

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Updated 12/07/2021																				
Demographics																				
Age	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sex	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
Sex assigned at birth																	X	X	X	X
Gender identity															X	X				
Gender identity (two-step)																	X	X	X	X
Ethnicity	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Hispanic/Latino origin	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Race	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asian ancestry													X	X	X	X	X	X	X	X
Black/Black American heritage																				X
Where born - foreign/US	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Years in country	X	X	X		X	X	X	X	X	X	X	X	X	X				X		
Language in home				X	X	X	X	X	X	X	X	X	X	X	X	X				
Marital status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sexual orientation		X		X	X	X	X	X	X	X	X	X	X	X						
Sexual orientation (NEW)															X	X	X	X	X	X
Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Children <18			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Employment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Occupation and industry																				X
Annual household income	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Poverty			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Children 0<6									X							X				
Children 0 < 12 months																				X
Children 12 months <= 13 years																				X
Children 12 months <= 5 years																				X
Children 6<=12									X							X				
Children 13<=17									X											
Children 7-10 or <10			X		X															
Children <7					X															
Children 0 to 13																Child Pilot	X		X	
Children 0 to 5																Child Pilot	X		X	
Children 6 to 13																Child Pilot			X	
West Indies origin													X	X						
Country father born					X															
Country mother born					X															
Father nativity (U.S., P.R. or other)															X					
Mother nativity (U.S., P.R. or other)															X					
Spouse nativity (U.S., P.R. or other)															X					
Lived in NYC since 2003							X													
Highest level of education in HH																Child Pilot				
Sick leave																CITY				
Family paid leave																WID				
Serious on-the-job injuries	X																			
Civic participation	X	X																		
Access																				
Have health coverage		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health coverage type	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Get insurance through NY Exchange														X	X	X				
How long uninsured																X				
Main reason uninsured														X		X				
Receive subsidy through Obamacare															X					
Medicaid HMO Question (list of plans provided)								X												
Managed Care		X					X													
Without coverage last 12 months							X		X											
PCP	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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Seen PCP in last 12 months						X	X	X					X		X					
Seen any doctor last 12 months							X												X	
What used to record info last doctor visit							X	X												
Last time saw doctor and got a prescription, was a computer print out, written on a pad or called/faxed pharmacy								X												
Didn't get needed care	X				X		X		X	X	X	X	X	X	X	X	X	X	X	X
Told doctor not accepting insurance															X	X				
Didn't fill prescription due to cost		X				X									X	X				
Difficulty paying out-of-pocket, copays, deductibles															X	X		X		
Provider give a prescription for meds you take regularly																				X
Did you not fill a Rx, skipped doses, or reduced amount of Rx																				X
Didn't get care due to cost		X				X														
See doctor routine exam		X																		
Last routine visit			X	X							X	X								
See doctor, other reason			X																	
Partial insurance		X		X																
How long partial		X																		
Where do you go if you're sick or need advice		X		X							X	X		X	X	X				
When you see a doctor where do you usually go?																				X
Why use ER as usual source of care															X	X				
How quickly get appointment											X	X		X	X					
Follow doctor's advice				X																
Advice not followed, why				X																
Quality of care from doctor (listens, etc.)				X																
Counseling on weight, nutrition, exercise				X																

Alcohol Consumption and RX abuse

Number days drink	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
How many drinks	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Drink >5 drinks	X	X	X	X	X		X	X	X	X										
Binge (5 for men and 4 for women)											X	X	X	X	X	X	X	X	X	X
Where did you last drink (heavy and binge drinkers)																X				
Largest number of drinks											X		X	X						
Counseling or medication for an alcohol problem							X													
Type of alcohol most often drink											X									
Doctor asked about alcohol consumption											X									
Past 12 mos., use prescription pain killer recreationally											X	Wave 1								
How often use Rx pain killer recreationally											X	Wave 1								
Past 12 mos., use prescription tranquilizer recreationally											X	Wave 1								
How often use Rx tranquilizer recreationally											X	Wave 1								
Ever have Rx pain reliever prescribed												Wave 2	X	X						
Past 12 mos., take prescribed pain reliever												Wave 2	X	X	X					
Past 12 months, ever take more pain reliever than prescribed												Wave 2	X	X	X					
Past 12 months, ever take pain reliever not prescribed												Wave 2	X	X	X					
How often take Rx pain reliever more than prescribed												Wave 2	X	X						

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How often take Rx pain reliever without prescription												Wave 2	X	X						
How often take Rx pain reliever more than prescribed or without prescription												Wave 2								
Ever have Rx tranquilizer prescribed												Wave 2	X							
Past 12 mos., take prescribed tranquilizer												Wave 2	X							
Past 12 months, ever take more tranquilizer than prescribed												Wave 2	X							
Past 12 months, ever take tranquilizer not prescribed												Wave 2	X							
How often take Rx tranquilizer more than prescribed												Wave 2	X							
How often take Rx tranquilizer without prescription												Wave 2	X							
How often take Rx tranquilizer more than prescribed or without prescription												Wave 2								
Taken ecstasy (MDMA), past 12 months														X						
How many times taken ecstasy, past 12 months														X						

Asthma (Ever, and WTC)

Ever asthma	X	X		X		X	X	X	X	X	X	X	X	X		X	X	X	X	X
Still have asthma																			X	X
Asthma attack past 12 months	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
How old when first told you had asthma																				X
Year diagnosed with asthma (before or after 9/11)								X												
Taking daily asthma medication (control)															X					
ED for asthma	X	X		X		X			X	X										
Asthma plan		X																		
Difficulty sleeping				X																
Ever seen a doctor for persistent cough							X													
Persistent cough in past 30 days							X	X												
Shortness of breath in past 30 days								X												
Wheezing in past 30 days								X												
Ever COPD																			X	

Blackout

Day and time power came back on in house			X																	
Fri-Sun after the blackout ate food out of the refrigerator			X																	
Fri-Sun after the blackout ate food that tasted spoiled			X																	
Fri-Sun after the blackout ate in a restaurant			X																	
In the week after the blackout, had diarrhea			X																	
In the week after the blackout, saw messages about what to do with food			X																	

Cancer Screening

Ever/when colonoscopy		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ever/when sigmoidoscopy		X																		
Ever colonoscopy or sigmoidoscopy	X	X																		
Ever/when FOBT		X																		
Ever/when last mammogram	X			X	X	X	X	X	X	X		X		X					X	
Ever/when last pap test	X			X	X	X	X	X	X	X		X					X			
Ever other test for colon cancer/when (sigmoidoscopy, FOBT)							X													
Ever/when home blood stool test												X						X		

Cardiovascular Disease Prevention

Caregiving

Child Module

Children with Asthma

Commuting Pattern

COVID-19

[illegible]

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Current pregnancy																				X
Fever in past 30 days																				X
Fever measured with thermometer																				X
Dry cough, past 30 days																				X
Cough with phlegm, past 30 days																				X
Shortness of breath, past 30 days																				X
Muscle aches, past 30 days																				X
Chills, past 30 days																				X
Diarrhea, past 30 days																				X
Vomiting, past 30 days																				X
Abdominal pain, past 30 days																				X
Nasal congestion, past 30 days																				X
Sore throat, past 30 days																				X
Headache, past 30 days																				X
Loss of taste, past 30 days																				X
Loss of smell, past 30 days																				X
First day feeling symptoms																				X
Still feeling symptoms																				X
Last day feeling symptoms																				X
Distancing guidance awareness																				X
Ability to follow distancing guidance																				X
Social isolation																				X
Care seeking when sick																				X
Location of care sought																				X
When was care sought																				X
Ask for COVID test																				X
Saliva, nose, or throat COVID test, past 30 days																				X
Received COVID test																				X
Positive COVID test result																				X
At least one night in hospital																				X
Experienced discrimination																				X
Had COVID since 02/20																				X
Had COVID symptoms since 02/20																				X
Ever antibody test																				X
Antibody test results																				X
Working from home or working outside the home																				X
Delaying care due to fear of COVID, past 30 days																				X
Delaying care if not emergency, past 30 days																				X
Delaying Care due to cost, past 30 days																				X

Debriefing Questions

How difficult to understand most questions						X						X								
How comfortable answering most questions						X						X								
Any questions unwilling to answer truthfully						X														
Interviewer: how difficult for respondent to understand most questions						X														
Interviewer: how difficult for respondent to answer most questions						X														
Interviewer: how comfortable was respondent answering most questions						X														
Interviewer: think the respondent provided truthful answers						X														
Interviewer: how comfortable conducting interview						X														

Dentist

Diabetes

Disabilities and Cognitive Decline

Geocoding module

Health Care

Health Status

HIV Testing

[illegible]

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
HIV test prior to last one		X																		
HIV test 1-5 yrs. ago or >5 yrs. ago							X													
Ever heard of PrEP																X	X	X		X
Ever used PrEP																X	X	X		X
Blood donation		X																		
Why HIV test	X																			
Where HIV test	X																			
Type of test used					X															
Got HIV test results							X													
Results same day/wait						X	X													
Use rapid home test						X														
Doctor recommend HIV test						X	X			X	X									
Followed advice and got HIV test							X													
Doctor ever told HIV+						X	X													
Seen a doctor for HIV medical care							X													
Ever tested for Hepatitis C virus													X							

Housing and Neighborhood Environment

# of apartments in building			X		X				X				X	X	X	CITY WID E		X		CITY WID E
Rent or own home					X				X				X	X		Child Pilot	X	X	X	X
How long lived at current home					X												X	X	X	
Where lived before current home					X												X	X		
How many places have you lived past 12 months																		X		
No steady place to sleep past 12 months																		X		
Eviction																		X	X	
Delayed paying rent/mortgage past 12 months									X						X			X	X	X
Public housing or Section 8															X	CITY WID E	X	X	X	X
In past year, seen peeling paint, inspection, repair					X															
Functioning Air Conditioner			X				X						X							CITY WID E
Use AC during summer							X													
Times did not turn on AC because of electric bill			X																	
Times did not turn on AC because asked to conserve			X																	
Window guards			X		X								X							
Functioning smoke detector									X											
Functioning CO detector									X											
Receive notice about window guards/lead paint-returned it (2 questions)									X											
Past year, change outdoor activity level due to poor air quality alert									X											
Ambient noise									X											
Noise sources									X											
Live in this apartment 1 year ago?													Wave 2	X	X					
Where were you living 1 year ago?													Wave 2	X	X					
How safe from crime is neighborhood	X									X					X	X				
Social cohesion - live in a close-knit neighborhood															X	X				
Social cohesion - people willing to help in neighborhood															X	X	X	X	X	X
Social cohesion - people don't get along in neighborhood															X	X				

Hurricane Response and Emergency Preparedness

Illicit Drug Use

Immunizations

[illegible]

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Incarceration (justice involvement)																				
Correctional facility				X																
Ever been incarcerated																	X	X		
Close family ever incarcerated																	X	X		

Initiatives

Hear or see patches						X														
Hear or see free condoms						X	X	X												
Were they condoms with logo						X														
Used a condom with a logo						X	X	X												
Ever received TCNY passport						X														
Entered info in TCNY passport						X														

International travel

Traveled outside US, past 12																		CITY WIDE		
Which country																		CITY WIDE		
Reason for travel																		CITY WIDE		

Intimate Partner Violence and Sexual Assault

Frightened for safety (ever)																X				
Frightened for safety (past 12 mos.)	X		X	X	X	X		X								X				
Since 18, unwanted sexual contact								X												
Ever unwanted sexual touching																			X	
Ever forced into sex																			X	
Doctor asked about conflict in relationship								X											X	
Ever hit, slapped, shoved, by IP																X		X		X
Hit, slapped, shoved (past 12 mos.)																X				
Ever put down, called names																		X		X

Mental Health

Emotional distress (sad, hopeless, worthless, etc.) - K6 [Past 30 days]	X	X			X	X		X	X	X		X	X		X				X	X
Emotional distress (sad, hopeless, worthless, etc.) - K6 [Worst Month]											X	X			X					
Worst month, past 12 months												X								
PHQ - How often bothered past 2 weeks - little interest or pleasure							X									X	X	X		
PHQ - How often bothered past 2 weeks - down, depressed, hopeless							X									X	X	X		
PHQ - How often bothered past 2 weeks - trouble sleeping																X	X	X		
PHQ - How often bothered past 2 weeks - feeling tired/little energy																X	X	X		
PHQ - How often bothered past 2 weeks - poor appetite or overeating																X	X	X		
PHQ - How often bothered past 2 weeks - feeling like a failure or let family down																X	X	X		
PHQ - How often bothered past 2 weeks - trouble concentrating																X	X	X		
PHQ - How often bothered past 2 weeks - moving slowly/fidgety and restless																X	X	X		

Noise and Hearing Problems

[illegible]

Nutrition

Obesity

Pests and Indoor Air Quality

[illegible]

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Trash storage			X																	
Past 30 days, how many days see cockroaches in home												X								
Past 30 days, how many days see mice or signs of mice in home												X								
Past 30 days, how many rooms have mold												X								
Visible mold on walls/ceiling																			X	
Bed bugs									X		X			X						
Bed bugs confirmed											X									

Panel Recruitment

Agree to be recontacted																				X
Name for incentive check																				X
Email address																				X
Cellphone number (for texting, LL)																				X
Permission/provide to use mailing address																				X
Preferred contact methods																				X

Pets

Anyone in household has dogs or cats								X												
How many dogs								X												CITY WID E
How many cats								X					X							
How many cats roam outdoors													X							
How many cats spayed/neutered													X							

Physical Activity

Exercise in past 30 days	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X	X
How often rode a bike past 12 months in NYC borough							X		X	X	X	X	X	X		X	X	X	X	X
10 minutes of vigorous activity/ for how long					X	X	X			X		X			Wave 2	CITY WID E	CITY WID E	CITY WID E		
10 minutes of moderate activity/ for how long					X	X	X			X		X			Wave 2	CITY WID E	CITY WID E	CITY WID E		
Minutes moderate versus light activity												X			Wave 2			CITY WID E		
How is your swimming ability																				X
Typical weekday walk up/down at least one flight of stairs home/work (2 questions)								X												
Exercise 30 minutes at once		X			X															
Exercise 20 minutes at once	X				X															
Reason for not exercising regularly	X																			
Physical activity at work		X																		
Bike/walk to school/work, frequency		X	X	X			X		X	X										
Walk 10 blocks or more												X								
Bike 10 blocks or more												X								
Past 7 days, walk 10 minutes or more? (GPAQ)													X	X						
How many days past 7 walk? (GPAQ)													X	X						
How long walk on average past 7 days? (GPAQ)													X	X						
Past 7 days, bike 10 minutes or more? (GPAQ)													X	X						
How many days past 7 bike? (GPAQ)													X	X						
How long bike on average past 7 days? (GPAQ)													X	X						
Past 7 days, sports, fitness or recreation? (GPAQ)													X	X						

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How many days past 7 sports, fitness or recreation? (GPAQ)													X	X						
How long do sports, fitness, recreation on average past 7 days? (GPAQ)													X	X						
How many of those minutes vigorous? (GPAQ)													X	X						
Use neighborhood recreation facilities					X															
Safety of neighborhood recreation facilities					X															
Own bike			X																	
How often wore a helmet							X			X										
In general, how physically active are you										X		X		X						
Compared to others your age, are you more, less or same active										X										
Physically able to climb stairs										X										
How many floors do you walk on average day										X	X									
In building with elevator or escalator how often take stairs										X										
Sedentary 9:00-5:00 pm												X	X							
Sedentary 5:00pm-bed												X	X							
How many floors of stairs up													X							
How many floors of stairs down													X							

Piercings and Indoor

Tanning

Ever had lower ear lobe piercing														X						
Ever had upper ear piercing														X						
Ever had other piercings (body)														X						
How old last piercings (body or upper ear)														X						
Number of times commercial tanning, past 12 months														X						

Poison Control

Awareness

Who would you call first if child swallowed adult vitamins																		X		
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Preventive Health

Doctor talked to you about weight last 12 months							X		X											
Doctor talked to you about exercise last 12 months							X													
Doctor talked to you about diet last 12 months							X							X						
Doctor talked to you about alcohol use last 12 months							X		X											
Doctor talked to you about drug use last 12 months							X													

Racial discrimination

Discrimination in health care				X																
Discriminated while seeking health care for any reason															X	X				
Reason(s) for being discriminated															X	X				

Second-hand Smoke

How often smell smoke in home coming from outside													X	X			CITY WIDE	X	X		CITY WIDE
Smoke free residential buildings														X			CITY WIDE		X		
SHS home	X	X		X	X	X		X	X	X		X									
SHS work	X	X		X	X		X														
SHS policy at work	X	X		X																	
SHS policy at home	X	X		X		X		X	X	X	X		X								

Sexual Behavior/ Birth Control

Sleep quality

Syndromic Surveillance, flu and diarrhea

[illegible]

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During illness, visited ER			X																	
During illness, visited other health care facility			X																	
Which did first			X																	

Take Care NY

Ever received passport						X														
Entered info in passport						X														

TANF, food insecurity, homelessness

Had enough of kinds of food you like																	X	X		
TANF/welfare				X																
Concerned about not having enough food			X	X																
Homeless/shelter				X																

Telephone (for weighting)

Number telephone lines	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Residential numbers	X	X	X	X	X	X	X	X	X											
How many telephone numbers for exclusive data use						X	X													
Without telephone service/ for how long	X	X		X	X	X	X													
Without telephone service for one week or more								X	X	X	X	X	X							
E-mail				X																
Receive information				X																
Cell phone for personal use							X	X	X	X	X	X	X	X	X	X	X	X	X	X
Have a cell phone and share with others							X	X	X	X	X	X	X	X	X	X	X	X	X	X
Don't have a cell phone but share with others							X	X	X											
How many adults share cell phone							X	X	X											
How likely to use only cell phone					X	X	X	X	X											
Percent of calls received on cell phone								X	X											
Of all calls, how many received on cell											X	X	X	X	X	X	X	X		

Tobacco Use and Cessation

100 cigarettes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Now smoke every day, some days, not at all	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of cigarettes smoked per day (daily)	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X
Days per month you smoke						X		X	X	X	X	X	X	X			X	X	X	X
Number of cigarettes smoked daily (non-daily)											X	X	X	X	X	X	X	X	X	X
Is usual brand menthol or non-menthol															X			X	X	X
How soon after wake up			X	X					X	X										
How old when started			X	X	X	X	X		X					X	X	X		X		
How long since smoked regularly	X	X	X	X	X	X	X	X	X	X	X	X	X			X	X	X		
Where from - carton, loose, etc.		X	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X
How much paid		X	X	X	X	X		X	X	X			X	X	X	X	X	X	X	X
Where bought	X	X	X	X	X	X	X	X	X	X		X	X	X	X				X	X
Bought in neighborhood																	X	X		
Used a coupon for cigarettes													X	X	X	X				
How much was coupon for													X	X	X					
Past 30 days, smoke little cigar/cigarillo													X	X	Wave 1	X				CITY WIDE
How many days (past 30) smoked little cigars/cigarillos													X	X	Wave 1					
How many cigars/cigarillos per day													X	X						
Smoked hookah, past 12 months																CITY WIDE	X		X	CITY WIDE
Smoked hookah, past 30 days														X		CITY WIDE				

Traffic Safety

West Nile Virus

[illegible]

WTC Health Registry

[illegible]