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	X
Black/Black American heritage																			X	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 WID				
Family paid leave																CITY 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

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
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						

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
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													

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
Ever/when home blood stool test												X						X		
Where last colonoscopy											X									
Cardiovascular Disease Prevention																				
Blood pressure checked	X																			
Blood pressure numbers	X																			
How long blood pressure checked						X						X		X						
Ever told you have high blood pressure	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ever told you need blood pressure medication					X	X	X		X	X	X	X		X	X	X	X	X	X	X
Currently taking blood pressure medication	X				X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
Self-check blood pressure at home or community						X											X	X	X	CITY WIDE
Cholesterol checked ever	X				X		X			X										
How long cholesterol checked	X				X		X			X		X		X						
Cholesterol level	X																			
Ever told you have high cholesterol	X						X	X	Wave 2	X	X	X	X	X						
Told need cholesterol medication										X	X	X		X						
Medication for high cholesterol	X						X	X	Wave 2	X	X	X		X						
Aspirin for heart	X							X		X										
Caregiving																				
Provide unpaid care for sick family/friend																		CITY WIDE	X	
Child Module																				
Children <3				X																
Parent/guardian				X																
Delays in children				X																
Unusual medical care needs				X																
Developmental disability				X																
Early intervention				X																
Improvement (EIP ways to help child)				X																
Breast feeding				X																
SIDS risk				X																
Age of youngest child							X													
Day Care arrangement for past year							X													
Preferred a different day care arrangement							X													
What is the preferred day care arrangement							X													
Reason child not in this type of care							X													
Children with Asthma																				
Children <18	X	X				X														
Diagnosed with asthma	X	X				X														
Attack past 12 months		X																		
Asthma plan		X																		
Commuting Pattern																				
Where spend time 9 to 5						X				X				X						
How usually get there (work or school)						X				X				X						
How many minutes one way commute										X										
Weekdays take subway						X														
Work/school zip code/cross street						X														
Cross streets of work/school/borough						X														
COVID-19																				
Ever heart disease																				X
Ever COPD																				X
Ever kidney disease																				X
Ever liver disease																				X

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
Ever weakened immune system																				X
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														

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
Dentist																				
How long since cleaning	X												X	X	Wave 1				X	
Have dental insurance															Wave 1					
Regular source of dental care							X													
Most recent visit to dental care provider							X													
Diabetes																				
Ever diabetes	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Gestational diabetes	X		X	X		X	X													
Signs and symptoms			X																	
Hemoglobin A one C test	X					X	X													
A one C level	X					X	X													
Class on management			X	X																
How old at diabetes diagnosis	X		X	X				X			X									X
Now taking insulin							X								X			X		
Taking diabetic pills							X								X			X		
Taking non-insulin injectables																		X		
Now taking insulin, pills, or non-insulin injectables																				X
Self-perceived diabetes control																				X
Disabilities and Cognitive Decline																				
Limited in any activities																			X	X
Health problem use special equipment																			X	X
Electronic medical equipment																			X	
Memory loss																			X	
Talk to doctor about memory loss																			X	
Provide care for an adult past 12 months																			X	
Geocoding module																				
Street address															X	X	X	X	X	X
Cross-streets															X	X	X	X	X	X
Health Care																				
didn't get prescription last 12 months							X													
didn't get lab tests last 12 months							X													
didn't get eye care last 12 months							X													
didn't get dental care last 12 months							X													
didn't get hospital care last 12 months							X													
didn't get medical care from doctor last 12 months							X													
Health Status																				
General health status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Stop doing usual activities due to physical health		X		X																
Stop doing usual activities due to mental health		X		X																
Stop doing usual activities due to physical or mental health			X																	
Days physical health not good					X	X														
Days mental health not good					X	X	X	X												
How long activities limited			X																	
Need help with personal care because of limitation			X																	
Arthritis of hip or knee												X								
HIV Testing																				
HIV test past year		X			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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 ever	X			X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Year of last HIV test	X			X	X															
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 WIDE		X		CITY WIDE
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 WIDE	X	X	X	X
In past year, seen peeling paint, inspection, repair					X															
Functioning Air Conditioner			X				X						X							CITY WIDE
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

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
Social cohesion - people don't get along in neighborhood															X	X				
Social cohesion - people share values in neighborhood															X	X				
Social cohesion - people can be trusted in neighborhood															X	X				X
Social control - Neighbors save firehouse																	X			
Social control - People children can look up to																	X			
Social cohesion - Get together with people to discuss common social/political issues																				X
Social cohesion - Contribute to community projects and events																				X
Social cohesion - Say something to someone who doesn't clean up after their dog																				X
Social cohesion - Trust a neighbor with a key																				X
Social cohesion - Proud to live in my neighborhood																				X

Hurricane Response and Emergency Preparedness

Living in same place or another place in August 2011												X								
What was zip code in August 2011												X								
Where did you stay during Hurricane Irene in August 2011												X								
To your knowledge, did you live in a designated hurricane evacuation zone in August 2011?												X								
What was zip code in October/November 2012													X							
Were you evacuated due to Hurricane Sandy													X							
Evacuate before, during or after Hurricane Sandy													X							
How many days evacuated due to Hurricane Sandy													X							
Have a meeting place for family in disaster or emergency												X								
Set aside 3 days of medicine for disaster or emergency												X								
Computer with internet in home													X							
Working printer in home													X							

Illicit Drug Use

Illegal drug use				X																
Needle use				X								X								
Crystal Meth (all)				X	X															
Crystal Meth (MSM only)						X														
Ever used needle for non-prescribed drug		X																		

Immunizations

Flu shot past 12 months	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Flu shot defined period						X	X	X	X	X	X	X	X	X	X					
Pneumonia shot ever	X	X		X		X		X		X		X				X				
Where flu shot		X			X	X						X				X				X
When flu shot					X															
Tried to get flu shot but unable					X															
H1N1 vaccination since October 2009										X										
Try to get H1N1 shot but couldn't										X										
Work in health care setting					X		X		X					X						
Ever hepatitis B vaccine							X					X						X		
Ever hepatitis A vaccine																			X	

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
Number of Hep a shots																			X	
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		

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
PHQ - How often bothered past 2 weeks - moving slowly/fidgety and restless																X	X	X		
How difficult have these problems made it to work, self-care, get along with others																X				
Mental health affects activities		X							X	X		X	X						X	
Ever diagnosed with schizophrenia, bipolar, mania or psychosis												X		X						
Needed treatment, didn't get it		X			X	X							X	X	X	X	X	X	X	X
Informal Support		X																		
Ever told have depression					X	X	X	X	X	X			X	X				X		
First told depression last 12 months						X	X	X	X				X							
Counseling or medication for depression last 12 months							X	X												
Counseling or medication for mental health past 30 days									X	X		X								
Counseling or medication for mental health past 12 months					X	X			X	X		X								
Counseling for mental health, past 12 months		X											X	X	X	X	X	X	X	X
Medication for mental health, past 12 months		X											X	X	X	X	X	X	X	X
Contact with relatives or friends											X									
Can talk to relatives or friends											X									
Can call relatives or friends for help											X									
50+: contact with relatives or friends							X													
50+: can talk to relatives or friends							X													
50+: can call relatives or friends for help							X													
Social isolation - have at least 1 person in neighborhood who could help														X		X				
Herbal or naturopathic remedies for mental health		X																		
Whom would you consult after a disaster							X													
Offer NYC Well resources																		X		
Serious considered suicide past 12 months																				X
Attempted suicide past 12 months																				X
Noise and Hearing Problems																				
Past 12 mos., ringing in ears											X									
Difficulty hearing conversation without background noise											X									
Last time hearing tested											X									
Dr. tell you, you have hearing loss at last testing											X									
Wear a hearing aid 5 hours a week or more											X									
Ever have a job with loud noise for 5 or more hours a week											X									
Currently working at job with loud noise (5+ hours)											X									
How often wear hearing protection devices at work											X									
Days exposed to loud traffic noise											X									
Hours exposed to loud traffic noise per day											X									
Days per week listen to iPod or other device											X			X						
Hours listen to iPod or other device at more than 1/2 volume											X			X						

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
Ever use firearms for target shooting, or other purposes											X									
Any firearms in home											X									
Firearms locked											X									
Nutrition																				
Cups of fruit																	X	X	X	
Cups of vegetables																	X	X	X	
How healthy is your overall diet										X		X								
Servings of fruit and vegetables	X			X				X	X	X	X	X	X	X	X	X				X
Cups of fruits and vegetables																				
Shopping for fruits and vegetables in neighborhood	X																			
Why not in neighborhood	X																			
Fresh fruits and vegetables within 5-10 minutes walk								X		X				X						
Soda consumption (1 question)					X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sweetened beverage consumption (1 question)							X	X	X	X	X	X	X	X	X	X	X	X	X	X
Diet soda/seltzer consumption (1 question)							X	X												
Size of soda usually drink													X	X						
Size of other sweetened drink usually drink													X	X						
How often drink pre-sweetened coffee/tea																			WIDE	
Freq/wk. of eating purchased meals					X				X	X										
Freq/wk. of eating from fast-food restaurant									X	X										
Freq/wk. eating purchased meals exclude street vendors or delis											X									
Past month, seen letter grade in restaurant											X									
Past month, letter grade influence restaurant decision											X									
How often look at NFP										X										
How often look at sodium										X										
Last time ate out/took out, notice HD score									X											
Hours watch TV			X		X					X										
Hours use computer					X															
Change purchase decision based on sodium on NFP, last 30 days												X	X							
How often buy low sodium/salt							X			X	X				Wave 1					
Are you cutting down on salt										X	X									
How often use salt at table										X										
Types of water drink past 30 days								X	X											
Type of water most often drink								X	X											
How often drink from water fountains								X	X											
How often used water fountain to fill own bottle									X											
Glasses of plain water yesterday																	X			
Obesity																				
Weight status (BMI)	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Perception of weight		X																		
Ideal weight					X															
Pests and Indoor Air Quality																				
Cockroaches in home in past month		X																	X	
How do you control cockroaches		X																		
Use TEMPO		X																		
Types of pesticides used in home past 12 months)															X					
See mice/rats past 90 days in home			X	X																X

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
See mice/rats past 90 days in street			X	X						X										
See mice/rats past 90 days in building			X	X																
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 WIDE
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 WIDE	CITY WIDE	CITY WIDE		
10 minutes of moderate activity/ for how long					X	X	X			X		X			Wave 2	CITY WIDE	CITY WIDE	CITY WIDE		
Minutes moderate versus light activity												X			Wave 2			CITY WIDE		
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						

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
Past 7 days, sports, fitness or recreation? (GPAQ)													X	X						
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 planning, past 12 months														X						
Poison Control Awareness																				
Who would you call first if child swallowed adult vitamins																		X		
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								

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
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							
Effect of SFAA		X																		
Anyone else in house a smoker		X		X		X		X	X	X		X								
Where exposed at work	X	X		X																

Sexual Behavior/ Birth Control

Total number of people had sex with last 12 months	X																			
Ever sex same sex						X	X	X	X	X	X									
Gender of sex partners	X																			
How many men, how many women		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Condom at last sex/condom at last sex msm	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Condom oral sex				X																
Condom use - how often					X															
Brand of condom, last sex										X										
Anal sex							X		X	X	X	X	X	X	X	X	X	X	X	X
How often use condom for anal sex past 12 months							X		X	X	X	X	X	X						
Condom at last anal sex													X		X	X	X	X	X	X
Anal STI check																			X	X
Other birth control (last time)		X		X	X	X														
How often use birth control, 12 months						X		X												
Last sex use birth control pills													X	X						
Any other method of birth control at last sex													X	X		X	X	X	X	
Type of other birth control last sex													X	X		X	X	X	X	
Last time sex, intend to get pregnant/get partner pregnant		X		X	X	X							X	X		X				X
Had a hysterectomy	X			X																
Ever had tubes tied or hysterectomy																		X		
Counseling/prescription for EC					X	X	X													
Where receive EC						X	X													
Unmet contraception need																			X	X
Ever use female condom						X														
Get it for free						X														
Told you have an STD		X																		
Currently pregnant							X													
Pregnant last 5 years				X																
Last pregnancy - intend to get pregnant				X																
Last pregnancy - live birth				X																
Last pregnancy - stillbirth, miscarriage				X																
Operation preventing having children							X													
Past 12 mos., use internet to find sex partner											X	X								
Doctor ask about sexual history											X					X		X		

Sleep quality

How would you rate sleep quality																		CITY WIDE		
Hours of sleep per night on average																		CITY WIDE		

Syndromic Surveillance, flu and diarrhea

Flu-like illness in past 30 days			X																	
During illness purchased non-prescription meds			X																	
During illness missed work/school			X																	
During illness, called doctor for advice			X																	

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
During illness, called nurse or health hotline			X																	
During illness, visited doctor			X																	
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, loosie, 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

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
Smoked hookah, past 30 days														X		CITY WIDE				
E-cigs, past 12 months														X	Wave 1	X	X		X	CITY WIDE
E-cigs, past 30 days														X	Wave 1	X	X		X	CITY WIDE
Use e-cigs to quit, past 12 month																X	X			X
Flavor or last e-cig																				X
Like the flavors of e-cigs available																				X
Quit attempt past 12 months, how many times	X	X	X	X	X	X	X	X	X	X	X	X	X							
Longest time without smoking			X																	
Want to stop			X																	
Thinking of quitting next 30 days			X	X		X														
Thinking of quitting next 6 months			X	X																
If quit, how old when started			X																	
If quit, how soon after wake up				X																
Smoking 12 months ago			X				X		X											
Smoking 12 months ago: everyday or some days			X				X		X											
Number of cigarettes smoked per day before quit		X	X	X																
Cigarette cost	X	X																		
Price increase, did you smoke less								X		X	X									
Price increase, seriously consider quitting								X												
Price increase, did you switch to a cheaper brand								X												
Price increase, did you buy more on the street								X												
Price increase, did you purchase more outside NYS, internet, mail or on reservation								X												
Price increase, buy more loosies								X												
Price increase, switch to smoking pipe, chewing tobacco								X												
Price increase, affect decision to quit								X		X										
Effect of SFAA		X	X				X													
Cessation aids (individual/group counseling, telephone, internet)	X		X	X		X				X										
Last 12 months used NRT to quit								X	X	X	X	X				X				
Where get NRT										X										
Last 12 months used RX to quit								X	X	X	X	X								
Where get RX to quit										X										
Provider asked about smoking						X					X									
Provider advised to quit	X		X			X				X	X	X				X	X			
Advice to quit from dentist													X							
Provider recommended cessation aids						X														
Bar/nightclub smoking			X																	

Traffic Safety

How often drive past 30 days in NYC															X	X			CITY WIDE	
How often speed 10mph or over															X	X			CITY WIDE	
How often text or email while driving															X				CITY WIDE	

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
West Nile Virus																				
Early morning of a typical week spent > 30 minutes at beaches			X																	
Early morning of a typical week spent > 30 minutes at parks			X																	
Early morning of a typical week spent > 30 minutes outside home			X																	
Early morning of a typical week spent > 30 minutes in neighborhood			X																	
How often insect repellant use			X																	
Evening of a typical week spent > 30 minutes outside home			X																	
Evening of a typical week spent > 30 minutes in neighborhood			X																	
Insect repellant has DEET			X																	
Primary source of information about WNV and spraying			X																	
WTC Health Registry																				
In NYC on 9/11																	CITY WIDE			
Live south of Canal Street					X												CITY WIDE			
In MN south of Chambers Street plane and noon				X	X												CITY WIDE			
Work at WTC site					X															
Work at WTC recovery on SI					X												CITY WIDE			
Enrolled in WTC health registry				X	X															