INTRODUCTION / SCREENER ............................................................................................................. 1
HEALTH STATUS ............................................................................................................................... 6
CHRONIC DISEASE ............................................................................................................................ 7
  Cardiovascular Health ...................................................................................................................... 7
  Diabetes ........................................................................................................................................ 8
  Asthma .......................................................................................................................................... 8
  Arthritis ........................................................................................................................................ 8
  Depression .................................................................................................................................... 8
  BMI ............................................................................................................................................... 9
TOBACCO and ALCOHOL (MOVED) ................................................................................................ 13
  Tobacco ...................................................................................................................................... 13
  Alcohol ..................................................................................................................................... 13
NYC GPAQ ...................................................................................................................................... 13
  ADDENDUM TO NYC GPAQ .......................................................................................................... 19
TRANSPORTATION and COMMUTING .......................................................................................... 21
  BIKING and taking the STAIRS ..................................................................................................... 24
    Bicycle Riding ............................................................................................................................ 24
    Stairs ....................................................................................................................................... 26
PHYSICAL ACTIVITY HABITS & SELF-RATINGS ............................................................................ 27
SOCIAL NORMS ............................................................................................................................... 29
BUILT ENVIRONMENT ....................................................................................................................... 29
  Neighborhood Characteristics, Access, and Safety ........................................................................ 29
  Recreation Facilities ...................................................................................................................... 30
  Access to Food .............................................................................................................................. 32
INJURY ............................................................................................................................................ 34
  Pedestrian Injuries ......................................................................................................................... 34
  Cyclist-Related Injuries and Safety .............................................................................................. 34
DEMOGRAPHIC QUESTIONS ........................................................................................................... 35
  Demographics ............................................................................................................................... 35
  Income ...................................................................................................................................... 37
TELEPHONE QUESTIONS (for weighting) ......................................................................................... 37
CLOSING ...................................................................................................................................... 38

Activity List for Common Leisure Activities
(intentionally left blank)
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 with New Yorkers to better understand their health, physical activity, commuting, and neighborhoods. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential, and we will send you $10 to thank you for your time.

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

Q BORO In which borough of New York City do you live?

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]

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 REFUSED/DK

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 ZIP IS CONFIRMED AND NOT ON LIST OF NYC ZIPS, TERMINATE AND READ:]
Thank you, but we are not interviewing residents of this zip code right now.

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.

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 or less. 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?

    MEN
    ___
    WOMEN
    99 REFUSED

[IF NUMMEN or IF NUMWOMEN = 99 then Thank and terminate]
[IF NUMMEN + NUMWOMEN <> Q HH, then obtain correct NUMMEN and NUMWOMEN]

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 this person's nickname or initials so we can ask
for them when we call back?/(If q pick = 2) May I please have the (PICKED PERSON’S)
nickname or initials so that we can speak with [them] when we call back?
1 Gave response - (ENTER RESPONSE)
7 (VOL) Don’t know - (THANK. SCHEDULE AUTOMATIC CALL-BACK)
9 (VOL) Refused - (THANK. SCHEDULE AUTOMATIC CALL-BACK)

Q WHICH INTERVIEWER: SELECT LANGUAGE

1 ENGLISH
2 SPANISH
3 RUSSIAN
4 CHINESE
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 with New Yorkers to better understand their health, physical activity, commuting, and neighborhoods. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential, and we will send you $10 to thank you for your time.

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 or less. If you have any questions I can’t answer, I’ll give you a telephone number for more information.

SCREENER FOR CURRENT PHYSICAL MOBILITY
First, I have some questions about you and your physical activity.

ASK ALL
Q MOBILITY Are you currently able to walk for more than 10 feet?

INTERVIEWER: IF RESPONDENT HAS BEEN ADVISED TO _NOT WALK_ BY DR OR HEALTH PROFESSIONAL, RECORD ANSWER AS "NO".

1 YES -- GO TO Q1.1
2 NO [GO TO QMOBILITY2]
7 DON’T KNOW/NOT SURE[TERMINATE]
9 REFUSED [TERMINATE]

SHORT SCREENER IMMOBILE RESPONDENTS – ASK BEFORE TERMINATING
Q MOBILITY2 Are you currently unable to walk for more than 10 feet because of a: [READ LIST]

1 Permanent condition or disability
2 Temporary condition or disability
7 DON’T KNOW/NOT SURE
9 REFUSED

READ: Several questions in this survey are about walking in the past seven days, so I will skip over those questions. However, I do have some other important questions to ask you for statistical purposes. Then I can send you $10 to thank you for helping us with this survey.

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

Q10.1 What is your age?

__ AGE IN YEARS [RANGE 18-98]
07 DON’T KNOW/NOT SURE
09 REFUSED
ASK IF Q10.1 = 07 OR 09, ELSE SKIP TO Q10.3

Q10.2 We are only asking this information to make sure that we have talked to enough people in each age group. Can you just tell me if you are...?

READ ANSWER CHOICES:

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

Q10.3 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

Q10.4 Are you Hispanic or Latino?

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

Q10.6 (READ IF Q10.4=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 Q10.6

Q10.7 Which one of these groups would you say best represents your race?

CATI: FILL RACES FROM Q10.6

READ MENTIONED RACES:
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 Q10.6
7 DON’T KNOW/NOT SURE
9 REFUSED
Q10.11 Are you . . .

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

Q10.13 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)
6 College 4 years (COLLEGE GRADUATE), or a
7 Graduate or professional degree?
77 DON’T KNOW/NOT SURE
99 REFUSED

Q10.15 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

READ: And now, I have a few questions about your telephone usage. These questions are only asked for statistical purposes.

Q12.1 Do you have more than one telephone number in your household? Do NOT include cell phones or numbers that are only used by a computer or fax machine.

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

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

Q12.2 During the past 12 months, has your household been without telephone service for 1 week or more? Do NOT include interruptions of telephone service because of weather or natural disasters.

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL
Q12.3 Do you have a cell phone for personal use? Please include cell phones if they are used for any personal use.

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

ASK IF Q12.3 = 2
Q12.4 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 Q12.3=1 OR Q12.4=1]
12.3b 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.
  777 DON’T KNOW
  999 REFUSED

Thank you for your time. As I mentioned at the beginning of this survey, 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 check, could you please give me your name and mailing address? The information you provide will only be used to send you the payment. It will not be used for any other purposes, nor will it be available to the Department of Health.

[COLLECT NAME/ADDRESS INFORMATION FOR CHECK – THEN TERMINATE]

HEALTH STATUS

READ: I would like to begin with some questions about your health.

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

ASK ALL
Q1.2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

  _____ NUMBER OF DAYS [RANGE 0 - 30]
  77 DON’T KNOW/NOT SURE
  99 REFUSED
ASK ALL
Q1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

______ NUMBER OF DAYS [RANGE 0 - 30]
77 DON’T KNOW/NOT SURE
99 REFUSED

Q1.4 DELETED 8/19
Q1.6 DELETED 8/19
Q1.7 DELETED 8/19

ASK ALL
Q1.8 During the past 30 days, for about how many days did you not get enough rest or sleep?

______ NUMBER OF DAYS [RANGE 0 - 30]
77 DON’T KNOW/NOT SURE
99 REFUSED

ASK ALL
Q1.9 During the past 30 days, for about how many days have you felt healthy and full of energy?

______ NUMBER OF DAYS [RANGE 0 - 30]
77 DON’T KNOW/NOT SURE
99 REFUSED

ASK ALL
Q1.5 Are you limited in any way in any activities because of any major impairment or health problems?

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

CHRONIC DISEASE

Cardiovascular Health

READ: I have a few questions about health conditions that may have been diagnosed by a doctor or other health professional. Tell me if you currently have the condition, whether or not it is controlled by medication.

ASK ALL
Q2.1 Do you currently have hypertension – that is, high blood pressure -- that was diagnosed by a doctor, nurse, or other health professional?

READ IF NEEDED: Tell me if you currently have the condition whether or not it is controlled by medication.

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL
Q2.2 Was your blood cholesterol high the last time it was checked?

READ IF NEEDED: Tell me if your blood cholesterol was high the last time it was checked, whether or not it is controlled by medication.

1 YES
2 NO
3 [VOL: NEVER CHECKED]
7 DON’T KNOW/NOT SURE
9 REFUSED

Diabetes

ASK ALL
Q2.3 Do you currently have diabetes that was diagnosed by a doctor, nurse, or other health professional?

READ IF NEEDED: Tell me if you currently have the condition whether or not it is controlled by medication.

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

Asthma

ASK ALL
Q2.4 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

Arthritis

ASK ALL
Q2.5 Do you currently have arthritis that was diagnosed by a doctor or other health professional?

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

Depression

Q2.6 Have you ever been told by a doctor, nurse or other health professional that you have depression?

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

ASK ALL
Q2.7  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

\[
\text{\_\_ / \_\_ HEIGHT} \\
\text{(feet/inches or meters/centimeters)}
\]

[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
Q2.8 - 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

\[
\text{\_\_\_\_ WEIGHT} \\
\text{(pounds or kilograms)}
\]

[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 – REVISED FOR W2

IF Q2.8 (WEIGHT) = 9999 OR 7777 AND Q2.7 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING),
THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q2.9a, Q2.9b, Q2.9c, Q2.9d (OR ASK Q2.9e,
Q2.9f, Q2.9g, Q2.9h FOR METRIC).

IF Q2.7 (HEIGHT) = 9999 OR 7777 AND Q2.8 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING),
THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q2.10a, Q2.10b , Q2.10c, Q2.10d (OR ASK
Q2.10e, Q2.10f, Q2.10g, Q2.10h FOR METRIC).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: =
.049 * (Q2.7 height IN) * (Q2.7 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: =
.0427 * (Q2.7 height IN) * (Q2.7 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: =
.0356*(Q2.7 height IN)*(Q2.7 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: =
.0263*(Q2.7 height IN)*(Q2.7 height IN)
ASK IF Q2.8 = 9999 OR 7777 AND Q2.7 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1
Q2.9a - Do you weigh less than [critical weight for OBESE]?

1 YES, WEIGH LESS [SKIP TO Q2.9c]
2 NO, DON’T WEIGH LESS [SKIP TO Q2.9b]
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q2.9A = 2, ELSE SKIP TO Q2.9C
Q2.9b - 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 Q2.9a = 1, ELSE SKIP TO Q11.1
Q2.9C - Do you weigh less than [critical weight for OVERWEIGHT]?

1 YES, WEIGH LESS [SKIP TO Q2.9d]
2 NO, DON’T WEIGHT LESS
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q2.9c = 1, ELSE SKIP TO Q11.1
Q2.9d - 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

CRITICAL WEIGHT FOR METRIC VERY OBESE =
.0035 * (Q2.7 height CM)* (Q2.7 height CM)

CRITICAL WEIGHT FOR METRIC OBESE
= .003 * (Q2.7 height CM)* (Q2.7 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025 * (Q2.7 height CM)* (Q2.7 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q2.7 height CM)* (Q2.7 height CM)

ASK IF Q2.8 = 9999 OR 7777 AND Q2.7 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1
Q2.9e - Do you weigh less than [critical weight for METRIC OBESE]?

1 YES, WEIGH LESS [SKIP TO Q2.9G]
2 NO, DON’T WEIGH LESS [SKIP TO Q2.9f]
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK IF Q2.9e = 2, ELSE SKIP TO Q2.9g
Q2.9f - Do you weigh less than [critical weight for METRIC VERY OBESE]?

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

ASK IF Q2.9e = 1, ELSE SKIP TO Q11.1
Q2.9g - Do you weigh less than [critical weight for METRIC OVERWEIGHT]?

1 YES, WEIGH LESS [SKIP TO Q2.9h]
2 NO, DON’T WEIGHT LESS
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q2.9g = 1, ELSE SKIP TO Q11.1
Q2.9h - 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

CRITICAL HEIGHT IN INCHES FOR VERY OBESE = SQUARE ROOT OF (20.09 * Q2.8 weight LB)
CRITICAL HEIGHT IN INCHES FOR OBESE:
= SQUARE ROOT OF (23.43 * Q2.8 weight LB)
CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * Q2.8 weight LB)
CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * Q2.8 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q2.7 = 9999 OR 7777 AND Q2.8 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1
Q2.10a - Is your height less than [critical height for OBESE]?

1 YES, LESS [SKIP TO Q2.10b]
2 NO, NOT LESS [SKIP TO Q2.10c]
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q2.10a = 1, ELSE SKIP TO Q2.10c
Q2.10b - 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 Q2.10a = 2, ELSE SKIP TO Q11.1

Q2.10c - Is your height less than [critical height for OVERWEIGHT]?

1 YES, LESS
2 NO, NOT LESS [SKIP TO Q2.10d]
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q2.10c = 2, ELSE SKIP TO Q11.1

Q2.10d - 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 * Q2.8 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE = SQUARE ROOT OF (333 * Q2.8 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT = SQUARE ROOT OF (400 * Q2.8 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT = SQUARE ROOT OF (540.5 * Q2.8 weight KILOS)

ASK IF Q2.7 = 9999 OR 7777 AND Q2.8 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1

Q2.10e - Is your height less than [critical height for METRIC OBESE]?

1 YES, LESS [SKIP TO Q2.10f]
2 NO, NOT LESS [SKIP TO Q2.10g]
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q2.10e = 1, ELSE SKIP TO Q2.10g

Q2.10f - 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 Q2.10e = 2, ELSE SKIP TO Q11.1

Q2.10g - Is your height less than [critical height for METRIC OVERWEIGHT]?

1 YES, LESS
2 NO, NOT LESS [SKIP TO Q2.10h]
7 DON'T KNOW/NOT SURE
9 REFUSED
ASK IF Q2.10g = 2, ELSE SKIP TO Q11.1
Q2.10h - Is your height less than [critical height for METRIC UNDERWEIGHT]?
1 YES, LESS
2 NO, NOT LESS
7 DON'T KNOW/NOT SURE
9 REFUSED

**Tobacco and Alcohol (MOVED)**

**READ:** I would like to ask you a couple of questions about smoking and about drinking alcohol.

**Tobacco**

ASK ALL
Q11.1 - Do you usually smoke 3 or more cigarettes on most days, some days, or never?
1 MOST DAYS (OR ALL DAYS)
2 SOME DAYS
3 NEVER
7 DON'T KNOW/NOT SURE
9 REFUSED

**Alcohol**

ASK ALL
Q11.2 Do you usually have more than 2 drinks of alcohol on most days, some days, or never?

READ IF NECESSARY: 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.
1 MOST DAYS (OR ALL DAYS)
2 SOME DAYS
3 NEVER
7 DON'T KNOW/NOT SURE
9 REFUSED

Q11.3a DELETED 8/19
Q11.3b DELETED 8/19

**NYC GPAQ**

Q10.15 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.
Next I am going to ask you about the time you spent in the last 7 days doing different types of physical activity (read if 10.15 = 01 or 02: "when you were at work," when you were at home, engaged in recreation, and going from place to place.

I will ask you about physical activities that caused increases in your breathing or heart rate and that lasted for at least 10 minutes at a time. Do not include light levels of activity that did not increase your breathing or heart rate.

Ask only if Q10.15 is 01 or 02 ELSE SKIP TO INTRO BEFORE Q3.5

3.1 Think first about the time you spent working in the last 7 days.

Did your work involve any physical activity that caused an increase in your breathing or heart rate such as from carrying light loads, lifting heavy loads, or digging or construction work?

- YES ................... 1
- NO.................... 2  (SKIP TO Intro BEFORE 3.5)
- DON'T KNOW ............ 7  (SKIP TO Intro BEFORE 3.5)
- REFUSED ............... 9  (SKIP TO Intro BEFORE 3.5)

3.2 During the last 7 days, on how many days did your work activities cause increases in your breathing or heart rate?

HARD EDIT: 1-7.

|___|___|
Enter NUMBER OF DAYS [RANGE: 1-7]

- DON'T KNOW ............ 77  (SKIP TO Intro BEFORE 3.5)
- REFUSED ................ 99  (SKIP TO Intro BEFORE 3.5)

3.3 On an average day during the last 7 days, how many hours or minutes did you spend at work doing those activities that increased your breathing or heart rate?

PROBE IF DIFFICULTY: Think about the last day at work when you did activities that made your heart rate or breathing increase.

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

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

|___|___|___|
Enter NUMBER IN MINUTES [RANGE 0 – 59] AND HOURS [RANGE=0-24]

- DON'T KNOW ............ 777
- REFUSED ................ 999  (SKIP TO Intro BEFORE 3.5)

If 3.3 = 777

3.3a Would you say that it was less than 30 minutes, 30 to 60 minutes, or more than 60 minutes?

- LESS THAN 30 MINUTES... 1  (SKIP TO Intro BEFORE 3.5)
- 30 - 60 MINUTES........ 2  (SKIP TO Intro BEFORE 3.5)
- MORE THAN 60 MINUTES.... 3  (SKIP TO Intro BEFORE 3.5)
- DON'T KNOW.............. 7  (SKIP TO Intro BEFORE 3.5)
- REFUSED.................. 9  (SKIP TO Intro BEFORE 3.5)
3.4 How many, if any, of those (fill hours or minutes from above) were vigorous activity that caused a large increase in your breathing or heart rate?

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

______ HOURS
______ MINUTES
888 None
777 DON'T KNOW/NOT SURE
999 REFUSED

Now think about the physical activities you have done in the last 7 days in and around your home, like housework, yard work, and caring for your family. Exclude light activities that do not increase your breathing and heart rate.

3.5 In the last 7 days, did you do work around the house for at least 10 minutes at a time that caused an increase in your breathing or heart rate? Some examples would be yard work, sweeping, washing windows, or lifting children.

YES .................... 1
NO...................... 2 (SKIP TO Intro BEFORE 3.8)
DON'T KNOW ............ 7 (SKIP TO Intro BEFORE 3.8)
REFUSED ............... 9 (SKIP TO Intro BEFORE 3.8)

3.6 During the last 7 days, how many days did you do activities around the home that caused an increase in your breathing or heart rate?

HARD EDIT: 1-7.

|___|___|
ENTER NUMBER OF DAYS [RANGE: 1-7]

DON'T KNOW ............ 77 (SKIP TO Intro BEFORE 3.8)
REFUSED ............... 99 (SKIP TO Intro BEFORE 3.8)

3.7 On an average day during the last 7 days, how many hours or minutes did you spend doing these activities

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

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

|___|___|___|
ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-24]

DON'T KNOW ............ 777
REFUSED ............... 999

If 3.7 = 777

3.7a Would you say that it was less than 30 minutes, 30 to 60 minutes, or more than 60 minutes?

LESS THAN 30 MINUTES... 1
30 - 60 MINUTES........ 2
MORE THAN 60 MINUTES... 3
DON'T KNOW............... 7
REFUSED .................. 9
Now I would like to ask you about the usual way you travel to and from places such as work, shopping, or school.

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

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

3.9 During the last 7 days, on how many days did you walk to get to and from places?

HARD EDIT: 1-7.

<table>
<thead>
<tr>
<th>ENTER NUMBER OF DAYS [RANGE: 1-7]</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>77</td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-24]</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON'T KNOW</td>
</tr>
<tr>
<td>777</td>
</tr>
</tbody>
</table>

If 3.10 = 777

3.10a Would you say that it was less than 30 minutes, 30 to 60 minutes, or more than 60 minutes?

<table>
<thead>
<tr>
<th>LESS THAN 30 MINUTES</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 - 60 MINUTES</td>
<td>2</td>
</tr>
<tr>
<td>MORE THAN 60 MINUTES</td>
<td>3</td>
</tr>
<tr>
<td>DON'T KNOW</td>
<td>7</td>
</tr>
<tr>
<td>REFUSED</td>
<td>9</td>
</tr>
</tbody>
</table>

3.11 During the last 7 days, did you use a bicycle to get to and from places?

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
<th>REFUSED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
</tr>
</tbody>
</table>

4/15/11
3.12 During the last 7 days, on how many days did you bicycle to get to and from places?

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

HARD EDIT: 1-7.

|___|___|
|___|___|
ENTER NUMBER OF DAYS [RANGE: 1-7]

DON'T KNOW ............ 77 (SKIP TO Intro BEFORE 3.14)
REFUSED ............... 99 (SKIP TO Intro BEFORE 3.14)

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

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

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

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

|___|___|___|
|___|___|___|
ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-24]

DON'T KNOW ............ 777
REFUSED ............... 999

If 3.13 = 777
3.13a Would you say that it was less than 30 minutes, 30 to 60 minutes, or more than 60 minutes?

LESS THAN 30 MINUTES ... 1
30 - 60 MINUTES......... 2
MORE THAN 60 MINUTES... 3
DON'T KNOW ............ 7
REFUSED ............... 9

Now I would like to ask you about sports, fitness and recreational activities. Exclude the activities you have told me about and focus on sports, fitness and recreation.

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

CLARIFICATION: This includes brisk walking and fast biking that are for exercise (and not for getting from place to place).

YES ................... 1
NO .................... 2 (SKIP TO Intro BEFORE 3.18)
DON'T KNOW ............ 7 (SKIP TO Intro BEFORE 3.18)
REFUSED ............... 9 (SKIP TO Intro BEFORE 3.18)
3.15 During the last 7 days, on how many days did you do sports, fitness or recreational activities that increased your breathing or heart rate?

**HARD EDIT: 1-7.**

|___|___|
ENTER NUMBER OF DAYS [RANGE: 1-7]

DON’T KNOW ............... 77 (SKIP TO Intro BEFORE 3.18)
REFUSED .................. 99 (SKIP TO Intro BEFORE 3.18)

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

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

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

|___|___|___|
ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-24]

DON’T KNOW ............... 777
REFUSED .................. 999 (SKIP TO INTRO BEFORE 3.18)

*If 3.16 = 777*

3.16a Would you say that it was less than 30 minutes, 30 to 60 minutes, or more than 60 minutes?

LESS THAN 30 MINUTES ... 1 (SKIP TO Intro BEFORE 3.18)
30 - 60 MINUTES ......... 2 (SKIP TO Intro BEFORE 3.18)
MORE THAN 60 MINUTES .... 3 (SKIP TO Intro BEFORE 3.18)
DON’T KNOW ............... 7 (SKIP TO Intro BEFORE 3.18)
REFUSED .................. 9 (SKIP TO Intro BEFORE 3.18)

3.17 How many, if any, of those (fill hours or minutes from above) doing sports, fitness, or recreational activities were **vigorous** activity that caused a **large** increase in your breathing or heart rate?

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

|___|___|___|___|
HOURS
888  NONE
777  DON’T KNOW/NOT SURE
999  REFUSED

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

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

**READ IF DIFFICULTY: Think about yesterday if needed.**

**HARD EDIT: >12 HOURS.**

|___|___|___|___|
ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-12]

DON’T KNOW ............... 777
REFUSED .................. 999
If 3.18 = 777
3.18a Would you say that it was less than 30 minutes, 30 to 60 minutes, or more than 60 minutes?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>7</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>LESS THAN 30 MINUTES...</td>
<td>30 – 60 MINUTES...</td>
<td>MORE THAN 60 MINUTES...</td>
<td>DON'T KNOW...........</td>
<td>REFUSED..............</td>
</tr>
</tbody>
</table>

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

READ IF DIFFICULTY: Think about yesterday if needed.

HARD EDIT: >12 HOURS.

<table>
<thead>
<tr>
<th>___</th>
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</thead>
</table>
ENTER NUMBER IN MINUTES [RANGE 0-59] AND HOURS [RANGE 0-12]

| 777 | 999 |
| DON'T KNOW........... | REFUSED.............. |

If 3.19 = 777
3.19a Would you say that it was less than 30 minutes, 30 to 60 minutes, or more than 60 minutes?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>7</th>
<th>9</th>
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<tbody>
<tr>
<td>LESS THAN 30 MINUTES...</td>
<td>30 – 60 MINUTES...</td>
<td>MORE THAN 60 MINUTES...</td>
<td>DON'T KNOW...........</td>
<td>REFUSED..............</td>
</tr>
</tbody>
</table>

ADDENDUM TO NYC GPAQ

ASK ALL
Q3.28 On an average day from Monday to Friday, how many hours per day do you watch television or use a computer at home for recreation? Exclude time when the T.V. is on, but you are not watching it.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>HOURS (RANGE 00-12) : MINUTES (RANGE 00, 30)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>00</th>
<th>88</th>
<th>77</th>
<th>99</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEVER</td>
<td>LESS THAN A HALF HOUR</td>
<td>DON'T KNOW/NOT SURE</td>
<td>REFUSED</td>
</tr>
</tbody>
</table>

ENTER THE NUMBER OF HOURS.

IF THE RESPONDENT GIVES A NUMBER OF MINUTES, ROUND TO THE HALF-HOUR.
IF THE RESPONDENT SAYS NO TIME IS SPENT WATCHING TV, ENTER 00. ENTER 88 FOR LESS THAN A HALF HOUR.
ASK ALL

Q3.29 On an average weekend day, Saturday or Sunday, how many hours per day do you watch television or use a computer at home for recreation? Exclude time when the T.V. is on, but you are not watching it.

_____ : _____

HOURS (RANGE 00-12) : MINUTES (RANGE 00, 30)

00 NEVER
88 LESS THAN A HALF HOUR
77 DON’T KNOW/NOT SURE
99 REFUSED

ENTER THE NUMBER OF HOURS.

IF THE RESPONDENT GIVES A NUMBER OF MINUTES, ROUND TO THE HALF-HOUR.

IF THE RESPONDENT SAYS NO TIME IS SPENT WATCHING TV, ENTER 00. ENTER 88 FOR LESS THAN A HALF HOUR.

ASK IF Q3.1, 3.5, or 3.14=1

Q3.30 Think about all the activities you have told me about that cause an increase in your breathing or heart rate. Do you usually participate in these: [READ LIST; MULTIPLE RECORD]

1 Alone
2 With another person
3 As part of a group
7 DON’T KNOW/NOT SURE
9 REFUSED

[ASK IF MORE THAN 1 ANSWER GIVEN IN Q3.30]:

Q3.31a Which do you do most often? Participate in activities: [READ LIST; SINGLE RECORD]

1 Alone
2 With another person
3 As part of a group
4 [VOL] No usual pattern / all equal
7 DON’T KNOW/NOT SURE
9 REFUSED

[ASK IF Q3.30= PART OF A GROUP]

Q3.31b When you participate in group activities, are they usually activities with a leader or without a leader?

1 With a leader
2 Without a leader
3 [VOL] No usual pattern
7 DON’T KNOW/NOT SURE
9 REFUSED

Q3.32 Thinking about an average day in the last 7 days, how many minutes of walking that you did on this typical day were fast or brisk walking that caused your heart rate or breathing to increase?

_____ HOURS PER DAY [RANGE: 0 - 16]
_____ MINUTES PER DAY [RANGE: 0 - 960]
7777 DON’T KNOW/NOT SURE
9999 REFUSED
Q3.33 During the past 12 months, did you do less activity because you thought or were informed that the air quality was bad?

1 Yes
2 No
7 DON’T KNOW/NOT SURE
9 REFUSED

TRANSPORTATION and COMMUTING

READ: Now I am going to ask you some questions about transportation around New York City.

[ASK IF Q10.15=1 OR 2 ELSE go to Q7.11]

Q7.0 Earlier you said that you worked. For your job, do you usually work outside of your home, or do you work from home?

1 WORK OUTSIDE THE HOME
2 WORK FROM HOME
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q7.0 = 1, ELSE GO TO Q7.11

Q7.1a When you go to work, is this on weekdays, weekends or both?

1 WEEK DAYS
2 WEEKENDS
3 BOTH WEEKDAYS AND WEEKENDS
7 DON’T KNOW/NOT SURE
9 REFUSED

Q7.1b DELETED 8/19

Q7.2 How do you usually get to work?

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

READ IF NECESSARY: With Select Bus Service, the buses make fewer stops along their route and require passengers to pay outside the bus. It is not an Express Bus.

ACCEPT ALL THAT APPLY

1 Subway
2 City bus
3 Express bus
4 Select Bus Service (SBS)
5 Bicycle
6 Walking
7 Personal Car
8 Taxi / Car Service
9 Commuter train (such as LIRR, PATH, Metro North)
10 Ferry
11 Some other way
77 Don’t know/Not sure
99 Refused
Q7.2a What type of transportation do you use for most of the trip? [SELECT ONE]

1. Subway
2. City bus
3. Express bus
4. Select Bus Service (SBS)
5. Bicycle
6. Walking
7. Personal Car
8. Taxi / Car Service
9. Commuter train (such as LIRR, PATH, Metro North)
10. Ferry
11. Some other way
12. No one way most of the trip
13. Don’t know/Not sure
14. Refused

Q7.2b How long is your one-way commute from home to work on a typical day? Include any walking to and from transportation.

_____ HOURS PER DAY [RANGE: 0 – 4]
______ MINUTES PER DAY [RANGE: 0 – 240]
7777 DON’T KNOW/NOT SURE
9999 REFUSED

(Skip if 7.2 = 6 ONLY; that is, the person only walks)

Q7.2c/d On a typical day, how many minutes of your total commute are spent:

c. walking from your home to the transportation you take to go to work?

_____ HOURS PER DAY [RANGE: 0 – 4]
______ MINUTES PER DAY [RANGE: 0 – 240]
7777 DON’T KNOW/NOT SURE
9999 REFUSED
d. walking from transportation to the place where you work?

_____ HOURS PER DAY [RANGE: 0 – 4]
______ MINUTES PER DAY [RANGE: 0 – 240]
7777 DON’T KNOW/NOT SURE
9999 REFUSED

CATI: CALCULATE TOTAL HOURS IN 7.2c+7.2d. IF VALUE IS > Q7.2b, SHOW SCREEN:
You mentioned that your ENTIRE one-way commute from home to work takes [+Q7.2b+] (minutes/hours), but that you spend more than [Q7.2b] (minutes/hours) just walking to and from transportation. Let me re-ask those questions to make sure I recorded them correctly.

CATI: PROBE ONCE WITH THIS SCREEN; IF ANSWER STILL DOESN’T MAKE SENSE, CONTINUE.

Q7.3 Overall, how satisfied are you with your commute? Would you say you are very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

1. VERY SATISFIED
2. SOMEWHAT SATISFIED
3. SOMEWHAT DISSATISFIED
4. VERY DISSATISFIED
5. DON’T KNOW/NOT SURE
6. REFUSED
Q7.4 How often would you say that you like your commute? Would you say often, sometimes, rarely, or never.

1 OFTEN
2 SOMETIMES
3 RARELY
4 NEVER
5 DON’T KNOW/NOT SURE
6 REFUSED

Q7.5 Which borough do you work in?

READ IF NEEDED:

1 The Bronx
2 Brooklyn
3 Manhattan
4 Queens, or
5 Staten Island?
6 NOT IN NEW YORK CITY
7 DON’T KNOW/NOT SURE
8 REFUSED

Q7.6 Can you tell me the Zip code of the place where you work?

_____ _____ _____ [ZIP CODE]
66666 NO ONE ZIP CODE MOST
77777 DON’T KNOW/NOT SURE
99999 REFUSED

SKIP Q7.7 IF Q7.6=00000

Q7.7 Can you tell me the nearest intersection or the cross streets of the place where you work?

READ IF NEEDED: This is only for purposes of better understanding the neighborhood where you work.

_____ STREET/AVE
_____ STREET/AVE
66666 NO ONE STREET/AVE MOST
77777 DON’T KNOW/NOT SURE
99999 REFUSED

Q7.8 DELETED 8/19
Q7.9 DELETED 8/19
Q7.10 DELETED 8/19

ASK ALL

Q7.11 What is the intersection or the cross streets nearest to your home?

READ IF NEEDED: This is only for purposes of better understanding your neighborhood.

_____ STREET/AVE
_____ STREET/AVE
66666 NO ONE STREET/AVE MOST
77777 DON’T KNOW/NOT SURE
99999 REFUSED
ASK ALL
Q7.12 Do you or does someone in your household own or lease a car that you drive regularly in New York City?

READ IF NEEDED: Exclude Zip Cars or any other rental cars.

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

ASK ALL
Q7.13 Some buses make fewer stops along their route and require passengers to pay outside the bus. These buses are known as “Select Bus Service.” Have you heard of Select Bus Service?

READ IF NEEDED: This does not refer to an Express Bus.

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

ASK IF Q7.13 = 1
Q7.14 Please tell me if you take Select Bus Service for work, school, errands, or other reasons. [MULTIPLE-RECORD]

READ IF NEEDED: This does not refer to an Express Bus.

1 WORK
2 SCHOOL
3 ERRANDS
4 OTHER REASON(S)
5 [VOL.] I DON’T TAKE SBS
7 DON’T KNOW/NOT SURE
9 REFUSED

BIKING and taking the STAIRS

Bicycle Riding

READ: These next questions are about riding a bike in New York City.

Q4.1a In the past 12 months, how often have you ridden a bicycle in one of the five boroughs of New York City? Would you say several times a month, at least once a month, a few times a year, or never?

IF ASKED: This does not include a stationary bike.

1 SEVERAL TIMES A MONTH
2 AT LEAST ONCE A MONTH
3 A FEW TIMES A YEAR
4 NEVER
7 DON’T KNOW/NOT SURE
9 REFUSED

Go to Q4.8
Go to Q4.8
Go to Q4.8

ASK IF Q4.1a=1, 2, or 3, ELSE GO TO Q4.8

READ: In regard to the lanes or paths that you have used when you ride a bicycle in the city...
Q4.2 In the past 12 months, how often did you ride on streets without a bike lane? Would you say none of the time? Some of the time? Most of the time? Or all of the time?

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

Q4.3 In the past 12 months, how often did you ride on streets with a bike lane? This includes protected on-street bike lanes. Would you say none of the time? Some of the time? Most of the time? Or all of the time?

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

Q4.4 In the past 12 months, how often did you ride on a bike path in an area closed to motor vehicle traffic, such as a park? Would you say none of the time? Some of the time? Most of the time? Or all of the time?

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

ASK ALL
Q4.8 What kind of building do you live in? Is it an apartment building or a single-family house?

1 APARTMENT BUILDING OR MULTI-FAMILY HOUSE/BUILDING
2 SINGLE-FAMILY HOUSE
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF 4.8 =1 & Q4.1A=1,2,3, ELSE GO TO Q4.6A
Q4.5 Are there secure places to park a bike inside or outside your building other than your apartment?

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

ASK IF Q7.0 = 1 & Q4.1A=1,2,3 (WORK), ELSE GO TO INTRO BEFORE Q4.7
Q4.6a Are there secure places to park a bike inside or outside the building where you work other than in your personal work area?

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

Q4.6b DELETED 8/19
READ: Next, I am going to ask you some questions about using the stairs.

ASK ALL

Q4.7 Are you physically able to use the stairs?

1 YES
2 NO [SKIP TO INTRO BEFORE Q5.1]
7 DON’T KNOW/NOT SURE [SKIP TO INTRO BEFORE Q5.1]
9 REFUSED [SKIP TO INTRO BEFORE Q5.1]

[ASK IF Q4.8 = 1 and 4.7 EQ 1 Else go to Q4.11]

Q4.9 What floor do you live on?

_____ FLOOR [RANGE 0-76, BASEMENT = 0]
77 DON’T KNOW/NOT SURE
99 REFUSED

ASK IF Q4.8 EQ 1, ELSE SKIP TO Q4.11

Q4.10 Does the building where you live have an elevator or escalator?

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

ASK IF Q4.10 EQ 1, ELSE SKIP TO Q4.11

Q4.10a Have you seen a sign at the elevator or escalator encouraging you to regularly take the stairs in the building where you live?

READ IF NECESSARY: This does not include signs about taking the stairs in case of emergency or fire.

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

ASK IF Q7.0 = 1 and 4.7 EQ 1 & Q7.5<>6 Else GO TO INTRO BEFORE Q4.14

Q4.11 What floor do you go to for work?

_____ FLOOR [RANGE 0-76, GROUND FLOOR = 0]
88 NO ONE FLOOR/PLACE MOST OF THE TIME
77 DON’T KNOW/NOT SURE
99 REFUSED

Q4.12 Does the building where you work have an elevator or escalator?

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

ASK IF Q4.12 EQ 1

Q4.13 Have you seen a sign at the elevator or escalator encouraging you to regularly take the stairs where you work?

READ IF NECESSARY: This does not include signs about taking the stairs in case of emergency or fire.

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
I’m going to ask you separate questions about walking down and walking up the stairs.

Q4.14 How many total floors of stairs do you walk down on a typical weekday at home [READ IF Q10.15=1 OR 2: and work, combined]? Do not count stairs in the subway. [READ LIST]
1 0 FLOORS PER WEEKDAY
2 1-2 FLOORS PER WEEKDAY
3 3-5 FLOORS PER WEEKDAY
4 6 FLOORS OR MORE PER WEEKDAY
7 DON’T KNOW/NOT SURE
9 REFUSED

Q4.15 How many total floors of stairs do you walk up on a typical weekday at home [READ IF Q10.15=1 OR 2: and work, combined]? Do not count stairs in the subway. [READ LIST]
1 0 FLOORS PER WEEKDAY
2 1-2 FLOORS PER WEEKDAY
3 3-5 FLOORS PER WEEKDAY
4 6 FLOORS OR MORE PER WEEKDAY
7 DON’T KNOW/NOT SURE
9 REFUSED

[IF Q4.8=2 & Q7.0=2, 7, OR 9, SKIP TO INTRO BEFORE Q5.1]
Q4.16 During the past 30 days, did any of the following reasons prevent you from using the stairs at home [READ IF Q10.15=1 OR 2: or work], or make you use them less often? [RANDOMIZE ITEMS; INSERT]

c. The stair entrance or exit is locked.
e. The stairs feel unsafe in terms of possible crimes.
f. The stairs have an unpleasant environment.
h. There are too many floors to walk up or down.

1 YES
2 NO
3 (VOL) NO STAIRS AT HOME/WORK   Go to intro before Q5.1
7 DON’T KNOW/NOT SURE
9 REFUSED

PHYSICAL ACTIVITY HABITS & SELF-RATINGS

READ: Now I will ask some general questions about physical activity in your life and routines.

ASK ALL
Q5.1 Do you have a daily or weekly exercise routine? For example, do you participate in classes, team sports, or do some other exercise regularly?

1 YES
2 NO
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL
Q5.2 In the past 12 months, have you been a member of a gym or recreation facility?

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

IF Q5.1 = 1; ELSE go to Q5.4
Q5.3 What type of physical activity or exercise did you do regularly during the last 12 months? Please tell me up to three specific activities that you did most often.

[INTERVIEWER: IF MORE THAN THREE ACTIVITIES REPORTED, ASK FOR THE THREE THAT ARE DONE MOST OFTEN]

[INTERVIEW: IF ‘GO TO THE GYM’, PROBE FOR SPECIFIC ACTIVITIES]
LIST OF ACTIVITIES IS IN APPENDIX A

_____ Activity 1
_____ Activity 2
_____ Activity 3
99 Refused

ASK ALL
Q5.4 During the past 7 days, did you do any physical activities specifically designed to strengthen your muscles such as lifting weights, doing push-ups, or sit-ups?

1 YES
2 NO
4 UNABLE TO DO THESE PHYSICAL ACTIVITIES
7 DON’T KNOW/NOT SURE
9 REFUSED

IF Q5.4=1; ELSE GO TO Q5.5
Q5.4a Did you do these activities on 2 or more of the past 7 days?

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

ASK ALL
Q5.5 In general, how physically active are you? Would you say very active, somewhat active, not very active or not active at all?

1 VERY ACTIVE
2 SOMewhat ACTIVE
3 NOT VERY ACTIVE
4 NOT ACTIVE AT ALL
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q5.6 In general, how physically fit are you? Would you say very fit, somewhat fit, not very fit, or not fit at all?

1 VERY FIT
2 SOMewhat FIT
3 NOT VERY FIT
4 NOT FIT AT ALL
7 DON’T KNOW/NOT SURE
9 REFUSED
Q5.7 - In general, how healthy is your overall diet? Would you say excellent, very good, good, fair or poor?

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q6.1 Do any of your friends exercise, play sports, or do other physical activities?

1 YES
2 NO
3 [VOL: DON’T HAVE FRIENDS]
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q6.2 Do any of your adult family members exercise, play sports, or do other physical activities?

READ IF NEEDED: Do adult family members that you have regular contact with exercise, play sports, or do other physical activities?

1 YES
2 NO
3 [VOL: DON’T HAVE FAMILY MEMBERS]
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q6.3 Do any of your neighbors exercise, play sports, or do other physical activities?

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

ASK ALL
Q6.4 Does anyone you admire exercise, play sports, or do other physical activities?

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

BUILT ENVIRONMENT

Neighborhood Characteristics, Access, and Safety
Next, I am going to read several statements that can be made about neighborhoods. For each one, please say “Yes” if you think this is true of your neighborhood, or say “No” if you think it is not true. 

a. There are on-street bike lanes or bike paths near where I live.
b. I can easily walk to many stores, markets or other places from my home.
c. There is so much traffic near where I live that it makes it unpleasant to walk.
d. The cars go too fast on the streets in my neighborhood.
e. My streets are well-lit at night.
f. Because of crime, I feel unsafe going on walks during the day.
g. REMOVED 8/18/10
h. REMOVED 8/19/10

1 YES (TRUE OF NEIGHBORHOOD)
2 NO (NOT TRUE OF NEIGHBORHOOD)
7 DON’T KNOW/NOT SURE
9 REFUSED

Now I have some questions about parks that are available to you in New York City.

Thinking about the park that is closest to your home, how many minutes would it take to enter the park if you were to walk there from home?

Would you say it takes...

1 Less than 5 minutes
2 5 to 10 minutes
3 More than 10 but less than 30 minutes
4 30 or more minutes
7 DON’T KNOW/NOT SURE
9 REFUSED

How often do you use the park closest to your home for sports, exercise, or other physical activity? Would you say often, sometimes, rarely, or never?

1 OFTEN
2 SOMETIMES
3 RARELY
4 NEVER
7 DON’T KNOW/NOT SURE
9 REFUSED

Are you concerned about crime during daylight in the park that is closest to your home?

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

Q8.14 Are you concerned that the park closest to your home is often unclean?

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

Ask if Q8.2=3 or 4

Q8.14a Is there an outdoor plaza where people can sit and rest within 10 minutes of your home?

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

Ask all

Q10.14 How many children younger than 18 live in your household?

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

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

Ask Q8.3-Q8.5 if Q10.14=1 to 25

Q8.3 Is there play space indoors at the building where you live, where children can run around, play sports, or do other active games?

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

Q8.4 Is there a play space outdoors at the building or house where you live?

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

Q8.5 When you go outside your building or your house, how many minutes does it take to walk to the closest playground?

Would you say it takes...

READ:
1 Less than 5 minutes
2 5 to 10 minutes
3 More than 10 but less than 30 minutes
4 30 or more minutes
7 DON’T KNOW/NOT SURE
9 REFUSED

Q8.8 REMOVED 8/19/10
ASK ALL
Q8.10 Do you or does anyone else in the household have a dog?

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

ASK IF Q8.10 = 1
Q8.11 How often do you take your dog to a park with a dog run? Would you say often, sometimes, rarely, or never?

   1 OFTEN
   2 SOMETIMES
   3 RARELY
   4 NEVER
   7 DON’T KNOW/NOT SURE
   9 REFUSED

Q8.12a REMOVED 8/19/10
Q8.13 REMOVED 8/19/10
8.13a REMOVED 8/19/10
Q8.14a REMOVED 8/19/10

Access to Food

READ: Now I have some questions about stores in your neighborhood where you buy food.

ASK ALL
Q8.15a Thinking about the store closest to your home that has a variety of fresh fruits and vegetables...how many minutes would it take if you were to walk there from your home?

   [INTERVIEWER NOTE: THIS DOES NOT INCLUDE STREET VENDORS OR GREEN CARTS.]

Would you say it takes...

READ:

   1 Less than 5 minutes
   2 5 to 10 minutes
   3 More than 10 but less than 30 minutes
   4 30 or more minutes
   7 DON’T KNOW/NOT SURE
   9 REFUSED

ASK IF 8.15a = 1,2,3,4; Else go to Q8.16
Q8.15b Is this store a supermarket?

   1 Yes
   2 No
   7 DON’T KNOW/NOT SURE
   9 REFUSED
ASK IF Q8.15b = 2 (No)
Q8.15 Thinking about the supermarket closest to you, how many minutes would it take if you were to walk there from your home?
Would you say it takes...
READ:
1 Less than 5 minutes
2 5 to 10 minutes
3 More than 10 but less than 30 minutes
4 30 or more minutes
7 DON’T KNOW/NOT SURE
9 REFUSED
INTERVIEWER: This question does not refer to bodegas or small convenience stores such as the 7-11.

ASK ALL
Q8.16 How often do you travel outside of your neighborhood to go to a supermarket?
Would you say often, sometimes, rarely, or never?
1 OFTEN
2 SOMETIMES
3 RARELY
4 NEVER
7 DON’T KNOW/NOT SURE
9 REFUSED

Q8.19 & Q8.20 REMOVED 8/16/10

ASK ALL
Q8.17 How would you rate the overall quality of fresh fruits and vegetables available in the stores in your neighborhood? Would you say the quality is excellent, good, fair, or poor?
1 EXCELLENT
2 GOOD
3 FAIR
4 POOR
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q8.21 How would you rate the cost of fresh fruits and vegetables in your neighborhood? Would you say they are very expensive, somewhat expensive, just about right, or inexpensive?
1 Very expensive
2 Somewhat expensive
3 Just about right
4 Inexpensive
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q8.18 When Farmer’s Markets are available, how often do you shop at one? Would you say often, sometimes, rarely, or never?
1 OFTEN
2 SOMETIMES
3 RARELY
4 NEVER
5 [Volunteer: No Farmer’s Market available]
7 DON’T KNOW/NOT SURE
9 REFUSED
INJURY

READ: Now I would like to ask you some questions about injuries.

Pedestrian Injuries

ASK ALL

Q9.1 In the last year (12 months), have you been injured by a motor vehicle or bicyclist while you were walking in New York City?
   1 YES BY A MOTORIST
   2 YES, BY A BICYCLIST
   3 YES, BY BOTH
   4 NO
   7 DON’T KNOW/NOT SURE
   9 REFUSED

[If Q9.1 = 1, 2, or 3; Else go to Q9.3]

Q9.2 Where did you go to receive treatment, if anywhere, because of this injury?
   [READ LIST IF NECESSARY; MULTIPLE RESPONSE]
   1 EMERGENCY ROOM
   2 DOCTOR
   3 OVERNIGHT STAY IN A HOSPITAL
   4 (VOL) NONE OF THE ABOVE
   7 DON’T KNOW/NOT SURE
   9 REFUSED

Cyclist-Related Injuries and Safety

[Ask only If Q4.1a=1/2/3. Otherwise, go to NEXT SECTION]

Q9.3 As a bicyclist in New York City, have you been involved in a bicycle crash in the last 12 months?
   1 YES
   2 NO
   7 DON’T KNOW/NOT SURE
   9 REFUSED

If Q9.3 = 1; Else, go to Q10.1]

Q9.4 Did your crash involve a motor vehicle, a pedestrian, another bicyclist, or a fall off your bike? [MULTIPLE-RECORD]
   1 MOTOR VEHICLE
   2 PEDESTRIAN
   3 ANOTHER BICYCLIST
   4 FALL OFF YOUR BIKE
   5 [VOL: OTHER]
   7 DON’T KNOW/NOT SURE
   9 REFUSED

Q9.5 Where did you go to receive treatment, if anywhere, for an injury resulting from this crash? [READ LIST IF NECESSARY; MULTIPLE RESPONSE]
   1 EMERGENCY ROOM
   2 DOCTOR
   3 OVERNIGHT STAY IN A HOSPITAL
   4 (VOL) NONE OF THE ABOVE / NOT INJURED
   7 DON’T KNOW/NOT SURE
   9 REFUSED
DEMOGRAPHIC QUESTIONS

Demographics

SCREEN: Now I'd like to ask you some questions about yourself and your household. The answers are used only for statistical purposes.

ASK ALL
Q10.1 What is your age?

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

ASK IF Q10.1 = 07 OR 09, ELSE SKIP TO Q10.3
Q10.2 We are only asking this information to make sure that we have talked to enough people in each age group. Can you just tell me if you are...

READ ANSWER CHOICES:
1 65 or older
2 45-64
3 25-44, or
4 18-24
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q10.3 Because it is sometimes difficult to determine over the phone, I am asked to confirm with everyone ... Are you male or female?

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

ASK ALL
Q10.4 Are you Hispanic or Latino?

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

ASK IF Q10.4 = 1, ELSE SKIP TO Q10.6
Q10.5 Please tell me which group best represents your Hispanic or Latino origin or ancestry:

READ ANSWER CHOICES, ACCEPT FIRST RESPONSE [CATI: RANDOMIZE: 01-04]
01 Puerto Rican
02 Cuban/Cuban-American
03 Dominican/Dominican-American
04 Mexican/Mexican-American
05 Central or South American
06 Other Latin American, or
07 Other Hispanic/Latino ?
09 [VOL] SPANISH
77 DON'T KNOW/NOT SURE
99 REFUSED
ASK ALL
Q10.6  (READ IF Q10.4=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 Q10.6, ELSE SKIP TO Q10.8
Q10.7 Which one of these groups would you say best represents your race?

CATI: FILL RACES FROM Q10.6

READ MENTIONED RACES:

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 Q10.6
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q10.8 Were you born in the United States or in another country?

1 USA
2 OUTSIDE USA
7 DON’T KNOW/NOT SURE
9 REFUSED

ASK IF Q10.8 = 2, ELSE SKIP TO Q10.10
Q10.9 How long have you lived in this country?

______ YEARS [RANGE 0 - 50, ENTIRE LIFE = 50]
88 LESS THAN ONE YEAR
777 DON’T KNOW/NOT SURE
999 REFUSED

ASK ALL
Q10.10 What language do you speak most often at home?

1 ENGLISH
2 SPANISH
3 RUSSIAN
4 CHINESE (INCLUDES MANDARIN & CANTONESE)
6 SOME OTHER LANGUAGE
7 DON’T KNOW/NOT SURE
9 REFUSED
ASK ALL
Q10.11 Are you...?

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

Q10.12 REMOVED 8/18

ASK ALL
Q10.13 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)
6 College 4 years (COLLEGE GRADUATE), or a
7 Graduate or professional degree?
77 DON’T KNOW/NOT SURE
99 REFUSED

Income

Create new field NHOUSE = QHH (Number of adults) + Q10.14 (Number of Children)
We will use NHOUSE to create a field (PVTYLVL) to populate the fill for Q10.16
PVTYLVL = 7070 + (NHOUSE * 3820) [UPDATED TO 2011 VALUES FOR WAVE 2]
CATI: CREATE DUMMY VARIABLES FOR PVTY*1 – PVTY*6 IN DATA TO SHOW READ-INS USED

ASK IF Q10.14 <> 77/99

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.]

Q10.16 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 .
  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 Q10.16_02 = 77 OR 99

Q10.16a - 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

TELEPHONE QUESTIONS (for weighting)
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
Q12.1 Do you have more than one telephone number in your household? Do NOT include cell phones or numbers that are only used by a computer or fax machine.

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

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

ASK ALL
Q12.2 During the past 12 months, has your household been without telephone service for 1 week or more? Do NOT include interruptions of telephone service because of weather or natural disasters.

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

ASK ALL
Q12.3 Do you have a cell phone for personal use? Please include cell phones if they are used for any personal use.

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

ASK IF Q12.3 = 2
Q12.4 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 Q12.3=1 OR Q12.4=1
Q12.3b 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
9 REFUSED
Thank you for participating in this important research. I can provide you with phone numbers if you have questions about this survey or your rights in this study, want survey results, or if you want information about where to get help with a health problem.

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 347-396-2807.

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.

As I mentioned before, we would like to send ten dollars in appreciation for the time you have spent answering our questions.

So that we know where to send the check, could you please give me your name and mailing address? The information you provide will only be used to send you the payment. It will not be used for any other purposes, nor will it be available to the Department of Health.

COLLECT NAME AND ADDRESS

QC.4a NAME  (What is your name?) ENTER NAME
QC.4b ADDRESS (What is your street address?) ENTER STREET ADDRESS
QC.4c APPT  (What is your apartment number?) ENTER APT # OR MORE ADDRESS
QC.4d CITY  (What is the city?) ENTER CITY
QC.4e ZIP  (What is your zip code?) ENTER ZIP CODE

Thank you again for completing the survey.

[INSERT DEVICE STUDY RECRUITMENT SCRIPT HERE.
CATI NOTE: FOR ANY COMPLETED PAT SURVEYS WHERE APPLICABLE CROSS-STREETS ARE DK/REF (7.7/7.11), WE WILL NEED TO RE-ASK THOSE FOR ANYONE WHO WANTS TO PARTICIPATE IN THE DEVICE STUDY. THIS WILL BE INSERTED INTO THE RECRUITMENT SCRIPT.]
APPENDIX A

Activity List for Common Leisure Activities

Code Description (Physical Activity, Question 5.3)

1 Active Gaming Devices (Wii Fit, Dance Dance Revolution)
2 Aerobics
3 Backpacking
4 Badminton
5 Baseball
6 Basketball
7 Bicycling
8 Boating (canoeing, rowing, sailing kayaking, rafting)
9 Bowling
10 Boxing
11 Calisthenics
12 Carpentry
13 Dancing - ballet, modern, ethnic
14 Elliptical/EFX
15 Fishing
16 Football
17 Gardening (spading, weeding, digging, filling)
18 Golf
19 Gymnastics
20 Handball
21 Hiking
22 Horseback riding
23 Hockey (ice/field)
24 Hunting
25 Jogging
26 Martial Arts (Judo/karate/Tae Kwon Do/Jujitsu)
27 Mountain climbing
28 Muscle Strengthening
29 Paddleball
30 Pilates
31 Racquetball
32 Rock Climbing
33 Rope skipping
34 Routine stretches/exercises
35 Rowing machine exercise
36 Rugby
37 Running
38 Scuba diving
39 Skating - ice or roller
40 Skate boarding
41 Skiing, snow
42 Sledding, tobogganing
43 Snorkeling
44 Snowshoeing
45 Soccer
46 Softball
47 Squash
48 Stair climbing/Stair master
49 Stationary bike exercise
50 Surfing
51 Swimming
52 Table tennis / ping-pong
53 Tai Chi
54 Tennis
55 Treadmill
56 Volleyball
57 Walking
58 Water aerobics
59 Waterskiing
60 Weight lifting
61 Yoga
62 Other (SPECIFY:____________)