 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: = .0263*(Q8.15 height IN)*(Q8.15 height IN)

ASK IF Q8.16 = 9999 OR 7777 AND Q8.15 ≠ 9999 OR 7777, ELSE SKIP TO Q9.1
[ASK IF EITHER WEIGHT OR HEIGHT IS DON'T KNOW OR REFUSED]

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 WEIGHT 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 WEIGHT 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 WEIGHT LESS
7 DON'T KNOW/NOT SURE
9 REFUSED
CRITICAL WEIGHT FOR METRIC VERY OBESE =
 .0035 * (Q8.15 height CM) * (Q8.15 height CM)

CRITICAL WEIGHT FOR METRIC OBESE
 = .003 * (Q8.15 height CM) * (Q8.15 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
 = .0025 * (Q8.15 height CM) * (Q8.15 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
 = .00185 * (Q8.15 height CM) * (Q8.15 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 WEIGHT 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: And now some questions about food and drinks.

ASK ALL
Q9.1 – About how many cups of fruit did you eat yesterday? One cup of fruit would equal one large orange, 8 large strawberries, or 1 medium pear.

INTERVIEWER: IF RESPONDENT TELLS YOU WHAT FRUITS HE/SHE ATE, ADD UP THE CUPS AFTER REPEATING THE QUESTION ONCE.

PROBE: You ate (REPEAT ALL THE FRUITS RESPONDENT SAID). That adds up to X cups. Would you say you ate X cups of fruit yesterday?

____ NUMBER OF CUPS [CATI RANGE 0 – 50]

77 DON’T KNOW/NOT SURE
99 REFUSED

ASK ALL
Q9.2 – About how many cups of vegetables did you eat yesterday? One cup of vegetables would equal 12 baby carrots, 1 large raw tomato, or 1 large ear of corn.

INTERVIEWER: IF RESPONDENT TELLS YOU WHAT VEGETABLES HE/SHE ATE, ADD UP THE CUPS AFTER REPEATING THE QUESTION ONCE.

PROBE: You ate (REPEAT ALL THE VEGETABLES RESPONDENT SAID). That adds up to X cups. Would you say you ate X cups of vegetables yesterday?

____ NUMBER OF CUPS [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 give 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 give 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 ALL
Q9.5 - How many glasses of plain water did you drink yesterday? Plain water includes tap water, bottled plain water, plain seltzer water, and water from a drinking fountain or water cooler?

READ IF NEEDED: One glass would equal 8 ounces.

READ IF NEEDED: Please give your best estimate.

____ (RANGE 0-99)
777 DON’T KNOW/NOT SURE
999 REFUSED
FOOD INSECURITY

PROGRAMMER: ASK IF REP GE 31.
ASK ALL
Q10.2 – In last the last six months, which of the following best describes the food eaten in your household – 1) you had enough of the kinds of food you wanted to eat, 2) you had enough but not always the kinds of food you wanted to eat, 3) sometimes there was not enough to eat, or 4) often there was not enough to eat.

INTERVIEWER: If asked for support services, offer 311.

READ IF NEEDED:

1 You had enough of the kinds of foods you wanted to eat
2 You had enough, but not always the kinds of food you wanted to eat
3 Sometimes there was not enough to eat
4 Often there was not enough to eat
7 DON’T KNOW/NOT SURE
9 REFUSED
PHYSICAL ACTIVITY

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

ASK ALL
Q11.1 - During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

ASK ALL
Q11.2 - 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

ASK IF Q11.3-Q11.6 IF ASK IF QXVERS=1.

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

ASK ALL
Q11.3 - 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.

ASK IF Q11.3 NE 666,888, 777 OR 999 [ASK IF ANY VIGOROUS ACTIVITY REPORTED]

Q11.4 - 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 for both.

ASK ALL

Q11.5 - How often do you do light or moderate leisure-time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?

READ IF 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.

ASK IF Q11.5 NE 666,888,777 OR 999 [ASK IF ANY MODERATE/LIGHT ACTIVITY REPORTED]

Q11.6 - 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?

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

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

READ: The next question is about flu 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

INTERNATIONAL TRAVEL

ASK IF QXVERS=1.

READ: The next questions are about travel outside the U.S.

Q13.1 - In the past 12 months, have you traveled to another country or a U.S. territory, such as Puerto Rico or U.S. Virgin Islands?

1 YES
2 NO [SKIP TO NEXT SECTION]
7 DON’T KNOW/NOT SURE [SKIP TO NEXT SECTION]
9 REFUSED [SKIP TO NEXT SECTION]

ASK IF Q13.1 = 1 [ASK IF TRAVELED OUTSIDE U.S. IN PAST 12 MONTHS]

Q13.2 - To what country or territory did you travel?

PROBE IF NEEDED: If you traveled to more than one country or territory, we are asking about your longest trip.

____________________

7777 DON’T KNOW/NOT SURE
9999 REFUSED

ASK IF Q13.1 = 1 [ASK IF TRAVELED OUTSIDE U.S. IN PAST 12 MONTHS]

Q13.3 - Was your MAIN reason for traveling to [CATI: FILL RESPONSE FROM Q13.2; IF Q13.2 GE 7777, FILL: “that country”] to visit friends or relatives?

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK IF Q13.3 NE 1
Q13.4 - What was the main reason you traveled to [CATI: FILL RESPONSE FROM Q13.2; IF Q13.2 GE 7777, FILL: "that country"]?

1 Vacation (or holiday)
2 Work (business, airline crew, ship crew, teaching)
3 School
4 Volunteering (includes missionary work)
5 For a medical procedure or treatment
6 Military service
7 Some other reason
77 DON'T KNOW/NOT SURE
99 REFUSED
CANCER

DISPLAY SCREEN IF (Q8.2=2) OR ((Q8.1>=45) OR (Q8.1a=1,2,3)).

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

IF Q8.2=2 AND Q8.3=1 AND Q8.3C=2, SKIP TO Q14.3
ASK IF Q8.2=2 OR (IF Q8.2=1 AND Q8.3=2 AND Q8.3C=2) [ASK IF FEMALE]

APRIL 26, 2017 REVISION – CATI: CONTINUE TO ADMINISTER RANDOM ASSIGNMENT TO THE FOLLOWING REPS:

IN 30652M, ADMINISTER TO REPS LE 61.
IN 30652A, ADMINISTER TO REPS LE 90.

Q14.2 – A Pap smear is a test for cancer of the cervix. How long ago was your last pap smear?

READ OPTIONS 1-6:

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, or
6 Have you never had a pap smear
7 DON'T KNOW/NOT SURE
9 REFUSED

APRIL 26, 2017 REVISION – CATI: ADMINISTER TO THE FOLLOWING REPS:

IN 30652M, ADMINISTER TO REPS GE 62.
IN 30652A, ADMINISTER TO REPS GE 91.

ASK IF Q8.2=2 OR (IF Q8.2=1 AND Q8.3=2 AND Q8.3C=2) [ASK IF FEMALE]
Q14.2A – A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q14.2A = 1, ELSE SKIP TO Q14.3
Q14.2B – How long has it been since your last pap smear?
READ IF NEEDED
1 Less than 12 months ago
2 1 year ago but less than 2 years ago
3 2 years ago but less than 3 years ago
4 3 years ago but less than 5 years ago, or
5 5 or more years ago?
7 DON'T KNOW/NOT SURE
9 REFUSED
ASK IF Q8.1 >=45 (OR Q8.1a = 1 OR 2 OR 3), ELSE SKIP TO Q15.1 [ASK IF 45 OR OLDER]  
Q14.3 - 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 Q14.3 = 1 [ASK IF EVER RECEIVED COLONOSCOPY]  
Q14.4 - 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

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
Q15.1 - Have you had an HIV test in the last 12 months?
   1 YES
   2 NO
   7 DON'T KNOW/NOT SURE
   9 REFUSED

ASK IF Q15.1 NE 1 [ASK IF NO HIV TEST IN PAST 12 MONTHS]
Q15.2 - 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. As a reminder, your answers are strictly confidential and you don’t have to answer any question you don’t want to.

WOMEN ONLY:

IF Q8.2=2 AND Q8.3=1 AND Q8.3C=2, SKIP TO Q16.1m
ASK IF Q8.2=2 OR (IF Q8.2=1 AND Q8.3=2 AND Q8.3C=2), ELSE SKIP TO Q16.1m (ASK ALL WOMEN)

Q16.1f - During the past 12 months, with how many men have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation.

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

ASK IF Q16.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q16.3f [ASK IF HAD AT LEAST ONE MALE SEXUAL PARTNER IN PAST 12 MONTHS]

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

IF ASKED: This includes the “female condom”

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

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

ASK IF Q8.2=2 OR (IF Q8.2=1 AND Q8.3=2 AND Q8.3C=2) AND Q8.1545 (OR Q8.1a = 4,5,6) AND Q16.1f > 0 AND NOT 777,999
[ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]

Q16.3f - The last time you had vaginal sex, did you or your partner use any other method of birth control BESIDES CONDOMS to prevent a pregnancy?

1 Yes
2 No
3 (VOL) NEVER HAD VAGINAL SEX
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q16.3f = 1, ELSE SKIP TO Q16.5f
[ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]

Q16.4f - What method or methods did you use?

READ LIST IF NEEDED

ACCEPT MULTIPLE RESPONSES

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

ASK IF Q16.1f > 0 AND NOT 777 OR 999 [ASK IF SEXUALLY ACTIVE]
Q16.5f - In the past 12 months, have you had anal sex?

READ IF NEEDED: By anal sex, we mean having your partner put his penis in your rectum.
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q16.5f = 1 [ASK IF HAD ANAL SEX PAST 12 MONTHS]
Q16.6f - 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

ASK IF Q8.2=2 OR (IF Q8.2=1 AND Q8.3=2 AND Q8.3C=2) [ASK ALL WOMEN]
Q16.7f - 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 Q16.1f > 0 AND NOT 777,999 OR Q16.7f > 0 AND NOT 777,999 [ASK IF SEXUALLY ACTIVE]
Q16.8f - Sometimes people who do not have HIV take a daily HIV medication, known as Truvada, to keep from getting HIV. This is called PrEP, or Pre-Exposure Prophylaxis [PRO-fuh-LAX-iss]. Have you ever heard of PrEP?

INTERVIEWER NOTE: Do not probe if Don’t Know/Not Sure.
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q16.8f = 1 [ASK IF R HEARD OF PrEP]
Q16.9f - Have you ever used PrEP to prevent getting infected with HIV?
1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
SEXUAL BEHAVIOR

MEN ONLY:

IF Q8.2 = 1 AND Q8.3 = 2 AND Q8.3C = 2, SKIP TO Q17.1
ASK IF Q8.2 = 1 OR (IF Q8.2 = 2 AND Q8.3 = 1 AND Q8.3C = 2), ELSE SKIP TO Q16.1 (ASK ALL MEN)

Q16.1m - During the past 12 months, with how many women have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation.

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

ASK IF Q8.2 = 1 OR (IF Q8.2 = 2 AND Q8.3 = 1 AND Q8.3C = 2) (ASK ALL MEN)

Q16.2m - 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 Q16.2m > 0 and NOT 777,999 [Only Gay or Bisexual Men who were active in past 12 months], ELSE SKIP TO Q16.4m

Q16.3m - 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 (Q16.1m >0 AND Q16.1m <500, AND (Q16.2m = 0)) OR ((Q16.1m >0 AND Q16.1m <500) AND (Q16.2m = 777 OR Q16.2m = 999)), ELSE SKIP TO Q16.5m (ONLY HETEROSEXUAL MALES)

Q16.4m - 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 Q16.1m > 0 AND NOT 777 OR 999, AND Q16.2m > 0 AND NOT 777 OR 999). (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q16.6m

Q16.5m - 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 OR (IF Q8.2=2 AND Q8.3=1 AND Q8.3C=2) AND Q8.1 ≤65 (OR Q8.1a = 3,4,5,6) AND Q16.1m > 0 AND NOT 777,999

[ASK OF MEN 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER]

Q16.6m - The last time you had vaginal sex, did you or your partner use any other method of birth control BESIDES CONDOMS to prevent a pregnancy?

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

ASK IF Q16.6m = 1, ELSE SKIP TO Q16.8m

[ASK OF MEN WITH AT LEAST ONE FEMALE SEXUAL PARTNER]

Q16.7m - What method or methods did you or your partner use?

READ LIST IF NEEDED

ACCEPT MULTIPLE RESPONSES

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

ASK IF Q16.1m OR Q16.2m > 0 AND NOT 777 OR 999 [ASK ALL SEXUALLY ACTIVE MEN]

Q16.8m - In the past 12 months, have you had anal sex?

READ IF NEEDED:
(IF Q16.1m>0 AND Q16.2m=0) By anal sex, we mean putting your penis in your partner’s rectum.
(IF Q16.2m>0 AND Q16.1m>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 Q16.8m = 1 [ASK IF HAD ANAL SEX PAST 12 MONTH]

Q16.9m - 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
ASK IF Q16.1m > 0 AND NOT 777,999 OR Q16.2m > 0 AND NOT 777,999 [ASK IF SEXUALLY ACTIVE]
Q16.10m – Sometimes people who do not have HIV take a daily HIV medication, known as Truvada, to keep from getting HIV. This is called PrEP, or Pre-Exposure Prophylaxis [PRO-fuh-LAX-ISS]. Have you ever heard of PrEP?

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

ASK IF Q16.10m = 1 [ASK IF HEARD OF PrEP]
Q16.11m – Have you ever used PrEP to prevent getting infected with HIV?

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

SCREEN: Now a few questions about alcohol.

ASK ALL
Q17.1 - 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 Q17.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]
Q17.2 - 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 Q17.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]
Q17.3 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have

[IF Q8.2 = 1 OR (IF Q8.2=2 AND Q8.3=1 AND Q8.3C=2) READ: 5 or more drinks on one occasion?]
[IF Q8.2 = 2 OR IF Q8.2 = 7|9 OR (IF Q8.2=1 AND Q8.3=2 AND Q8.3C=2) READ: 4 or more drinks on one occasion?]

__ NUMBER OF TIMES/[CATI RANGE 0-50]
77 DON’T KNOW/NOT SURE
99 REFUSED
NEIGHBORHOOD ENVIRONMENT

READ: The next questions ask about your neighborhood and the people who live there. By neighborhood we mean the area around where you live and where you might go to religious services, run errands, such as shopping or visiting with neighbors.

ASK ALL
Q19.3 – Suppose that because of budget cuts the fire station closest to your home was going to be closed down by the city. How likely is it that people in your neighborhood would organize to try and do something to keep the fire station open? Would you say very likely, somewhat likely, neither likely nor unlikely, somewhat unlikely, or very unlikely?

1 VERY LIKELY
2 SOMewhat LIKELY
3 NEITHER LIKELY NOR UNLIKELY
4 SOMEWHAT UNLIKELY
5 VERY UNLIKELY
7 DON’T KNOW/NOT SURE
9 REFUSED

READ: For the next two statements about your neighborhood, please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

ASK ALL
Q19.4 – People in your neighborhood are willing to help their neighbors.

READ IF NECESSARY:

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 NEITHER AGREE NOR DISAGREE
4 SOMEWHAT DISAGREE
5 STRONGLY DISAGREE
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q19.5 – There are adults in your neighborhood that children can look up to. (Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?)

READ IF NECESSARY:

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 NEITHER AGREE NOR DISAGREE
4 SOMEWHAT DISAGREE
5 STRONGLY DISAGREE
7 DON’T KNOW/NOT SURE
9 REFUSED
JUSTICE INVOLVEMENT

READ: The next questions ask about encounters with police and the courts. Your answers are private and we are only asking for health related purposes.

ASK ALL
Q21.1 – Have you ever in your life, spent any amount of time in a juvenile or adult correctional facility, jail, prison, or detention center OR have you ever been under probation or parole supervision?

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

ASK ALL
Q21.2 – Has an immediate family member such as a spouse or partner, child, sibling, or parent ever spent any amount of time in a juvenile or adult correctional facility, jail, prison, or detention center OR ever been under probation or parole supervision?

INTERVIEWER: IF ASKED INCLUDES STEP-RELATIVES

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

WTCHR

ASK IF QXVERS=1.

READ: The next questions ask about the events of September 11, 2001.

Q23.1 – Were you in any of the five New York City boroughs on the morning of September 11, 2001?

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

ASK IF Q23.1 = 1, ELSE SKIP TO Q23.4

Q23.2 – On September 11, 2001, did you live in Manhattan south of Canal Street?

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

ASK IF Q23.1 = 1

Q23.3 – (On September 11, 2001) were you in lower Manhattan south of Chambers Street between the first plane’s impact and noon?

1 YES
2 NO
7 DON’T KNOW/NORT SURE
9 REFUSED
ASK ALL
Q23.4 - From September 11, 2001 to June 30, 2002, did you work at least one shift at the World Trade Center site providing rescue, recovery, clean-up, construction, or support services?

1 YES
2 NO
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.

ASK ALL
Q24.1 - Do you have more than one landline 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
Q24.2 - 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 Q24.2=2 [ASK IF DOES NOT HAVE CELL PHONE]
Q24.3 - 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 Q24.2 OR Q24.3 = 1 [ASK IF HAVE CELL PHONE]
Q24.4 - 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'd like to ask you about your cell phone usage.

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
7 DON’T KNOW/NOT SURE
9 REFUSED

IF Q LANDLINE GE 2, SKIP TO NEXT SECTION

ASK IF QLANDLINE=1 AND CHILD_ELIG=1.

Q24.1C  Do you have more than one landline 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 IF QLANDLINE=1 [ASK IF HAVE A LANDLINE AND A CELL PHONE]

CQ24.1  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 CELL PHONE RESPONDENT.

PLEASE READ:

In appreciation for the time you have spent answering our questions, we would like to provide you with ten dollars as a thank you.

So that we know where to send your check, 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
GEOCODING

GEOCODING QUESTIONS (INSERT BEFORE CLOSING, AFTER ADDRESS FOR CHECK)

CATI: CREATE VARIABLE CDZA (Community District ZIP Assignment).
IF (FXZIP=10002, 10004, 10005, 10006, 10012, 10014, 10021, 10024, 10028, 10029, 10031, 10033, 10034, 10035, 10039, 10040, 10044, 10065, 10075, 10128, 10280, 10282, 10302, 10303, 10307, 10309, 10310, 10454, 10465, 10466, 10469, 10470, 10471, 10472, 10473, 10474, 11001, 11004, 11005, 11040, 11102, 11103, 11104, 11105, 11106, 11109, 11209, 11211, 11222, 11224, 11225, 11231, 11239, 11354, 11355, 11356, 11357, 11361, 11362, 11363, 11366, 11369, 11372, 11375, 11412, 11414, 11416, 11417, 11421, 11422, 11426, 11428, 11429, 11430, 11433, 11436, 11691, 11692, 11693, 11694, OR 11697), CDZA=1; ELSE CDZA=2.

IF LANDLINE RESPONDENT OR IF CELL RESPONDENT WHO DECLINED THE INCENTIVE CHECK, READ:
To help us better understand the neighborhood you live in and how it may affect your health, we'd like to know where study participants live so that we can add information about their neighborhood. The best way is to collect your building number and street name, or the streets of the intersection nearest to your home. GO TO G1: BUILDING NUMBER AND STREET NAME REQUEST

IF CELL RESPONDENT AND FULLADR=1, ASK INCENT1.
INCENT1 - Is this the address for your home where you live?
1 YES [GO TO GINCENT]
2 NO [GO TO INTRO BEFORE G1]
9(VOL) REFUSED [GO TO INTRO BEFORE G1]

IF CELL RESPONDENT, GAVE ADDRESS FOR CHECK, INCENTIVE CHECK ADDRESS IS HOME:
GINCENT - To help us better understand the neighborhood you live in and how it may affect your health we'd like to know where study participants live so that we can add information about their neighborhood. The best way to do this is by address. Can I use the mailing address you just provided for this?
1 YES [SEND INCENTIVE ADDRESS TO GEOLOCATOR]
2 NO [GO TO G6]
9(VOL) REFUSED [GO TO G6]

INTRO BEFORE G1 - CELL RESPONDENT, GAVE ADDRESS FOR CHECK, INCENTIVE CHECK ADDRESS IS NOT HOME
READ: To help us better understand the neighborhood you live in and how it may affect your health we'd like to know where study participants live so that we can add information about their neighborhood. The best way is to collect your building number and street name, or the streets of the nearest intersection to your home. GO TO G1: BUILDING NUMBER AND STREET NAME REQUEST
BUILDING NUMBER AND STREET NAME REQUEST

G1 - Can you tell me your building address? (IF NEEDED: That is, your building number and the name of your street. I don't need an apartment number.) What is your building number?

1. Gave building number CONTINUE
9. (VOL) DON’T KNOW/REFUSED GO TO G6: CROSS STREET REQUEST

G2 - What is the name of the street you live on? IF NEEDED: What type of street is that - Street, Avenue, Boulevard?

1. Gave street name CONTINUE
9. (VOL) DON’T KNOW/REFUSED GO TO CLOSING

SUBMIT NUMBER AND STREET TO GEOLOCATOR. IF VALID, GO TO CLOSING. ELSE ASK:

G3 - Unfortunately, our system is not accepting that address. Please let me confirm the address and spelling. The address I have is (READ BACK ADDRESS FROM G1, G2). Is this correct?

1 = Yes GO TO G4
2 = No, (NUMBER) is incorrect RE-ASK G1 AND SKIP G2, GO TO GEOLOCATOR
3 = No, (STREET) is incorrect RE-ASK G2 ONLY, GO TO GEOLOCATOR
4 = No, both (NUMBER AND STREET) are incorrect RE-ASK G1 & G2, GO TO GEOLOCATOR
9. (VOL) DON’T KNOW/REFUSED GO TO CLOSING

SUBMIT NUMBER AND STREET TO GEOLOCATOR. IF VALID, GO TO CLOSING. ELSE ASK:

G4 - Our system still does not recognize that address. Could you just tell me the name of the nearest street that crosses [INSERT NAME OF STREET FROM G2]? IF NEEDED: What type of street is that - Street, Avenue, Boulevard?

1. Gave cross street name TO GEOLOCATOR
9. (VOL) DON’T KNOW/REFUSED GO TO CLOSING

SUBMIT CROSS STREETS TO GEOLOCATOR. IF VALID, GO TO CLOSING. ELSE ASK:

G5 - Unfortunately, our system does not recognize that intersection. Please let me confirm the street names and spellings one more time. The streets I have are (FILL FROM G2 and G4). Is this correct?

1 = Yes CONTINUE TO CLOSING
2 = No, (FILL G2) is incorrect RE-ASK G2 AND SKIP G4
3 = No, (FILL G4) is incorrect RE-ASK G4 ONLY
4 = No, both (FILL G2 AND G4) are incorrect RE-ASK G2 & G4
9. (VOL) DON’T KNOW/REFUSED GO TO CLOSING

CROSS STREET REQUEST AND CHECK

G6 - [IF GINCENT=2 OR 9: We don’t have to use your home address, but it would be helpful if you could provide the cross streets nearest to your home.] Can you tell me the name of the street you live on? IF NEEDED, ASK: And what type of street is that - Street, Avenue, Boulevard?

1. Gave street name CONTINUE
9. (VOL) DON’T KNOW/REFUSED GO TO CLOSING

G7 - What is the name of the nearest street that crosses [INSERT NAME OF STREET FROM G6]? IF NEEDED, ASK: And what type of street is that - Street, Avenue, Boulevard?

1. Gave cross street name GO TO GEOLOCATOR
9. (VOL) DON’T KNOW/REFUSED GO TO CLOSING

SUBMIT CROSS STREETS TO GEOLOCATOR. IF VALID, GO TO CLOSING. ELSE ASK:
G8 - Unfortunately, our system does not recognize that intersection. Please let me confirm the street names and spellings one more time. The streets I have are (FILL FROM G6 and G7). Is this correct?

1 = Yes CONTINUE TO CLOSING
2 = No, (FILL G6) is incorrect RE-ASK G6 AND SKIP G7
3 = No, (FILL G7) is incorrect RE-ASK G7 ONLY
4 = No, both (FILL G6 AND G7) are incorrect RE-ASK G6 & G7
7 = (VOL) Don’t know/Not sure CONTINUE TO CLOSING
9 = (VOL) Refused CONTINUE TO CLOSING

CLOSING:

Thank you for participating in this important survey about the health of New Yorkers. If you have any additional questions about this survey, 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 give you a number for that too.

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 - 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 347-396-6118.
3 INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY READ: You can call 311.

Thanks again for completing the survey.

Q WHICH2 INTERVIEWER: RECORD LANGUAGE SURVEY COMPLETED IN

1 English
2 Spanish
3 Russian Paper
4 Chinese Paper

Q CHINESE2 [INTERVIEWER: WAS THIS MANDARIN OR CANTONESE?]

1 MANDARIN
2 CANTONESE