

2003

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

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Community Health Survey			2003		ı		l					1	ı	ı						
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
questions	2002	2000	Oity	2004	2000	2000	2007	2000	2003	2010	2011	2012	2010	2014	2013	2010	2017	2010	2013	2020
Seen PCP in last 12 months						Х	X	l x					X		Х					
Seen any doctor last 12																				
months							X												Х	
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								١ ,, ١												
pharmacy								Х												
Didn't get needed care	Х				Х		Х		Х	Χ	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Χ
Told doctor not accepting																				
insurance															Х	Х				
Didn't fill prescription due to																				
cost		Х				Х									Х	Х				
D:65 14																				
Difficulty paying out-of-																\ \ \				
pocket, copays, deductibles															Х	Х		Х		
Provider give a prescription																				х
for meds you take regularly Did you not fill a Rx,																				
skipped doses, or reduced																				
amount of Rx																				x
Didn't get care due to cost		Х				X														
See doctor routine exam		X																		
Last routine visit			Х	Х							Х	Х								
See doctor, other reason			X																	
Partial insurance		Х		Х																
How long partial		X																		
Where do you go if you're																				
sick or need advice		Х		X							Х	X		X	Х	Х				
When you see a doctor				- , .							- / (					- / \				
where do you usually go?																				Х
Why use ER as usual																				
source of care															Х	Х				
How quickly get																				
appointment											Х	Х		Х	Х					
Follow doctor's advice				Χ																
Advice not followed, why				Х																
Quality of care from doctor																				
(listens, etc.)				X																
Counseling on weight,																				
nutrition, exercise				X																

## Alcohol Consumption and

RX abuse																				
Number days drink	Х	X	Х	X	X		X	X	Х	X	Χ	X	Х	Х	Х	Х	Х	Х	Х	Χ
How many drinks	Х	Х	Х	Х	X		X	Х	Х	Х	Х	X	Χ	Х	Х	Х	Х	Х	Х	Х
Drink >5 drinks	Х	Х	X	X	X		X	X	Х	Х										
Binge (5 for men and 4 for																				
women)											Х	X	X	Х	Х	X	Х	Х	Х	X
Where did you last drink																				
(heavy and binge drinkers)																Х				
Largest number of drinks											Х		Χ	Х						
Counseling or medication																				
for an alcohol problem							X													
Type of alcohol most often											l									
drink											Х									
Doctor asked about alcohol											١.,									
consumption											Х									
Past 12 mos., use												Wav								
prescription pain killer											,/									
recreationally						-					Х	e 1								
How often use Rx pain killer												Wav								
recreationally											Х	e 1								
Past 12 mos., use												Wav								
prescription tranquilizer											l									
recreationally											Х	e 1								
How often use Rx												Wav								
tranquilizer recreationally											Х	e 1								
Ever have Rx pain reliever												Wav								
prescribed												e 2	Х	Х						
Past 12 mos., take												Wav								
prescribed pain reliever												e 2	Χ	Х	Х					
Past 12 months, ever take						+	1					62	_^	_^_	_^					
more pain reliever than												Wav								
prescribed												e 2	Χ	Ιx	X					
procentou						+	+	<del>                                     </del>				+		<del>  ^</del>	<del>  ^-</del>					
Past 12 months, ever take												Wav			1					
pain reliever not prescribed												e 2	Χ	X	Х					
How often take Rx pain			<b>†</b>										- ` `	_ ``	<u> </u>					
reliever more than												Wav								
prescribed												e 2	Х	Х						



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												Wav e 2	Х	Х						
How often take Rx pain												62	_^							
reliever more than												l								
prescribed or without												Wav								
prescription												e 2								
Ever have Rx tranquilizer												Wav	\ ,							
prescribed												e 2	Х							
Past 12 mos., take												Wav	\ ,							
prescribed tranquilizer Past 12 months, ever take												e 2	Х							
more tranquilizer than												Wav								
prescribed												e 2	X							
Past 12 months, ever take												Wav								
tranquilizer not prescribed												e 2	Х							
How often take Rx												14/								
tranquilizer more than												Wav	\ ,							
prescribed												e 2	Х							
How often take Rx tranquilizer without												Wav								
prescription												e 2	x							
How often take Rx												<u> </u>								
tranquilizer more than												l.,,								
prescribed or without												Wav								
prescription												e 2								
Taken ecstasy (MDMA), past 12 months														Х						
How many times taken			<del>                                     </del>											^						
ecstasy, past 12 months														Х						
		•	•	•	•	•	-		-			•		-						•
Asthma (Ever, and WTC)																				
Ever asthma	Х	Х		Х		Х	Х	Х	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х	X
Still have asthma																			Х	Х
Asthma attack past 12																				
months	X	X		X		X	Х	Х	Х	X	X	X	Х	Х	X	X	X	Х	Х	X
How old when first told you																				
had asthma																				Х
Year diagnosed with asthma																				
(before or after 9/11)								Х												
Taking daily asthma																				
medication (control)															Х					
ED for asthma	Χ	X		X		X			Х	Χ										
Asthma plan		X																		
Difficulty sleeping				Х																
Ever seen a doctor for							<sub>v</sub>													
persistent cough Persistent cough in past 30							Х													
days							Х	Х												
Shortness of breath in past																				
30 days								Х												
Wheezing in past 30 days								Х												
Ever COPD																			X	
Blackout																				
Day and time power came			,																	
back on in house Fri-Sun after the blackout			Х																	
ate food out of the																				
refrigerator			Х																	
Fri-Sun after the blackout																				
ate food that tasted spoiled			Х																	
Fri-Sun after the blackout																				
ate in a restaurant			Х																	
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		Х		Х	Х	Х	Х	Χ	Х	Χ	Χ	Х	Х	Χ	Χ	Χ	Χ	Χ	Χ	Х
Ever/when sigmoidoscopy		Х																		
Ever colonoscopy or	V	\ , \																		
sigmoidoscopy	Χ	X																		
Ever/when FOBT		Х																		
Ever/when last mammogram	Х			X	X	X	X	Х	X	х		X		х					Х	
Ever/when last pap test	X			X	X	X	X	X	X	X		X		_^			Х			
	^			<del>  ^</del>	<del>  ^-</del>	<del>  ^-</del>	_^	_^	_^	^							_^			
rever other test for colon		I	I	İ	l	I	l		l			I	ı				1			l
Ever other test for colon cancer/when			l	l	l	l						l								
cancer/when (sigmoidoscopy, FOBT)							Х													
cancer/when							Х					Х						X		



Community Health Survey		Ι	2003			l				l		1	1	I		ı	ı	ı		
Community Health Survey Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Where last colonoscopy											Χ									
Cardiovascular Disease Pre		1	1			I								ı		ı	ı	ı		
Blood pressure checked Blood pressure numbers	X																			$\vdash$
How long blood pressure																				
checked						Х						Х		Х						
Ever told you have high	\						V		V		V					\	<sub>~</sub>		V	
blood pressure Ever told you need blood	X				Х	Х	X	Х	Х	X	Х	X	X	Х	Х	Х	Х	Х	Х	X
pressure medication					Χ	Х	Χ		Χ	Х	Χ	Х		Х	Χ	Х	Х	Х	Χ	Х
Currently taking blood					>			V						V	V	V			V	· ·
pressure medication	Х				Х	Х	Х	Х	Х	X	Х	X		Х	Х	Х	Х	Х	Х	X CITY
0-16-1																				WID
Self-check blood pressure at home or community						X											х	X	Х	E
Cholesterol checked ever	Х				Х		Х			Х							_^_	_^_		
How long cholesterol																				
checked	Х				Х		Х			Х		X		Х						
Cholesterol level	X								14/											<b>—</b>
Ever told you have high	\						V	\	Wav	\ <sub>V</sub>	V			\ <sub>V</sub>						
cholesterol Told need cholesterol	X						X	Х	e 2	X	Х	X	X	X						
medication										Х	Χ	Х		Х						
Medication for high									Wav											
cholesterol	Х						Х	Х	e 2	Х	Χ	Х		Х						
Aspirin for heart	Х							Х		Х										ш
Caregiving	Г	1				ı				Γ		1								
Provide unpaid care for sick family/friend																		CITY WID E	Х	
Child Module																				
Children <3				Х																
Parent/guardian				Х																
Delays in children				Х																$\vdash$
Unusual medical care needs				X																1 1
Developmental disability				X																
Early intervention				Х																
Improvement (EIP ways to				· ·																
help child)				X																$\vdash$
Breast feeding SIDS risk				X																$\vdash$
Age of youngest child							Х													
Day Care arrangement for																				
past year							Х													
Preferred a different day							Х													
care arrangement What is the preferred day																				
care arrangement							Χ													
Reason child not in this type of care							Х													
Children with Asthma																				
Children <18	Х	Х				Х														
Diagnosed with asthma	X	X				X														
Attack past 12 months		Х																		
Asthma plan		Х																		
Commuting Pattern																				
Where spend time 9 to 5						Х				Х				Х						
How usually get there (work																				
or school) How many minutes one way						Х				Х				Х						$\vdash$
commute										Х			L							╚
Weekdays take subway						Х														
Work/school zip code/cross street						_														
Cross streets of work/school/borough						X														
		I———	l				1		1		1	I	I			I.	I.	I.	1	
COVID-19 Ever heart disease																				Х
Ever COPD																				X
Ever kidney disease																				X
Ever liver disease																				X
Ever weakened immune																				
system																	l			Х



		ı	2002			ı	ı	ı	ı	ı	ı	ı	ı .		I .		l			1
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			J.1.5											2017	20.0	20.0	2011	2010	2010	X
Fever in past 30 days																				Х
Fever measured with																				
thermometer																				X
Dry cough, past 30 days Cough with phlegm, past 30																				Х
days																				Х
Shortness of breath, past 30																				.,
days																				X
Muscle aches, past 30 days																				Х
Chills, past 30 days																				Χ
Diarrhea, past 30 days																				Х
Vomiting, past 30 days																				Х
Abdominal pain, past 30 days																				Х
Nasal congestion, past 30 days																				Х
Sore throat, past 30 days																				Х
Headache, past 30 days																				Х
Loss of taste, past 30 days																				Х
Loss of smell, past 30 days																				X
First day feeling symptoms																				X
Still feeling symptoms																				X
																				Х
Last day feeling symptoms Distancing guidance																				
awareness Ability to follow distancing																				Х
guidance																				X
Social isolation																				X
Care seeking when sick 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 Positive COVID test result																				X
Positive COVID test result																				
At least one night in hospital																				Х
Experienced discrimination																				X
Had COVID since 02/20																				X
Had COVID symptoms since																				
02/20																				X
Ever antibody test																				X
Antibody test results Working from home or																				<u> </u>
working outside the home																				Х
Delaying care due to fear of COVID, past 30 days																				Х
Delaying care if not																				
emergency, past 30 days																				Х
Delaying Care due to cost, past 30 days																				Х
[P==== 0.5 === ] =							l													
Debriefing Questions How difficult to understand		I	1			I	<u> </u>	<u> </u>	I	I	I									
most questions						Х						Х								
How comfortable answering most questions						х						х								
Any questions unwilling to																				
answer truthfully Interviewer: how difficult for						Х														<del>                                     </del>
respondent to understand most questions						X														
Interviewer: how difficult for						<u> </u>														
respondent to answer most questions						Х														
Interviewer: how comfortable was respondent																				1
answering most questions						Х														
Interviewer: think the respondent provided truthful																				1
answers						Х														<u> </u>
Interviewer: how comfortable conducting																				1
interview						X														



Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	<b>2015</b> Wav	2016	2017	2018	2019	2020
How long since cleaning	Х												Х	Х	e 1				Х	
Have destablished															Wav					
Have dental insurance Regular source of dental		$\vdash$													e 1					
care							Х													
Most recent visit to dental care provider							х													
Diabetes																				
Ever diabetes	Х	Х	X	Х		X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Gestational diabetes	X		X	X		X	X													
Signs and symptoms			X																	
Hemoglobin A one C test	Х					Х	Х													
A one C level	Χ					Х	Х													
Class on management			Х	Х																
How old at diabetes diagnosis	Х		х	Х				х			Х									Х
Now taking insulin							Х								Х			Х		
Taking diabetic pills							Х								Х			Х		
Taking non-insulin																		~		
injectables Now taking insulin, pills, or		$\vdash \vdash$	$\vdash$															Х		
non-insulin injectables			<u> </u>																	Х
Self-perceived diabetes control																				Х
CONTROL																				
Disabilities and Cognitive Decline																				
Limited in any activities																			Χ	Х
Health problem use special																			Х	
equipment Electronic medical																			^	Х
equipment																			Х	
Memory loss Talk to doctor about		<u> </u>																	Х	
memory loss																			Х	
Provide care for an adult past 12 months																			х	
Geocoding module Street address							Ι								Х	Х	Х	Х	Х	Х
Cross-streets															X	X	X	X	X	X
Health Care didn't get prescription last																				
12 months didn't get lab tests last 12							X													
months							Х													
didn't get eye care last 12 months							x													
didn't get dental care last 12																				
months didn't get hospital care last							Х													
12 months didn't get medical care from							X													
doctor last 12 months							Х													
Health Status																				
General health status	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Stop doing usual activities																				
due to physical health Stop doing usual activities		Х		Х																
due to mental health		Х		Х																
Stop doing usual activities																				
due to physical or mental health			<sub>x</sub>																	
Days physical health not			<u> </u>			<b>.</b>														
good					X	X														
Days mental health not good	L				х	X	х	х			L					L	L	L		
How long activities limited			Х																	
Need help with personal care because of limitation			х																	
Arthritis of hip or knee												Х								
· · ·					•	•														
HIV Testing																				
		Х			Х	X	Х	Х	Χ	Χ	Χ	Х	Х	Х	Х	Х	Х	Х	Χ	Х
HIV test past year		$\sim$				<u> </u>							_ ^	_ ^						
HIV test ever Year of last HIV test	X			X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	Х



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Questions	2002	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		Х																		
HIV test 1-5 yrs. ago or >5																				
yrs. ago							X													
Ever heard of PrEP																Х	Х	Х		Х
Ever used PrEP																Х	Х	Х		Х
Blood donation		Х																		
Why HIV test	Х																			
Where HIV test	Х																			
Type of test used					Х															
Got HIV test results							Х													
Results same day/wait						Х	Х													
Use rapid home test						Х														
Doctor recommend HIV test						X	x			X	X									
Followed advice and got																				
HIV test							X													
Doctor ever told HIV+						Х	Х													
Seen a doctor for HIV																				
medical care							X													
Ever tested for Hepatitis C																				
virus													X							1

## Housing and Neighborhood

Environment																			
															CITY				CITY
															WID				WID
# of apartments in building			Х		X				X			Х	Х	Х	E		Х		E
															Child				
Rent or own home					X				Х			Х	Χ		Pilot	Х	Х	Х	X
How long lived at current					<del>  ^</del>			<del>                                     </del>	<del>- ^-</del>	<del>                                     </del>					1 1101		<u> </u>	<u> </u>	$\stackrel{\sim}{\vdash}$
home					X											Χ	Х	Х	
Where lived before current					<u> </u>														
home					X											Х	Х		
How many places have you																			
lived past 12 months																	Х		
No steady place to sleep																			
past 12 months																	Х		
Eviction																	Х	Х	
Delayed paying																			
rent/mortgage past 12									١.,					.,			١.,	,,	
months									X					Х			Х	Х	X
															CITY				
															WID				
Public housing or Section 8														X	E	X	Х	X	X
In past year, seen peeling																			
paint, inspection, repair					X														
																			CITY
																			WID
Functioning Air Conditioner			Х				X					х							l e l
Use AC during summer							X					- / -							$\vdash$
Times did not turn on AC							<u> </u>												$\vdash$
because of electric bill			Х																
Times did not turn on AC																			$\vdash$
because asked to conserve			Х																
Window guards			Х		Х							Х							
Functioning smoke detector									X										
Functioning CO detector									Х										
Receive notice about																			
window guards/lead paint-																			
returned it (2 questions)									Х										
Past year, change outdoor																			
activity level due to poor air																			
quality alert									X										-
Ambient noise									Х										
Noise sources									Х										
Live in this apartment 1 year												Wav							
ago?												e 2	X	X					
Where were you living 1												Wav							
year ago?												e 2	Х	Х					
How safe from crime is																			
neighborhood	Х	<u> </u>	<u></u>	L	<u></u>	<u></u>	<u></u>	<u> </u>	<u></u> _	Х	 L			X	Х		L	L	
Social cohesion - live in a																			
close-knit neighborhood														Χ	Х				
Social cohesion - people																			
willing to help in				1				1						.,	,,		,,	.,	
neighborhood														Х	X	Х	Х	Х	X
Social cohesion - people																			
don't get along in neighborhood				1				1						X	x		1	1	
heidinoiliood																	<u> </u>	L	ш



Community Health Survey			2003																	
Questions	2002	2003	I	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Social cohesion - people																				
share values in																				1 1
neighborhood															Х	Х				1 1
Social cohesion - people																				$\Box$
can be trusted in																				1 1
neighborhood															Х	Х				X
Social control - Neighbors																				
save firehouse																	Х			1 1
Social control - People																				
children can look up to																	Х			1 1
Social cohesion - Get																				
together with people to																				1 1
discuss common																				1 1
social/political issues																				X
Social cohesion - Contribute																				
to community projects and																				1
events																				X
Social cohesion - Say																				
something to someone who																				1
doesn't clean up after their																				1
dog																				X
Social cohesion - Trust a																				
neighbor with a key																				Х
Social cohesion - Proud to																				i T
live in my neighborhood																				X

Social cohesion - Says	to community projects and																				
scoretifying to someone with a control control and patter their section of the control control and the control	events																				Χ
docent clean up after their control of the control																					
documents of the process of the proc																					
Social concision - Triost a implication with a way social concision - Provid to be in my implication and a way social concision - Provid to be in my implication and a way social concision - Provid to be in my implication and a way social concision - Provid to be in my implication and a way social concision - Provid to the my implication and a way social concision - Provided and with a way social concision - P																					X
Social cohesion - Proud for two in my neighborhoods  **Nutriciane Response and Emergency Preparationss**  Living in same place or another place in Nuguet and Department of the Nuguet and Dep	Social cohesion - Trust a																				
Hurricane Response and Emergency Preparedness Living in same place or another place in August 2011 William in the place of another place in August 2011 William in the place of another place in August 2011 William in the place in August 2011 Willi	neighbor with a key																				Х
Hurricane Response and Emergency Preparedness another place in August 2011  August																					
Emergency Preparadness  Virgin is same place or another place in August Wirgin is same place in August 2011  Where did you stay during Hurricane leve last August 2011  No you how the place of the place in August 2011  No you have also good and you have last a same place in August 2011  No you have also good and you have last a same place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  Not work you were watered due to be a country and you want to you want to be a country and you want to you want to be a country and you want to be a country and you want to you	live in my neighborhood																				Х
Emergency Preparadness  Virgin is same place or another place in August Wirgin is same place in August 2011  Where did you stay during Hurricane leve last August 2011  No you how the place of the place in August 2011  No you have also good and you have last a same place in August 2011  No you have also good and you have last a same place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  Not work you were watered due to be a country and you want to you want to be a country and you want to you want to be a country and you want to be a country and you want to you																					
Emergency Preparadness  Virgin is same place or another place in August Wirgin is same place in August 2011  Where did you stay during Hurricane leve last August 2011  No you how the place of the place in August 2011  No you have also good and you have last a same place in August 2011  No you have also good and you have last a same place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  Not work you were watered due to be a country and you want to you want to be a country and you want to you want to be a country and you want to be a country and you want to you																					
Emergency Preparadness  Virgin is same place or another place in August Wirgin is same place in August 2011  Where did you stay during Hurricane leve last August 2011  No you how the place of the place in August 2011  No you have also good and you have last a same place in August 2011  No you have also good and you have last a same place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  No you have also good in Country and the place in August 2011?  Not work you were watered due to be a country and you want to you want to be a country and you want to you want to be a country and you want to be a country and you want to you																					
Living in same place or another place in August 2011  Where did you stey during Human and Human																					
What was zip code in August 2011										_	_										
Majors 2011																					
What was zip code in August 2017 And August 2018 And August 2019 And August 20													Ιx								
August 2011 August	What was zip code in																				
Name	August 2011												Х								
2011																					
To your knowledge, did you live in a designated hurricane evacuation zone in August 2017   What was zip code in August 20													.,								
Investment   Inv				<u> </u>									X		ļ	ļ	ļ				
Numricane evacuation zone													1	1	1	1	1				
In August 2011?  What was alp code in October/November 2012  Wax Ware you executed due to Hurricane Sandy Februarity and the service of the s													1	1	1	1	1				
What was 2p code in   Coctober/November 2012													l x								
OctoberNovember 2012													<u> </u>								
Hurricane Sandy	October/November 2012													Х							
Evacuate before, during or after Hurricane Sandy How many days evacuated due to Hurricane Sandy Have an eneting place for lamily in disaster or emergency Set aside 3 days of medicine for disaster or emergency Computer with internet in home XX Was Available Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 3 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside 4 days of medicine for disaster or emergency Set aside for disaster or emergency Set aside for disaster or emergency Set aside fo	Were you evacuated due to																				
### And Provided Reserve ### And Provided Rese	Hurricane Sandy													X							
How many days evacuated due to Huricrae Sandy Have a meeting place for family in disaster or emergency  Set aside 3 days of medicine for disaster or emergency  Computer with internet in home  Working printer in home																					
Authorition					-									X							
Have a meeting place for alramity in disaster or emergency														l v							
Immunizations	Have a meeting place for													_^_							
See aside 3 days of medicine for disaster or																					
Set aside 3 days of medicine for disaster or emergency	emergency												Х								
Computer with internet in	Set aside 3 days of																				
Computer with internet in home													١.,								
Morking printer in home													X								
														_							
Illigal drug use																					
Illegal drug use	working printer in nome																				
Illegal drug use																					
Needle use				_																	
Crystal Meth (all)         X																					
Crystal Meth (MSM only)				<u> </u>		<u> </u>						<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	<u> </u>				
Immunizations					X	X															
Immunizations							X														
Immunizations																					
Flu shot past 12 months	prescribed drug		_ X																		
Flu shot past 12 months																					
Flu shot defined period																					
Pneumonia shot ever         X		X	X		X	X											X	X	X	X	X
Where flu shot         X         X         X         X         X           When flu shot         X </td <td>Flu shot defined period</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>  X</td> <td></td> <td>  X</td> <td></td> <td>X</td> <td></td> <td>X</td> <td>X</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Flu shot defined period							X		X		X		X	X	X					
When flu shot         X           Tried to get flu shot but unable         X           H1M1 vaccination since October 2009         X           Try to get H1N1 shot but couldn't         X           Work in health care setting         X           Ever hepatitis B vaccine         X           Ever hepatitis A vaccine         X	Pneumonia shot ever	X			X				X		X										
Tried to get flu shot but unable	Where flu shot		X				X						X				X				Χ
unable         X           H1N1 vaccination since         October 2009           October 2009         X           Try to get H1N1 shot but couldn't         X           couldn't         X           Work in health care setting         X           Ever hepatitis B vaccine         X           Ever hepatitis A vaccine         X	When flu shot					X															
H1N1 vaccination since	Tried to get flu shot but																				
October 2009	unable					X															
Try to get H1N1 shot but couldn't											_										
couldn't         X<											^				-	<b> </b>	<b> </b>				
Work in health care setting         X<											l x		1	1	1	1	1				
Ever hepatitis B vaccine         X         X         X           Ever hepatitis A vaccine         X         X         X					1	X		X		X	<u> </u>				X						
Ever hepatitis A vaccine X						<del>  ^-</del>				<del>  ^</del>			Y						У		
								<del>  ^</del>				-	<del>  ^</del>	-	-	-	-		_^	_	
number of nep a strots				<del>                                     </del>	1			-													
	inumber of mep a shots															<u> </u>	<u> </u>			_ ^	



Community Health Survey		Ι	2003	I	I	I	ı		ı	l	l		I			I	I		I	I
Questions	2002	2003	City	1	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Incarceration (justice		,		1	1	1	1	,	,						, _5.5					
involvement)																				
Correctional facility				X	ļ	ļ														
Ever been incarcerated																	Х	Х		
Close family ever incarcerated																	X	Х		
modrocratou		l		1	1	1	-		1	l			l			l			l	l
Initiatives																				
Hear or see patches		ı		1	1	Х	1		1				l			1	l		l	l
Hear or see free condoms						X	Х	Х												
Were they condoms with						1														
logo						X														
Used a condom with a logo						X	X	X												
Ever received TCNY																				
passport Entered info in TCNY						X	-													
passport						X														
		· · · · ·	-																	
International travel																				
																	CITY			
Traveled outside US, past																	WID			
12																	E			
																	CITY			
																	WID			
Which country		L						L	L			L		L	L		Е			
																	CITY			
																	WID			
Reason for travel																	Е			
Intimate Partner Violence																				
and Sexual Assault																				
and dexual Assault		1	ı	I	ı	ı	1	1	1	l	l	I	ı	1	1	ı	ı		l	l
Frightened for safety (ever)															Х					
Frightened for safety (past																				
12 mos.)	Χ		X	X	X	X	ļ	X							X					
Since 18, unwanted sexual								_												
contact Ever unwanted sexual						-	-	X												
touching																			X	
Ever forced into sex																			X	
Doctor asked about conflict																				
in relationship								X											Х	
Ever hit, slapped, shoved,																\		\ \		<sub>V</sub>
by IP Hit, slapped, shoved (past				-		<u> </u>	<u> </u>									Х		Х		X
12 mos).																Х				
Ever put down, called																				
names																		Х		Х
Mental Health																				
Emotional distress (sad,																				
hopeless, worthless, etc.) - K6 [Past 30 days]	Х	X			X	X		X	X	X		X	X		Х				X	х
Emotional distress (sad,		<del>  ^</del>			<u> </u>	<u> </u>		<del>  ^</del>	<del>  ^</del>	_^		<del>  ^</del>	<u> </u>		<del>  ^</del>				<u> </u>	<del>  ^</del>
hopeless, worthless, etc.) -																				
K6 [Worst Month]											Х	X			Х					
Worst month, past 12 months												X								
PHQ - How often bothered			<u> </u>	1				<del>                                     </del>				<del>  ^</del>								
past 2 weeks - little interest																				
or pleasure							Х									Х	Х	Х		
PHQ - How often bothered																				
past 2 weeks - down, depressed, hopeless							X									х	X	х		
PHQ - How often bothered			1				<del>  ^</del>	<u> </u>				$\vdash$		$\vdash$	$\vdash$					
past 2 weeks - trouble																				
sleeping																Х	Х	Χ		
PHQ - How often bothered																				
past 2 weeks - feeling																X	X	х		
tired/little energy PHQ - How often bothered			<del>                                     </del>	<b> </b>				<del>                                     </del>				<del>                                     </del>								
past 2 weeks - poor appetite																				
or overeating		<u></u>		<u></u>					<u></u>	<u></u>			<u></u>			Х	Х	Х		<u></u>
PHQ - How often bothered																				
past 2 weeks - feeling like a																_		_		
past 2 weeks - leeling like a			<u> </u>	<del>                                     </del>	-							-		-		Х	Х	Х		
failure or let family down		l	1			i	1	1	I	I	ı	1	I	1	I	I	l	l	l	l
failure or let family down PHQ - How often bothered								1				1								
failure or let family down																x	X	х		
failure or let family down PHQ - How often bothered past 2 weeks - trouble concentrating PHQ - How often bothered																Х	Х	Х		
failure or let family down PHQ - How often bothered past 2 weeks - trouble concentrating																X	X	X		



Community Health Survey			2003																	
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
How difficult have these																				
problems made it to work,																				
self-care, get along with																				
others																Х				
Mental health affects																				
activities		X							X	X		X	Х						Х	
Ever diagnosed with																				
schizophrenia, bipolar,																				
mania or psychosis												X		X						
Needed treatment, didn't get																				
lit		X			X	X							Х	Х	Х	Х	Х	Х	Х	Х
Informal Support		X				<u> </u>														
		<u> </u>	_		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<del>  ,  </del>	<del>  ,  </del>	<del> </del>	<u> </u>	<u> </u>			- ·	- ·						
Ever told have depression					X	Х	X	X	X	X			X	X				Х		
First told depression last 12						l	l	l	l											
months						X	X	X	X				Х							
Counseling or medication	1	l	1	1	l			l	1	1	l		1	1		1		1	1	
for depression last 12															l					
months							X	Х												
Counseling or medication																				
for mental health past 30																				
days									X	X		X								
Counseling or medication																				
for mental health past 12																				
months					Х	X			Ιx	Ιx		X								
Counseling for mental																				
health, past 12 months		Ιx											Х	Х	Х	Х	Х	Х	Х	Х
Medication for mental		<del>  ^`</del>											<u> </u>					<u> </u>	<u> </u>	
health, past 12 months		X											X	X	Х	Х	X	Х	X	Х
		<u> </u>											<u> </u>					_ ^·		
Contact with relatives or																				
friends											Х									
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							<del>  ^`</del>													
least 1 person in															l					
neighborhood who could	1	l	1	1	l			l		1	l		1	1		1		1	1	
help														Х	l	Х				
Herbal or naturopathic	<b>—</b>	<del>                                     </del>	1	<b> </b>	<b>—</b>	1	<del>                                     </del>		<del>                                     </del>	⊢^	<b>-</b>	<b>⊢^</b>	<b>—</b>	<b>-</b>	<del>                                     </del>	<del>                                     </del>				
remedies for mental health		X													1					
	-	<del>  ^</del>	<del>                                     </del>	<b>-</b>	<b>—</b>	<del>                                     </del>	<del>                                     </del>	<b>—</b>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	-	<del>                                     </del>	-	<del>                                     </del>		-	<del>                                     </del>	<del>                                     </del>	-
Whom would you consult	1	l	1	1	l		v	l	1	1	l		1			1		1	1	
after a disaster							X								<u> </u>			L		
Offer NYC Well resources																		Х		
Serious considered suicide																				
past 12 months																				X
Attempted suicide past 12																				
months													l		l			l	l	Х
1			•	•	•	•	•	•				•	•							

## 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				1 1				
noise				X				
Hours exposed to loud				,				
traffic noise per day				X				
Days per week listen to iPod				,	١.,			
or other device				X	X			
Hours listen to iPod or other								
device at more than 1/2				,	١.,			
volume				X	X			
Ever use firearms for target								
shooting, or other purposes				X	ļ			
Any firearms in home				X				



Community Health Survey

Community Health Survey Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Firearms locked			,								Χ									
Nutrition																				
Cups of fruit																	X	X	X	
Cups of vegetables How healthy is your overall					-												Х	Χ	Х	
diet										Χ		Х							, ,	
Servings of fruit and																				
vegetables	Х			Х				Х	Х	Χ	Х	X	X	X	Х	Х				Х
Cups of fruits and vegetables																			, ,	
Shopping for fruits and																				
vegetables in neighborhood	Х																		لــــــا	
Why not in neighborhood Fresh fruits and vegetables	Х																			
within 5-10 minutes walk								Х		Х				Х					, ,	
Soda consumption (1																				
question)					X		X	Х	Х	Х	Х	X	Х	Х	Х	Х	Χ	Χ	Х	X
Sweetened beverage consumption (1 question)							X	X	Х	Х	Х	X	X	Х	Х	Х	Х	Х	х	x
Diet soda/seltzer																- / \		- / \		
consumption (1 question)							Х	Х											لــــــا	
Size of soda usually drink													Х	Х						
Size of other sweetened drink usually drink													X	Х						
How often drink pre-													<u> </u>						WID	
sweetened coffee/tea					L	L													E	
Freq/wk. of eating									.,	.,										
purchased meals Freq/wk. of eating from fast-					X				Х	Х										$\vdash$
food restaurant									Х	Х										
Freq/wk. eating purchased																				
meals exclude street											X								, ,	
vendors or delis Past month, seen letter																				
grade in restaurant											Χ									
Past month, letter grade																				
influence restaurant decision											X								, ,	
How often look at NFP										Х										
How often look at sodium										X										
Last time ate out/took out,									.,											
notice HD score			Х		X				Х	Х										
Hours watch TV Hours use computer			^		X					^										
Change purchase decision					<del>  ^</del>															
based on sodium on NFP,																			, ,	
last 30 days												X	X		10/				$\vdash$	
How often buy low sodium/salt							X			Х	X				Wav e 1				, ,	
sodium/sait							_^								e i					
Are you cutting down on salt										Χ	Χ									
How often use salt at table										Χ										
Types of water drink past 30 days								X	Х										, ,	
Type of water most often																				
drink								Х	Χ											
How often drink from water fountains								X	Х										, ,	
How often used water																				$\vdash$
fountain to fill own bottle									Χ											
Glasses of plain water yesterday																	Х			
Joseph		L	I			L						<b>!</b>	<b>!</b>	L						
Obesity																				
Weight status (BMI)	Χ	Х		Х	Х	Х	Х	Х	Χ	Χ	Χ	Х	Х	Χ	Χ	Χ	Χ	Χ	Χ	Х
Perception of weight		Х																		
Ideal weight					X															
Pests and Indoor Air																				
Quality																				
Cockroaches in home in		.,																		
past month How do you control		X																	Х	$\vdash \vdash \vdash$
cockroaches		X																		
Use TEMPO		X																		$\vdash$
Types of pesticides used in		<u> </u>																	$\overline{}$	
home past 12 months)															Х				لـــــا	$\square$
See mice/rats past 90 days in home			X	X																i I
See mice/rats past 90 days				_^																$\vdash$
in street			Х	Х						Χ									لـــــا	Х
See mice/rats past 90 days in building			X	X																
building			_ ^_																	——



Past 7 days, sports, fitness or recreation? (GPAQ)

Health									12											
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
Trash storage			Х																	
Past 30 days, how many days see cockroaches in																				
home												Х								
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																			Х	
Bed bugs									Χ		Х			Х						
Bed bugs confirmed											X									
Danal Danwitmant																				
Panel Recruitment Agree to be recontacted		I	1	I	I	Ι	l	I			I	I	I	I			1	1	ı	Х
Name for incentive check																				X
Email address																				X
Cellphone number ( for																				
texting, LL) Permission/provide to use																				X
mailing address			L																	Х
Preferred contact methods																				Х
<b>D</b> .																				
Pets Anyone in household has		Ι	I	1	1	1		Ι			1	l	1	l					l	Ι
dogs or cats								Х												
																				CITY
								,												WID
How many dogs How many cats								X					Х							E
How many cats roam													_^							
outdoors													Х							
How many cats spayed/neutered													X							
spayed/ficutored																			l	l
Physical Activity																				
Exercise in past 30 days	Х	Х	Х	Х	Х			Х	Χ	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
How often rade a hike neet																				
How often rode a bike past 12 months in NYC borough							X		Х	Х	X	Х	Х	Х		Х	Х	Х	Х	Х
. 5																CITY	CITY	CITY		
10 minutes of vigorous															Wav	WID	WID	WID		
activity/ for how long					X	X	X			Х		X			e 2	E	E	E		
															Wav	CITY	CITY	CITY		
10 minutes of moderate activity/ for how long					X	X	X			Х		X			e 2	E	E	E		
activity/ for flow forig							_^								62			CITY		
Minutes moderate versus															Wav			WID		
light activity												Х			e 2			E		
How is your swimming ability																				Х
Typical weekday walk																				_^
up/down at least one flight																				
of stairs home/work (2 questions)								x												
questions																				
Exercise 30 minutes at once		X			X															
Exercise 20 minutes at once	X				X															
Reason for not exercising					_^_															
regularly	X																			
Physical activity at work Bike/walk to school/work,		X																		
frequency		X	X	X			X		х	Х										
Walk 10 blocks or more			Ľ	Ľ								Х								
Bike 10 blocks or more												Х								
Past 7 days, walk 10																				
minutes or more? (GPAQ) How many days past 7													Х	Х						
walk? (GPAQ)													Х	Х						
How long walk on average																				
past 7 days? (GPAQ) Past 7 days, bike 10													Х	Х	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>	<del>                                     </del>		
minutes or more? (GPAQ)													Х	Х						
How many days past 7 bike? (GPAQ)													Х	Х						
How long bike on average																				
past 7 days? (GPAQ)													Х	Х						
		I	1				l	I			I	I	I	I					I	I



Histornary stay poars?  Opposite, finance or protection of the pro	Community Health Survey			2003																	
porces, faces or communication (controlled)	Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	sports, fitness or													Х	Х						
7 regys* (1974-6) -																					
Section   Sect	7 days? (GPAQ)													Х	Х						
Value														X	X						
Safety of registrothodod recreasion facilities  Over blate Over bl	Use neighborhood					\															
A						X															
Hose often woose a herined to general, how priviledity active are up in general, how priviledity active act	recreation facilities					X															
In general, how physically active the gradient energy and acti				X																	
Compared to Other Sport   Compared to Othe											_ ^										
age, are you more, less of among less of among less of among active Proposally able to climb Pro	active are you										X		Х		Х						
Section   Sect	age, are you more, less or										Х										
How many floors do you wask on average day In Sudiagn york elevator or in Sudiagn york york york york york york york york											x										
in building with elevator or escalator how often takes statists secretary to 90-5-00 pm secretary to 90-5-00 pm secretary to 90-5-00 pm secretary floors of statist up they many floored statist up they many floors of s	How many floors do you										x	x									
Sedentary 9.00-5.00 pm	In building with elevator or										_^_										
Sedemary 9-00-00 pm											x										
How many floors of stairs up down many floors of stairs up down many floors of stairs down with the many floors of stairs up t	Sedentary 9:00-5:00 pm																				
How many floors of stairs	Sedentary 5:00pm-bed												X	X							
														Х							
Tanning Ever had lower ear lobe piercing Ever had upper ear piercing Ever had upper ea														х							
piercing berning with the provided of the piercing berning ber																					
Ever had upper ear piercing   Ever had other piercings (body)															х						
(body)	Ever had upper ear piercing																				
How old last piercings (body or upper ear)															×						
Poison Control Awareness  Who would you call first if child swallowed adult vitamins  Proventive Health Discort raiked to you about weight last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about did not be a considered to you about exercise last 12 months Doctor talked to you about did not be a considered to you about all not be a c	How old last piercings (body																				
Awareness Who would you call first if child swallowed adult witness wi															×						
Who would you call first if child swallowed adult vitamins  Preventive Health  Doctor talked to you about weight last 12 months  Doctor talked to you about exercise last 12 months  Doctor talked to you about exercise last 12 months  Doctor talked to you about deltast 12 months  Doctor talked to you about drug use last 12 months  Doctor talked to you about drug use last 12 months  Doctor talked to you about drug use last 12 months  Racial discrimination  Discrimination in health care  X  Discrimination in health care  X  Discriminated while seeking health care for any reason  Reason(s) for being discriminated  Becond-hand Smoke  CITY  WID  Smoke free residential buildings  SHS nome  X X X X X X X X X X X X X X X X X X X																					
Vitamins	Who would you call first if																				
Doctor talked to you about weight last 12 months Doctor talked to you about exercise last 12 months Doctor talked to you about diet last 12 months Doctor talked to you about diet last 12 months Doctor talked to you about alcohol use last 12 months Doctor talked to you about diet last 12 months Doctor talke																			Х		
Meight last 12 months	Preventive Health																				
Doctor talked to you about exercise last 12 months Doctor talked to you about diet last 12 months Doctor talked to you about diet last 12 months Doctor talked to you about alcohol use last 12 months Doctor talked to you about alcohol use last 12 months Doctor talked to you about drug use last 12 months Doctor talked to you about drug use last 12 months Doctor talked to you about drug use last 12 months Discrimination  Racial discrimination  Discrimination in health care Discriminated while seeking health care for any reason Reason(s) for being discriminated  Second-hand Smoke  How often smell smoke in home corning from outside  Smoke free residential buildings Smoke free residential buildings SHS home XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX								x		x											
Doctor talked to you about diet last 12 months Doctor talked to you about alcohol use last 12 months Doctor talked to you about drug use last 12 months  Racial discrimination  Discrimination in health care Discriminated while seeking health care for any reason Reason(s) for being discriminated  Second-hand Smoke  Second-hand Smoke  Smoke free residential buildings SHS home XX	Doctor talked to you about																				
Discrimination   Discrimination   Discrimination   Discrimination   Discriminated while seeking health care for any reason   Reason(s) for being discriminated   Discriminat	exercise last 12 months							X													
Accord use last 12 months	diet last 12 months							Х							Х						
Doctor talked to you about drug use last 12 months								x		X											
Discrimination   Discrimination   Nealth care	Doctor talked to you about																				
Discrimination in health care		<u> </u>			·	-	-		·		·	·	·	·	·	·	·				
Discriminated while seeking health care for any reason   Reason(s) for being discriminated   Reason(					.,																
Nealth care for any reason   Neason(s) for being   Neason(s) for					X																
CITY   WID   Nome coming from outside   X X X X X X X X X X X X X X X X X X	health care for any reason																X	X			
How often smell smoke in home coming from outside																		Х			
How often smell smoke in home coming from outside	Second-hand Smoke																0177				0177
Nome coming from outside	How often smell smoke in																				WID
Smoke free residential buildings         WID E         X         WID E         X           SHS home         X														Х	Х		Е	X	X		
SHS home         X<															X		WID		X		
SHS policy at work X X X X IIIIIIIIIIIIIIIIIIIIIIIIIIIII	SHS home	Х					Х		Х	Х	Х		Х								
USI DE POLICE AT DEPARTMENT OF THE POLICE AT DEPARTMENT OF						X		X										-	-		
	SHS policy at work SHS policy at home	X	X		X		Х		Х	Х	Х	Х		Х							



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
Effect of SFAA		Х																		
Anyone else in house a																				
smoker		X		X		Х		X	X	Х		X								
Where exposed at work	X	Х		Х																
Sexual Behavior/ Birth Cor	ntrol							<u> </u>												I
Sexual Behavior/ Birth Cor Total number of people had																				
Total number of people had sex with last 12 months						X	X	X	X	X	X									
						X	X	X	X	Х	X									
Total number of people had sex with last 12 months Ever sex same sex	Х	X		X	X	X	X	X	X	X	X	x	X	X	X	X	X	X	X	X

Total number of people had sex with last 12 months	Х																			
Ever sex same sex						Х	Х	Х	Х	Х	Х									
Gender of sex partners	Х																			
How many men, how many																				
women		Х		X	X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Condom at last sex/condom at last sex msm	Х	X		X	X	X	X	x	X	X	X	X	X	X	X	X	X	X	Х	Х
Condom oral sex				X																
Condom use - how often					Х															
Brand of condom, last sex					<u> </u>					Х										
Anal sex							X		X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
How often use condom for							<del>  ^-</del>		-	-	-	-	_^	-		_^	_^		_^_	_^
anal sex past 12 months							l x		X	X	X	Х	Х	Х						
Condom at last anal sex		<u> </u>	-	<u> </u>	<u> </u>		<del>  ^</del>	-	<del>  ^</del>	_^	_^	_^	X	<del>  ^</del>	Х	Х	Х	Х		
					<u> </u>										_ ^			_ ^	X	X
Anal STI check				<u> </u>	ļ														Х	Х
Other birth control (last				v																
time)		X		X	X	X														
How often use birth control, 12 months						l x		X												
Last sex use birth control			_	<u> </u>	<u> </u>	<u> </u>		^												
pills													Х	Х						
Any other method of birth																				
control at last sex													Х	Х		Х	Х	X	Х	
Type of other birth control last sex													x	X		x	x	X	х	
Last time sex, intend to get																				
pregnant/get partner pregnant		×		X	×	X							X	X		X				X
Had a hysterectomy	Х			Х																
Ever had tubes tied or				<del>  ^</del>																
hysterectomy																		Х		
Counseling/prescription for																				
EC					X	X	X													
Where receive EC						X	X													
1111010100011020						<u> </u>	<u> </u>													
Unmet contraception need																			Х	Х
Ever use female condom						X														
Get it for free			-			X		-												
						<del>  ^</del>														
Told you have an STD		X			<u> </u>															
Currently pregnant				ļ			X													
Pregnant last 5 years				X																
Last pregnancy - intend to																				
get pregnant				X																
Last pregnancy - live birth				X																
Last pregnancy - stillbirth, miscarriage				х																
Operation preventing having				<del>  ^`</del>	1	<b>†</b>							<b> </b>			l	l	<u> </u>		
children							X													
Past 12 mos., use internet																				
to find sex partner											Х	Х								
Doctor ask about sexual											_ ر ا					_ ر				
history											X					Х		X		

Sleep quality											
										YTI	
How would you rate sleep									V	۷ID	
quality										E	
									C	YTI	
Hours of sleep per night on									V	۷ID	
average										_	

Syndromic Surveillance, flu	and dia	arrhea										
Flu-like illness in past 30												
days			Χ									
During illness purchased non-prescription meds			Х									
During illness missed work/school			Х									
During illness, called doctor for advice			Х									
During illness, called nurse or health hotline			Х									
During illness, visited doctor			Χ									



0	ı	1	2003			ı	ı							ı	ı	ı	ı	I	ı	
Community Health Survey Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
During illness, visited ER			Х																	
During illness, visited other health care facility			x																	i l
Which did first			X																	
		'				•					•	•	•							
Take Care NY Ever received passport						Х								l	l	ı	ı	ı		
Entered info in passport						X														
Zinaraa iiia iii paaapait		-												l	l	l	l	l	l	
TANF, food insecurity, hom Had enough of kinds of food you like	nelessn	ess															х	х		
TANF/welfare				Х													,	,		
Concerned about not having enough food			x	Х																i l
Homeless/shelter				X																
Transcrate and the second																		l	l	
Telephone (for weighting)																				
Number telephone lines	X	X	X	Х	X	X	X	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	X
Residential numbers How many telephone	X	X	Х	Х	Х	Х	Х	Х	Х											
numbers for exclusive data use						X	X													
Without telephone service/ for how long	Х	Х		Х	Х	Х	Х													
Without telephone service for one week or more								Х	Х	Х	Х	Х	Х							
E-mail				X																
Receive information Cell phone for personal use				Х			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
Have a cell phone and share with others							X	X	X	Х	X	X	X	X	X	X	X	X	X	Х
Don't have a cell phone but																				
Share with others How many adults share cell							X	X	X											
How likely to use only cell							X	X	X											
Percent of calls received on cell phone					X	X	^	X	X											
Of all calls, how many																				
received on cell											X	X	X	X	X	X	X	X		ш
Tobacco Use and Cessatio	n																			
100 cigarettes	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Now smoke every day, some days, not at all	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	х
Number of cigarettes smoked per day (daily)	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	х
Days per month you smoke						х		Χ	Χ	Х	Х	Х	Х	Х			Х	Х	Х	х
Number of cigarettes smoked daily (non-daily)											X	Х	х	X	х	Х	Х	Х	х	x
Is usual brand menthol or non-menthol													,	,,	Х	,,	,,	Х	Х	Х
How soon after wake up			X	X	V	\ \ \	V		X	Х				\ \ \						
How old when started How long since smoked			Χ	Х	Х	Х	Х		Х					Х	Х	Х		Х		$\vdash\vdash$
regularly	Х	X	Х	Χ	Х	X	Х	Х	Х	Х	Х	Х	Х			Х	Х	Х		
Where from - carton, loosie, etc.		X	×	Х	Х	X	x	Х	Х	X		X	Х	x	x	Х	Х	x	x	x
How much paid		Х	X	X	X	Х		X	X	X			X	X	X	X	X	X	X	X
Where bought	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х		Х	Х	Х	Х				Х	Х
Bought in neighborhood Used a coupon for														\ .	,,	,,	Х	Х		
cigarettes													X	Х	Х	Х				$\vdash\vdash$
How much was coupon for													Х	Х	Х					CITY
Past 30 days, smoke little cigar/cigarillo													x	×	Wav e 1	×				WID
How many days (past 30) smoked little															Wav					
cigars/cigarillos How many cigars/cigarillos													Х	Х	e 1					$\vdash \vdash \vdash$
per day													Х	Х		CITY				CITY
Smoked hookah, past 12 months																WID	x		×	WID
Smoked hookah, past 30																CITY WID				
days														Х		E	<u> </u>			لـــــا



Community Health Survey		1	2003	ı	ı						ı	1	I			l		1		
Community Health Survey Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
																				CITY
														.,	Wav	.,	١.,		.,	WID
E-cigs, past 12 months														Х	e 1	Х	X		Х	E CITY
															Wav					WID
E-cigs, past 30 days														Х	e 1	Х	Х		Х	E
Use e-cigs to quit, past 12																				
month																Х	X			X
Flavor or last e-cig Like the flavors of e-cigs																				$\stackrel{\sim}{-}$
available																				Χ
Quit attempt past 12 months, how many times	x	X	X	X	X	x	x	X	X	Х	X	X	X							
Longest time without	^	<del>  ^</del>	<del>  ^</del>	_^	<del>  ^</del>		<del>  ^</del>	_^	_^											
smoking			X																	
Want to stop			Х																	
Thinking of quitting next 30 days			X	X		X														ı
Thinking of quitting next 6																				
months			Х	Х																
If quit, how old when started			X																	
If quit, how soon after wake				.,																
up				Х					V											
Smoking 12 months ago Smoking 12 months ago:		-	X				Х		Х								-	-		
everyday or some days	<u></u>	<u> </u>	Х	<u> </u>		<u> </u>	Х		Х								<u></u>	<u></u>		
Number of cigarettes		\	\ ,	V																
smoked per day before quit	X	X	Х	Х																
Cigarette cost Price increase, did you	^	<del>  ^</del>																		
smoke less								Х		Χ	Х									
Price increase, seriously																				
consider quitting Price increase, did you								Х												
switch to a cheaper brand								Х												
Price increase, did you buy																				
more on the street Price increase, did you								Х												
purchase more outside																				
NYS, internet, mail or on								\ ,												
reservation Price increase, buy more								Х												
loosies								Х												ı
Price increase, switch to																				
smoking pipe, chewing tobacco								X												1
Price increase, affect																				
decision to quit								Х		Χ										
Effect of SFAA		X	X				X													
Cessation aids (individual/group																				
counseling, telephone,																				
internet)	X		X	Х		Х				Х										
Last 12 months used NRT to quit								X	X	Х	X	X				Х				
Where get NRT										X										
Last 12 months used RX to								.,	.,		.,	.,								
quit		-						Х	Х	X	X	X								
Where get RX to quit Provider asked about		-								Х							-	-		
smoking	L_	L	L			Х	L				Х	<u></u>					L	L		
Provider advised to quit	Х		Х			Х				Χ	Х	Х				Х	Х			
Advice to quit from dentist													Х							
Provider recommended cessation aids						x														
Bar/nightclub smoking			Х																	
gau omoning			. ^																	
Traffic Safety																				
																			CITY	
How often drive past 30																			WID	
days in NYC		-													Х	Х	-		E CITY	
																			WID	
How often speed 10mph or over															Х	X			WID E	
0101															^	<u> </u>			CITY	
How often text or email																			WID	
while driving												<u></u>			Х	<u> </u>		L	E	
-																				
West Nile Virus																				
Early morning of a typical week spent > 30 minutes at																				]
beaches			X																	
		-																		



Community Health Survey			2003																	
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
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			Х																	
Evening of a typical week																				
spent > 30 minutes in																				
neighborhood			X																	
Insect repellant has DEET			Х																	
Primary source of																				
information about WNV and																				
spraying			Х																	

WTC Health Registry

									CITY		
									WID		
In NYC on 9/11									E		
									CITY		
									WID		
Live south of Canal Street			X						E		
									CITY		
In MN south of Chambers									WID		
Street plane and noon		Х	X						E		
Work at WTC site			Х								
									CITY		
Work at WTC recovery on									WID		
SI			X						E		
Enrolled in WTC health											
registry		Х	X								