

2005 Community Health Survey Questionnaire

Revised 6/21/05

Hello, My name is \_\_\_\_\_, and I am calling for the New York City Department of Health and Mental Hygiene. We're conducting an important study to improve the health and health care of New Yorkers. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential and you don't have to give me any personal identifying information such as your full name or address

REASONS TO CALL-BACK

- 01 No answer
- 02 Busy
- 03 Call-back
- 04 Answering machine
- 05 Spanish interviewer needed
- 06 Other language needed
- 07 END OF SHIFT/NUMBER NEVER TRIED

REASONS NOT TO CALL-BACK

- 11 Refused
- 12 Non-working/disconnected number
- 13 Non-residential number
- 14 Number-change
- 15 Fax machine
- 16 Beeper/Cell phone
- 17 Other phone problem
- 18 Physically/mentally unable

Q ZIP To make sure that your neighborhood is correctly identified, could I please have your five-digit zip code?

RECORD 99999 FOR DK/RF

Q HH Now I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

RECORD 88 FOR NOT A PRIVATE RESIDENCE

RECORD 99 FOR REFUSED/DK

\_\_\_\_\_ Number of adults

IF NO ADULTS (HH=0) OR NOT A PRIVATE RESIDENCE (HH=88)

Those are all the questions I have for you. Thank you for your time.

IF ONLY 1 ADULT (HH=1)

HH Are you the adult?

- 1 Yes
- 2 No
- 9 Refused

IF: (HH is Yes )

s6a Then you are the person I need to speak with. Again, you don't have to give your name, address, or other information, which can identify you.

Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 20 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

IF S5=NO (NOT THE ADULT)

s6b May I speak with the adult?

- 1 Yes - available (SKIP TO WHICH)
- 2 No - not available - callback
- 9 Refused

CALLBACK IF PICKED ADULT IS NOT AVAILABLE

May I please have the adult's name so we can ask for them when we call back?

Q NUMADULT How many of these adults are men and how many are women?

INTERVIEWER: RECORD 99 FOR REFUSED

\_\_\_ Men:  
\_\_\_ Women:

Q PICK Could I please speak with \_\_\_\_\_? [RANDOMLY PICKED]

- 1 Yes - available (SKIPTO WHICH)
- 2 No - not available - callback
- 9 Refused

IF PICKED PERSON IS NOT AVAILABLE:

May we please have (PICKED PERSON'S) \_\_\_\_\_ name so that we can speak with [them] when we call back?

ENTER RESPONDENTS NAME OR 'RF' IF REFUSES

Q WHICH INTERVIEWER: SELECT LANGUAGE

- 1 ENGLISH
- 2 SPANISH
- 3 RUSSIAN PAPER
- 4 CHINESE PAPER
- 5 LANGUAGE LINE

Q HELLO

Hello, My name is \_\_\_\_\_, and I am calling for the New York City Department of Health and Mental Hygiene. We're conducting an important study to improve the health and health care of New Yorkers. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential

You don't have to give your name, address, or other information, which can identify you. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 20 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

**HEALTH STATUS/FREQUENT MENTAL DISTRESS**

Q 1.1A Would you say that in general your health is: Excellent, Very Good, Good, Fair or Poor? [BRFSS 2004]

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

SCREEN: Next, I will ask about your physical health and then I will ask about your mental health.

**ASK ALL**

Q1.2 Thinking about your physical health, which includes physical illness and injury, for about how many days during the past 30 days was your physical health not good? [BRFSS 2004]

- \_ \_ NUMBER OF DAYS (range 00-30 days 77,99)
- 7 7 DON'T KNOW/NOT SURE
- 9 9 REFUSED

Q 1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days was your mental health not good? [BRFSS 2004]

- \_ \_ NUMBER OF DAYS(range 00-30 days, 77,99)
- 7 7 DON'T KNOW/NOT SURE
- 9 9 REFUSED

**ACCESS**

Q 2.1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Medicaid? [BRFSS 2004]

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

**IF Q 2.1 = 1 THEN ASK 2.2A OR Q2.2B, ELSE SKIP TO Q 2.3.**

Q 2.2b What type of health care insurance do you use to pay for your doctor or hospital bills? Is it insurance through: [BRFSS 2004]

- 01 Your employer
- IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES**
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Family Health Plus or Medicaid
- 06 The military, CHAMPUS, TriCare, or the VA
- 10 Some other source
- 88 NONE
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK ALL**

Q 2.3 Do you have one person or more than one person you think of as your personal doctor or health care provider? [BRFSS 2004]

- 1 YES (ONE OR MORE THAN ONE)
- 2 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 2.4B Was there a time in the past 12 months when you needed medical care, but did not get it? [BRFSS 2002]

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

**Chronic Disease**

Q 3.1 Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? [BRFSS 2002]

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

**IF Q 3.1= 1 THEN ASK 3.2, ELSE SKIP TO 3.4**

Q 3.2 Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for high blood pressure?

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

**IF Q 3.2=1 THEN ASK 3.3, ELSE SKIP TO 3.4**

Q 3.3 Are you currently taking medication for your high blood pressure? [BRFSS 2002]

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

**ASK ALL**

Q 3.4 Cholesterol is a fatty substance found in the blood. Have you ever had your cholesterol checked?

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

**IF Q3.4=1 ASK 3.5, ELSE SKIP TO 3.6A**

Q 3.5 About how long has it been since you last had your cholesterol checked? [BRFSS 2002]

READ ONLY IF NECESSARY

- 1 less than 12 months ago
- 2 1 year ago but less than 2 years ago
- 3 2 years ago but less than 5 years ago
- 4 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**Mental Health**

**ASK ALL**

READ: The next few questions are about your mental health

ASK ALL

[Q3.6a-3.6f BRFSS 2002]

Q 3.6a During the past 30 days, how often did you feel

So sad that nothing could cheer you up?

All of the time, most of the time, some of the time,  
a little of the time, OR none of the time?

IF ASKED: THE NUMBER FOR PROJECT

LIBERTY IS (800) LIFE NET

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 3.6b During the past 30 days, how often did you feel

Nervous?

All of the time, most of the time, some of the time,  
a little of the time, OR none of the time?

IF ASKED: THE NUMBER FOR PROJECT

LIBERTY IS (800) LIFE NET

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 3.6c. During the past 30 days, how often did you feel

Restless or fidgety?

All of the time, most of the time, some of the time,  
a little of the time, OR none of the time?

IF ASKED: THE NUMBER FOR PROJECT  
LIBERTY IS (800) LIFE NET

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 3.6d. During the past 30 days, how often did you feel

Hopeless?

All of the time, most of the time, some of the time,  
a little of the time, OR none of the time?

IF ASKED: THE NUMBER FOR PROJECT  
LIBERTY IS (800) LIFE NET

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 3.6e. During the past 30 days, how often did you feel

That everything was an effort?

All of the time, most of the time, some of the time,  
a little of the time, OR none of the time?

IF ASKED: THE NUMBER FOR PROJECT  
LIBERTY IS (800) LIFE NET

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 3.6f. During the past 30 days, how often did you feel

Worthless?

All of the time, most of the time, some of the time,  
a little of the time, OR none of the time?

IF ASKED: THE NUMBER FOR PROJECT  
LIBERTY IS (800) LIFE NET

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 SOME OF THE TIME
- 4 A LITTLE OF THE TIME
- 5 NONE OF THE TIME
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 3.7 In the past 12 months, have you received any counseling or taken  
prescription medication for a mental health problem?

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

Q 3.8 Was there a time in the past 12 months when you needed treatment for a  
mental health problem, but did not get it?

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

Q 3.9A Have you ever been told by a doctor, nurse, or other health professional  
that you have depression?

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



**Physical Activity**

READ: Next, I will ask about your neighborhood. Neighborhood means the area within one-half mile or a ten-minute walk from your home.

Q 4.1. Do you use walking trails, parks, playgrounds, or sports fields in your neighborhood for physical activity? Would you say yes, no or my neighborhood does not have these facilities?

1. YES
2. NO
3. MY NEIGHBORHOOD DOES NOT HAVE THESE FACILITIES
7. DON'T KNOW/NOT SURE
9. REFUSED

**ASK 4.2 IF Q4.1=1 OR 2, ELSE SKIP TO INTRO TO 4.3**

Q 4.2 How safe are the walking trails, parks, playgrounds, and sports fields in your neighborhood? Would you say it is very safe, somewhat safe, somewhat unsafe, or very unsafe?

1. VERY SAFE
2. SOMEWHAT SAFE
3. SOMEWHAT UNSAFE
4. VERY UNSAFE
7. DON'T KNOW/NOT SURE
9. REFUSED

**ASK ALL**

**INTRO SCREEN:** Now I'm going to ask you about physical activity. Physical activity includes time spent getting from place to place, for exercise or for sport.

Q 4.3B During the past 30 days, other than your regular job, did you participate in any physical activities or exercise. Physical activities include such activities as running, calisthenics, golf, gardening, or walking. [BRFSS 2004]

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

**IF Q4.3B = ASK 4.4B, ELSE SKIP TO NEXT SECTION (NUTRITION)**

**INTRO SCREEN:** READ: Next, I am going to ask you about vigorous exercise and then about moderate exercise.

4.4b How often do you do vigorous physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?

READ IF NECESSARY: How many times per day, per week, or per month do you do these activities?

\_\_\_\_\_ PER DAY

\_\_\_\_\_ PER WEEK

\_\_\_\_\_ PER MONTH

- 66 UNABLE TO DO THIS ACTIVITY
- 88 NEVER
- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

**CATI Check:** Only allow one field to be entered

**IF 4.4B= 666,888,777,OR 999 SKIP TO 4.5b, else ask 4.4bb**

4.4bb About how long do you do these vigorous physical activities each time?

\_\_\_\_\_ Minutes (Range 00-59 minutes, 77, 99)

\_\_\_\_\_ Hours (Range 0-5 hours)

- 77 DON'T KNOW/ NOT SURE
- 99 REFUSED

**CATI Check:** Interviewer must enter a value for both minutes and hours before moving to the next screen, except when entering 77,88 or 99. A value of 0 can be entered for hours or minutes but not both

4.5b How often do you do light or moderate physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate.

\_\_\_\_\_ PER DAY

\_\_\_\_\_ PER WEEK

\_\_\_\_\_ PER MONTH

66 UNABLE TO DO THIS ACTIVITY

88 NEVER

77 DON'T KNOW/ NOT SURE

99 REFUSED

**CATI Check:** Only allow one field to be entered

**IF 4.5B= 666,888,777,OR 999 SKIP TO 5.1 (Nutrition), else ask 4.5bb**

4.5bb About how long do you do these light to moderate physical activities each time?

\_\_\_\_\_ Minutes (Range 00-59 minutes, 77, 99)

\_\_\_\_\_ Hours (Range 0-5)

77 DON'T KNOW

99 REFUSED

**CATI Check:** Interviewer must enter a value for both Minutes and hours before moving to next screen except when entering 77, 88 or 99. A value of 0 can be entered for hours or minutes but not for both.

**NUTRITION**

Q 5.1 On an average day, how many sodas do you drink? One drink of soda would equal a 12 ounce can, bottle or glass. Do not include diet soda or seltzer.

\_\_\_\_\_ NUMBER OF SODAS (range 00- 87, 88,77,99)  
00 RARELY OR NEVER DRINK SODA  
77 DON'T KNOW/NOT SURE  
99 REFUSED

Q 5.2 During an average week, how many times do you eat meals that were purchased at a restaurant, deli, or street vendor. Please include meals eaten at a restaurant, carried out or delivered.

NUMBER OF TIMES\_\_\_\_\_ (Range 00-21 times 88,77,99)  
00 LESS THAN WEEKLY OR NEVER  
77 DON'T KNOW/NOT SURE  
99 REFUSE

Q 5.3 On an average day, how many hours do you watch television? Only include time when you are sitting and watching the T.V.

\_\_\_\_\_ HOURS (range 00-12 hours, 77, 88,99)  
00 NEVER  
88 LESS THAN A HALF HOUR  
77 DON'T KNOW/NOT SURE  
99 REFUSE

ENTER THE NUMBER OF HOURS. IF THE RESPONDENT SAYS NO TIME IS SPENT WATCHING TV, ENTER 00. ENTER 88 FOR LESS THAN A HALF HOUR. IF THE RESPONDENT SAYS BOTH HOURS AND MINUTES ROUND TO THE NEAREST HOUR.

Q 5.4 On an average day, how many hours do you spend using a computer for personal email, searching the internet, or playing games? Do not include time spent using a computer at work or for schoolwork.

\_\_\_\_\_ HOURS (range 00-12 hours, 77, 88,99)  
00 NO TIME SPENT ON A COMPUTER  
88. LESS THAN A HALF HOUR  
77. DON'T KNOW/NOT SURE  
99. REFUSED

ENTER THE NUMBER OF HOURS. IF THE RESPONDENT SAYS NO TIME IS SPENT ON A COMPUTER, ENTER 00. ENTER 88 FOR LESS THAN A HALF HOUR. IF THE RESPONDENT SAYS BOTH HOURS AND MINUTES ROUND TO THE NEAREST HOUR.

**IMMUNIZATIONS**

Q 7.1 During the past 12 months, have you had a flu shot? [BRFSS 2003]

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

**ASK Q 7.1A IF Q7.1=1 ELSE SKIP TO Q7.3**

Q7.1a During what month and year did you receive your most recent flu shot?

- - MONTH
- - - - YEAR
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ENTER A NUMBER FOR BOTH MONTH AND YEAR BEFORE MOVING TO NEXT SCREEN.

**CATI Check:** Interviewer must enter a value for both month and year before moving to the next screen.

Q 7.2 Where did you get your flu shot? [BRFSS 2003]

READ ONLY IF NECESSARY

- 01. A doctor's office or Health Maintenance Organization
- 02. A Health Department
- 03. Another type of clinic or health center (Example: A community Health Center)
- 04. A Senior, Recreation, or Community Center
- 05. A Store (Examples: supermarket or drug store)
- 06. A hospital or emergency room
- 07. Workplace
- 08. Some other place
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**ASK Q 7.3 IF Q 7.1=2, ELSE SKIP TO 7.4**

Q 7.3 Did you try to get a flu shot but were unable to obtain one?

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

**ASK ALL**

Q 7.4 Do you work in a health care setting where you have direct contact with patients as part of your routine work?

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

**TOBACCO**

Q 8.1 Have you smoked at least 100 cigarettes in your entire life?

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

**IF Q 8.1 = 1 THEN ASK Q 8.2, ELSE SKIP TO NEXT SECTION (SECOND-HAND SMOKE).**

Q 8.2 Do you now smoke cigarettes every day, some days, or not at all?

- 1 EVERY DAY
- 2 SOME DAYS
- 3 NOT AT ALL
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**IF ASK Q8.3 IF Q8.2 = 1, ELSE SKIP TO Q8.4**

Q 8.3 How many cigarettes on average do you smoke per day?

RECORD 777 FOR DON'T KNOW/NOT SURE  
RECORD 999 FOR REFUSED  
\_\_\_ PER DAY

Q 8.4 How old were you when you first started smoking cigarettes regularly?

- \_\_\_ CODE AGE IN YEARS
- 88 NEVER SMOKED REGULARLY
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK Q8.5 IF Q8.2=1 OR 2, ELSE SKIP TO Q8.6**

Q 8.5 During the past 12 months, have you stopped smoking for 24 hours or longer because you were trying to quit smoking?

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

**ASK Q8.6 IF 8.2=3 (FORMER SMOKERS):**

Q 8.6 About how long has it been since you last smoked cigarettes regularly?  
[BRFSS 2004]

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

- 888 Never smoked regularly (READ RESPONSE)
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

**CATI Check:** Interviewer must enter a number in only one field before moving to next screen.

**ASK OF ALL CURRENT SMOKERS (8.2=1 OR 2)**

Q 8.7 Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummed, or did you roll your own?

- 1 CARTON
- 2 PACK
- 3 SINGLE/LOOSIE
- 4 BUMMED
- 5 OR DID YOU ROLL YOUR OWN?
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**IF Q 8.7 = 1,2,3 THEN ASK Q 8.8, ELSE SKIP TO NEXT SECTION (SECOND HAND SMOKE)**

Q 8.8 How much did you pay for that [ANSWER TO Q 8.7]?

DO NOT ROUND - JUST PUT IN EXACT DOLLARS AND/OR CENTS

CARTON: ENTER PRICE IN DOLLARS & CENTS

\$ \_\_. \_\_ (Range 1-50 dollars)  
8888 DID NOT PAY FOR CIGARETTES (READ RESPONSE)  
7777 DON'T KNOW/NOT SURE  
9999 REFUSED

PACK: ENTER PRICE IN DOLLARS & CENTS

\$ \_\_. \_\_ (Range 1-10 dollars)  
88 DID NOT PAY FOR CIGARETTES (READ RESPONSE)  
777 DON'T KNOW/NOT SURE  
999 REFUSED

SINGLE/LOOSIE: ENTER PRICE IN CENTS

\$0. \_\_ (range 1-50 cents)  
88 DID NOT PAY FOR CIGARETTES (READ RESPONSE)  
77 DON'T KNOW/NOT SURE  
99 REFUSED

Q 8.9b Where did you get that [Answer to Q 8.7]?

- 1 From a gas station, deli, or other store in New York City  
**IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES**
- 2 From another person or on the street in New York City
- 3 Outside New York City but in New York State
- 4 In a different state
- 5 Through the Internet or mail
- 6 Indian Reservation
- 7 Outside the US
- 88 Other (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**SECOND-HAND SMOKE**

Q 9.1 When you are at home, how often are you around people when they are smoking? -- all the time, most of the time, only occasionally, or never?

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 ONLY OCCASIONALLY
- 4 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**If Q9.1= 1, 2, or 3 ask Q9.1a, else skip to Q9.2**

Q9.1a Think of an average 24 hours. When you are at home, for how many minutes or hours on an average day are you around people when they are actually smoking? Exclude time when the smokers are asleep or in another room.

- \_\_\_ \_\_\_ MINUTES (RANGE 0-59, 77,99)
- \_\_\_ HOURS (RANGE 1-18)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ENTER A NUMBER FOR EITHER MINUTES OR HOURS. IF R SAYS NO TIME SPENT AROUND SMOKER ENTER 0 FOR MINUTES. IF R ANSWERS IN HOURS AND MINUTES ROUND TO THE NEAREST HOUR.

**CATI Check:** Interviewer must enter a value for either minutes or hours before moving to next screen

Q 9.2 If you work, how often are you around people when they are smoking in the workplace? -- all the time, most of the time, only occasionally, or never

- 1 ALL OF THE TIME
- 2 MOST OF THE TIME
- 3 ONLY OCCASIONALLY
- 4 NEVER
- 8 DO NOT WORK
- 7 DON'T KNOW/Not sure
- 9 REFUSED

**Ask Q9.2a if Q9.2= 1, 2, 3, else skip to Q10.1**

Q9.2a How many minutes or hours on an average day are you around people when they are smoking in the workplace?

- \_\_\_ \_\_\_ MINUTES (RANGE 0-59, 88,77,99)
- \_\_\_ HOURS (RANGE 1-24)

- 88 DO NOT WORK
- 77 DON'T KNOW
- 99 REFUSED

ENTER A NUMBER FOR EITHER MINUTES OR HOURS. IF R SAYS NO TIME SPENT AROUND SMOKER ENTER 0 FOR MINUTES. IF R ANSWERS IN HOURS AND MINUTES ROUND TO THE NEAREST HOUR.

**CATI Check:** Interviewer must enter a value for either minutes or hours before moving to next screen.



**ALCOHOL CONSUMPTION**

ASK ALL

Q 10.1 A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage?

\_\_\_\_\_ DAYS PER WEEK (0-7)

\_\_\_\_\_ DAYS IN PAST 30 (0-30)

0 NO DRINKS IN THE PAST 30 DAYS  
77 DON'T KNOW/NOT SURE  
99 REFUSED

(**CATI CHECK** - ONLY ALLOW INTERVIEWER TO FILL ONE FIELD (DAYS/WK OR DAYS/MONTH))

**if Q 10.1 = 0, 77, 99 then skip to next section (Q 11.0), else ask Q 10.2**

Q 10.2 On the days when you drank, about how many drinks did you drink on average?

\_\_\_\_\_ NUMBER OF DRINKS (RANGE 1-50, 77,99)

77 DON'T KNOW/NOT SURE  
99 REFUSED

Q 10.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one occasion?

\_\_\_\_\_ NUMBER OF TIMES (Range 00-30, 77,99)

00 ZERO TIMES IN PAST 30 DAYS  
77 DON'T KNOW/NOT SURE  
99 REFUSED

**DEMOGRAPHICS**

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

**Ask if HH >1, else skip to Q11.1**

Q 11.0 How many children, less than 18 years of age live in your household?

\_\_\_\_\_ # OF CHILDREN  
77 DON'T KNOW/NOT SURE  
99 REFUSED

**Ask if Q 11.0>0 else skip to Q 11.1**

Q11.0a Of those children, how many are between 7 and 10 years of age?

\_\_\_\_\_ # OF CHILDREN

Q11.0b How many are under the age of 7?

\_\_\_\_\_ # OF CHILDREN  
77 DON'T KNOW/NOT SURE  
999 REFUSED

Q 11.1 What is your age?

\_\_\_\_\_ AGE IN YEARS  
777 DON'T KNOW/NOT SURE  
999 REFUSED

**if Q 11.1 = 777, 999 then ask Q 11.1b:**

Q 11.1b We are only asking this information to make sure that we have talked to enough people in each age group. Can you just tell me if you are:

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

**ASK ALL**

Q 11.2 Because it is sometimes difficult to determine over the phone, I am asked to confirm with everyone . . .

Are you male or female?

- 1 MALE
- 2 FEMALE

Q 11.3 Are you Hispanic or Latino?

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

**IF Q 11.3 = 1 THEN ASK Q 11.3A, ELSE SKIP TO Q 11.4**

Q 11.3a Please tell me which group best represents your Hispanic or Latino origin or ancestry: [BRFSS 2004]

READ: ACCEPT FIRST RESPONSE      RANDMONIZE: 01-04

- 01 Puerto Rican
- 02 Cuban/Cuban American
- 03 Dominican
- 04 Mexican/ Mexican-American
- 05 Central or South American
- 06 Other Latin American, or
- 07 Other Hispanic/Latino
  
- 09 SPANISH
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**IF Q11.3=1, then ask Q11.4b, else skip to Q11.4**

Q 11.4B Some people, aside from being Hispanic, also consider themselves to be a member of a racial group. Which one or more of the following, if any, would you say is your race?

ACCEPT MULTIPLE RESPONSES

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 10 NONE OF THE ABOVE (CODE THIS WHEN R TELLS YOU HISPANIC)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**IF Q11.3=2 then ask Q11.4, else skip to Q11.5**

Q11.4 Which one or more of the following would you say is your race?

ACCEPT MULTIPLE RESPONSES

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 10 Other (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**If more than one answer to Q 11.4A or Q11.4B, continue with Q 11.5. Else, skip to 11.6**

Q 11.5 Which one of these groups would you say best represents your race?

**READ MENTIONED RACES**

**CATI NOTE: Fill selected races from Q 11.4 or Q11.4b**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other named in **q11\_4A OR Q11\_4B**
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

11.6 Where were you born? Please tell me the state or country.

1 USA ---List of states (screen 1) last option not in USA

2 List of countries, **includes Puerto Rico and other US territories**

- |                        |                         |
|------------------------|-------------------------|
| 1. ARGENTINA           | 32. ITALY               |
| 2. AUSTRALIA           | 33. JAMAICA             |
| 3. BANGLADESH          | 34. JAPAN               |
| 4. BARBADOS            | 35. KOREA               |
| 5. BELARUS             | 36. MEXICO              |
| 6. BOLIVIA             | 37. NICARAGUA           |
| 7. BRAZIL              | 38. NIGERIA             |
| 8. CANADA              | 39. PAKISTAN            |
| 9. CARIBBEAN           | 40. PANAMA              |
| 10. CHILE              | 41. PERU                |
| 11. CHINA              | 42. PHILIPPINES         |
| 12. COLUMBIA           | 43. POLAND              |
| 13. COSTA RICA         | 44. PUERTO RICO         |
| 14. CUBA               | 45. ROMANIA             |
| 15. DOMINICAN REPUBLIC | 46. RUSSIA              |
| 16. ECUADOR            | 47. SIERRA LEONE        |
| 17. EGYPT              | 48. SOUTH AMERICAN      |
| 18. EL SALVADOR        | 49. SPAIN               |
| 19. FRANCE             | 50. TAIWAN              |
| 20. GERMANY            | 51. TRINIDAD AND TOBAGO |
| 21. GHANA              | 52. TURKEY              |
| 22. GREECE             | 53. UKRAINE             |
| 23. GUATEMALA          | 54. UNITED KINGDOM      |
| 24. GUYANA             | 55. VENEZUELA           |
| 25. HAITI              | 56. VIETNAM             |
| 26. HONDURAS           | 57. WEST INDIAN         |
| 27. HONG KONG          | 58. YUGOSLAVIA          |
| 28. HUNGARY            | 66. OTHER (SPECIFY)     |
| 29. INDIA              | 77. DON'T KNOW/NOT SURE |
| 30. IRELAND            | 99. REFUSED             |
| 31. ISRAEL             |                         |

**IF Q11.6=2, ASK Q11.6C**

Q 11.6c Since you moved to the United States, how long have you lived in this country?

READ IF NECESSARY

- 1 Less than 6 months
- 2 At least 6 months but less than a year
- 3 At least a year but less than two years
- 4 At least two years but less than four years
- 5 Four or more years
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q11.7 In what country was your father born?

1. United States

2. List of countries **includes Puerto Rico and other US territories**

ARGENTINA	ISRAEL
AUSTRALIA	ITALY
BANGLADESH	JAMAICA
BARBADOS	JAPAN
BELARUS	KOREA
BOLIVIA	MEXICO
BRAZIL	NICARAGUA
CANADA	NIGERIA
CARIBBEAN	PAKISTAN
CHILE	PANAMA
CHINA	PERU
COLUMBIA	PHILIPPINES
COSTA RICA	POLAND
CUBA	PUERTO RICO
DOMINICAN REPUBLIC	ROMANIA
ECUADOR	RUSSIA
EGYPT	SIERRA LEONE
EL SALVADOR	SOUTH AMERICAN
FRANCE	SPAIN
GERMANY	TAIWAN
GHANA	TRINIDAD AND TOBAGO
GRECE	TURKEY
GUATEMALA	UKRAINE
GUYANA	UNITED KINGDOM
HAITI	VENEZUELA
HONDURAS	VIETNAM
HONG KONG	WEST INDIAN
HUNGARY	YUGOSLAVIA
INDIA	Other (SPECIFY)
IRELAND	
77. DON'T KNOW/NOT SURE	
99. REFUSED	

Q 11.8. In what country was your Mother born?

1. United States
2. List of countries, **includes Puerto Rico and other US territories**

ARGENTINA	ITALY
AUSTRALIA	JAMAICA
BANGLADESH	JAPAN
BARBADOS	KOREA
BELARUS	MEXICO
BOLIVIA	NICARAGUA
BRAZIL	NIGERIA
CANADA	PAKISTAN
CARIBBEAN	PANAMA
CHILE	PERU
CHINA	PHILIPPINES
COLUMBIA	POLAND
COSTA RICA	PUERTO RICO
CUBA	ROMANIA
DOMINICAN REPUBLIC	RUSSIA
ECUADOR	SIERRA LEONE
EGYPT	SOUTH AMERICAN
EL SALVADOR	SPAIN
FRANCE	TAIWAN
GERMANY	TRINIDAD AND TOBAGO
GHANA	TURKEY
GRECE	UKRAINE
GUATEMALA	UNITED KINGDOM
GUYANA	VENEZUELA
HAITI	VIETNAM
HONDURAS	WEST INDIAN
HONG KONG	YUGOSLAVIA
HUNGARY	Other (SPECIFY)
INDIA	77. DON'T KNOW/NOT SURE
IRELAND	99. REFUSED
ISRAEL	

**Ask All**

11.9 What language do you speak most often at home?

- 1 ENGLISH
- 2 SPANISH
- 3 OTHER (specify)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 11.10A Are you:

READ ALL RESPONSES

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, OR
- 6 A member of an unmarried couple
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 11.11A Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself:

1. Heterosexual or straight
2. Gay or lesbian
3. Bisexual
- 7 DON'T KNOW/NOT SURE
9. REFUSED

IF RESPONDENT INDICATES THEIR ANSWER AFTER READING THE WHOLE LIST THE FIRST TIME, YOU DON'T HAVE TO READ THE LIST AGAIN.

**ASK ALL**

Q 11.12 What is the highest grade or year of school you completed?

READ ONLY IF NECESSARY

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 11.13b Are you currently:

- 1 Employed for wages or salary

**IF R DOES NOT PICK #1, READ ALL OF THE REMAINING ANSWER CHOICES**

- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work
- 9 REFUSED

Q 11.14b The next question is about your combined household income. By household income we mean the combined income from everyone living in the household including even roommates or those on disability income. Is your household's annual income from all sources:

- 02 Less than (100-199%) If "no," ask 05; IF "YES" ASK 01
- 01 Less than (<100%) If "no," code 02 (100-199%), If "yes," code 01 (< 100%).
- 05 Less than (400-499%) If "no," ask 06, If "yes" ask 04 (300-399%)
- 06 Less than (500-599%) If "no," code 07 (>600%), If "yes" code 06 (500-599%)
- 04 Less than (300-399%) If "no," code 05, If "yes" ask 03 (200-299%)
- 07 (>600%)
- 03 Less than (200-299%) If "no," code 04, If "yes," code 03
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED



**If Q 11.14 = 77, 99 then ask Q 11.15, else skip to Q 11.16**

Q 11.15 OK, can you just tell me if your annual household income is less than (100% of poverty)?

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

**IF Q 2.1 = 2 AND Q 11.14A, Q 11.14B OR 11.15 = 01 THEN READ:**

You indicated earlier that you do not currently have any health coverage. I just want to let you know, that you may be eligible for free health insurance. You can call 311 for more information.

**ASK ALL**

Q 11.16 About how tall are you without shoes? **You can answer in either feet and inches OR centimeters.**

ROUND FRACTIONS DOWN  
RECORD 777 FOR DON'T KNOW/NOT SURE  
RECORD 999 FOR REFUSED

\_\_\_\_\_ HEIGHT  
FT / INCHES

OR

\_\_\_\_\_ HEIGHT  
CENTIMETERS  
777 DON'T KNOW/NOT SURE  
999 REFUSED

[ YOU MUST ENTER EITHER BOTH FEET AND INCHES OR CENTIMETERS - NOT BOTH. If 0 (zero) inches, please enter zero, do not leave blank.] [FALL 2003]

[CATI COMMENT: REQUIRE BOTH FEET AND INCHES OR CENTIMETERS - DO NOT ALLOW ENTRY OF BOTH. IF 0 (ZERO) INCHES, MUST ENTER ZERO, CANNOT HAVE MISSING INCHES AND NOT MISSING FEET, OR MISSING FEET AND NOT MISSING INCHES.] [FALL 2003]

Q 11.17 About how much do you weigh without shoes? **You can answer in either pounds OR kilograms.**

ROUND FRACTIONS UP  
RECORD 777 FOR DON'T KNOW/NOT SURE  
RECORD 999 FOR REFUSED

\_\_\_\_\_ WEIGHT IN POUNDS

OR

\_\_\_\_\_ WEIGHT IN KG  
777 DON'T KNOW/NOT SURE  
999 REFUSED

[YOU MUST ENTER EITHER POUNDS OR METERS - NOT BOTH]

**BMI FOLLOWUPS**

If Q 11.17 (weight) = 999,777 and Q 11.16 (height) ne 999,777 (is not missing), then put height into BMI calculator and ask Q 11.17a, Q11.17b, Q11.17e (or ask Q 11.17c, Q 11.17d Q11.17f for metric).

If Q 11.16 (height) = 999,777 and 11.17 (weight) ne 999, 777 (is not missing) then put weight into BMI calculator and ask 11.16a, 11.16b & 11.16e (or ask Q 11.16c & Q 11.16d 11.16e for metric).

CRITICAL WEIGHT FOR ENGLISH OBESE:

$$= .0427 * (Q11_16 \text{ height inches}) * (Q11_16 \text{ height inches})$$

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT:

$$= .0356 * (Q11_16 \text{ height inches}) * (Q11_16 \text{ height inches})$$

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT:

$$= .0263 * (Q11_16 \text{ height inches}) * (Q11_16 \text{ height inches})$$

Q 11.17a Do you weigh less than [critical weight for **obese**]?

- 1 YES, WEIGH LESS (Ask 11.17b)
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 11.17b Do you weigh less than [critical weight for **overweight**]?

- 1 YES, WEIGH LESS (ASK 11.17e)
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 11.17e Do you weigh less than [critical weight for **underweight**]?

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

CRITICAL WEIGHT FOR METRIC OBESE  
= .003 \* (Q11.16cm height CM)\*( Q11.16cm height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT  
= .0025\* (Q11.16cm height CM)\*( Q11.16cm height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT  
= .00185\* (Q11.16cm height CM)\*( Q11.16cm height CM)

Q 11.17c Do you weigh less than [critical weight for **METRIC obese**]?  
1 YES, WEIGH LESS (ASK 11.17d)  
2 NO, DON'T WEIGH LESS  
7 DON'T KNOW/NOT SURE  
9 REFUSED

Q 11.17d Do you weigh less than [critical weight for **METRIC overweight**]?  
1 YES, WEIGH LESS (ASK 11.17f)  
2 NO, DON'T WEIGH LESS  
7 DON'T KNOW/NOT SURE  
9 REFUSED

Q11.17f Do you weigh less than [critical weight for **METRIC underweight**]?  
1 YES, WEIGH LESS  
2 NO, DON'T WEIGH LESS  
7 DON'T KNOW/NOT SURE  
9 REFUSED

CRITICAL HEIGHT IN INCHES FOR OBESE:  
= SQUARE ROOT OF (23.43 \* WEIGHT from Q11.17 LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:  
= SQUARE ROOT OF (28.12 \* WEIGHT from Q11.17 LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:  
= SQUARE ROOT OF (38 \* WEIGHT from Q11.17 LB)

THEN CONVERT TO FEET, INCHES

Q 11.16a Is your height less than [critical height for **obese**]?

- 1 YES, LESS
- 2 NO, NOT LESS (ASK 11.Q6B)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 11.16b Is your height less than [critical height for **overweight**]?

- 1 YES, LESS
- 2 NO, NOT LESS (ASK 11.16E)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q11.16e Is your height less than [critical height for **underweight**]?

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

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE  
= SQUARE ROOT OF (333 \* WEIGHT KILOS from Q11\_17M)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT  
= SQUARE ROOT OF (400 \* WEIGHT KILOS from Q11\_17M)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT  
= SQUARE ROOT OF (540.5 \* WEIGHT KILOS from Q11\_17M)

Q 11.16c Is your height less than [critical height for **METRIC obese**]?  
1 YES, LESS (ASK 11.16d)  
2 NO, NOT LESS  
7 DON'T KNOW/NOT SURE  
9 REFUSED

Q 11.16d Is your height less than [critical height for **METRIC overweight**]?  
  
1 YES, LESS (ASK 11.16f)  
2 NO, NOT LESS  
7 DON'T KNOW/NOT SURE  
9 REFUSED

Q 11.16.f Is your height less than [critical height for **METRIC underweight**]?  
1 YES, LESS  
2 NO, NOT LESS  
7 DON'T KNOW/NOT SURE  
9 REFUSED

Q 11.18A What do you think would be your ideal weight?  
READ IF NECESSARY: Please give me your ideal weight in pounds or kilograms.  
READ IF NECESSARY: What do you think your healthiest weight would be? (Added  
5/2/05)

\_\_\_\_\_ LBS  
\_\_\_\_\_ KG

ENTER EITHER POUNDS OR KILOGRAMS  
777 DON'T KNOW/NOT SURE  
999 REFUSED

**Housing**

Q 12.1 How long have you lived at your current home or apartment?

- \_\_\_ MONTHS (RANGE 1-11 months 77,99)
- \_\_\_ YEARS (RANGE 1-60)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ENTER EITHER MONTHS OR YEARS BEFORE MOVING TO NEXT SCREEN. ROUND TO THE NEAREST MONTH OR YEAR.

CATI CHECK: A VALUE MUST BE ENTERED FOR EITHER MONTH OR YEARS

Q 12.2 Is this home or apartment owned by you or someone in your family, rented or occupied without payment of rent?

- 1. OWNED BY YOU OR SOMEONE IN YOUR FAMILY
- 2. RENTED
- 3. OCCUPIED WITHOUT PAYMENT OF RENT
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

Q 12.3 How many living units or apartments are in your building?

- READ
- 1. 1-2
  - 2. 3-9
  - 3. 10-49, or
  - 4. 50 or more
  - 7. DON'T KNOW/NOT SURE
  - 9. REFUSED

Q 12.4 Where did you live before moving to your current home or apartment? Please give me the 5 digit zip code or the city and state.

- \_\_\_\_\_ ZIP CODE
- \_\_\_\_\_ CITY
- \_\_\_\_\_ STATE
- \_\_\_\_\_ OTHER (SPECIFY)
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

ENTER EITHER ZIP CODE OR CITY AND STATE. IF R ANSWERS WITH CITY AND STATE, BOTH FIELDS MUST BE FILLED

CATI CHECK Both the city and state must be filled before moving to the next screen.

**If Q11.0b>0 and 12.2=2 or 3 (Respondent does not own apartment),ask Q 12.5-12.7, else skip 12.8**

Q 12.5 In the past 12 months have you seen any peeling paint in your apartment?

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

Q 12.6 In the past 12 months, did the landlord or someone working for the landlord inspect your apartment for peeling paint?

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

Q 12.7 Did the landlord or someone working for the landlord repair any peeling paint?

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

**If 12.3=2-4, 7 or 9 and Q11.0a + Q11.0b >0 ask 12.8, else skip to next section**

Q 12.8 Not counting windows with air conditioners or fire escape windows, are there window guards in your apartment on all the windows, some of the windows, or none of the windows?

1. ALL THE WINDOWS
2. SOME OF THE WINDOWS
3. NONE OF THE WINDOWS
7. DON'T KNOW/NOT SURE
9. REFUSED



**CANCER SCREENING**

**ASK Q 13.1 - 13.5 ONLY IF FEMALE**

Q 13.1 A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

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

**If Q 13.1 = 1 then ask Q 13.2, else skip to 13.3**

Q 13.2 How long has it been since you had your last mammogram?

READ ONLY IF NECESSARY

- 1 less than 12 months ago
- 2 1 year ago but less than 2 years ago
- 3 2 years ago but less than 3 years ago
- 4 3 years ago but less than 5 years ago
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 13.3 A Pap smear is a test for cancer of the cervix. Have you ever had a Pap smear?

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

**If Q 13.3 = 1 then ask Q 13.4, else skip to Q 13.5**

Q 13.4 How long has it been since you had your last Pap smear?

READ ONLY IF NECESSARY

- 1 less than 12 months ago
- 2 1 year ago but less than 2 years ago
- 3 2 years ago but less than 3 years ago
- 4 3 years ago but less than 5 years ago
- 5 5 or more years ago
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK BOTH MALE + FEMALE, ONLY IF AGE (Q11.1) IS 50 OR OLDER OR 11.1b=1**

Q 13.6 Colonoscopy is an exam in which a tube is inserted in the rectum to view the bowel for signs of cancer or other health problems. Have you ever had a colonoscopy?

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

READ IF NECESSARY: A colonoscopy involves examination of the entire colon, and usually involves taking medicine to make you have many watery stools the night before the exam and getting medicine through a needle in the arm to make you sleepy during the procedure.

**ASK IF Q. 13.6 = 1, ELSE SKIP TO Q 14.1**

Q 13.7 When was the most recent colonoscopy performed?

- INTERVIEWER: READ ONLY IF NECESSARY
- 1 less than 12 months ago
  - 2 1 year ago but less than 2 years ago
  - 3 2 years ago but less than 3 years ago
  - 4 3 years ago but less than 5 years ago
  - 5 5 or more years ago
  - 7 DON'T KNOW/NOT SURE
  - 9 REFUSED

**HIV**

READ: Now, I am going to ask you about HIV testing. Do not count tests you might have had as part of a blood donation.

14.1 Have you ever been tested for HIV?

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

**If 14.1=1 ask 14.2, else skip to next section**

14.2 Have you had an HIV test during the last 12 months

- 1. YES
- 2. NO
- 7. DON'T KNOW/NOT SURE
- 9. REFUSE

**If Q14.2=1 then ask Q14.3, else skip to next section**

14.3 When you were last tested for HIV, what kind of test was used? Was it

- 1. A rapid test, where someone took blood from your finger and you got the preliminary results the same day, or was it
- 2. A conventional test, where someone took blood from a vein in your arm and you got the results a week later
- 3. OTHER
- 7 DON'T KNOW/NOT SURE
- 9. REFUSED

**SEXUAL BEHAVIOR**

The next few questions are about your personal sexual behavior. Again, your answers are strictly confidential and you don't have to answer any question you don't want to.

CATI: FEMALE QUESTION ASKED FIRST FOR MALES, THE MALE QUESTION ASKED FIRST FOR FEMALES.

Q 15.1 During the past 12 months, with how many men have you had sex? By sex we mean oral, vaginal, or anal sex, but NOT masturbation.

RECORD 777 FOR DON'T KNOW/NOT SURE  
RECORD 999 FOR REFUSED

\_\_\_\_\_ RECORD NUMBER

Q 15.2 During the past 12 months, with how many women have you had sex?

RECORD 777 FOR DON'T KNOW/NOT SURE  
RECORD 999 FOR REFUSED

\_\_\_\_\_RECORD NUMBER

**IF Q 15.1 = 0,777, 999 AND 15.2 = 0,777,999 THEN SKIP TO DRUG USE Q 16.1**

Q 15.3 The last time you had vaginal or anal sex, did you or your partner use a condom?

IF ASKED: This includes the "female condom"

- 1 YES
- 2 NO
- 5 DIDN'T HAVE ANAL OR VAGINAL SEX
- 7 DON'T KNOW/NOT SURE
- 9. REFUSED

Q 15.4 How often do you or your sexual partner use condoms when you have sex? Would you say every time, most times, sometimes, rarely, or never?

- 1. EVERY TIME
- 2. MOST TIMES
- 3. SOMETIMES
- 4. RARELY, OR
- 5. NEVER
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

IF [Q11.2 = 1 AND Q15.2 = 0, 777, 999] OR [Q11.2 = 2 AND Q15.1 = 0, 777, 999],  
SKIP TO DRUG USE 16.1

Skip if no hetero sex

If female ask only if 11.1 < 55 or 11.1b=3 or 4, ELSE SKIP TO DRUG USE 16.1

Q 15.5a The last time you had sex, if you or your partner used any other method  
to prevent pregnancy, what was it?

READ ALL ANSWER CHOICES

- 1 Birth Control Pills
- 2 Shots (Depo-Provera)
- 3 Withdrawal
- 4 Rhythm Method
- 5 Foam, Jelly, Cream
- 6 IUD
- 7 Norplant
- 8 Patch/Ortho-Evra
- 9 Tubes Tied/Vasectomy (Sterilization)
- 10 Other Method
- 11 Not Fertile (Too Old, Can't Conceive, Pregnant Already, Just Delivered,  
Etc.)
- 12 No Other Method Was Used
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

ASK IF Q 15.3 = 2, 7, 9 AND Q 15.5 = 12,77,99 (NO BIRTH CONTROL USED) AND IF  
HETEROSEXUAL SEX REPORTED

IF Q15.3 = 1 OR Q15.5=1-11] SKIP TO DRUG USE 16.1

Skip if used birth control

IF [Q11.2 = 1 AND Q15.2 = 0, 777, 999] OR [Q11.2 = 2 AND Q15.1 = 0, 777, 999],  
SKIP TO DRUG USE 16.1

Skip if no heterosex

IF Q11.2 = 2 AND [Q11.1 >= 55 OR Q11.1B=1,2,7,9] SKIP TO DRUG USE 16.1

Skip if Female 55 or Over

Q 15.6 The last time you had sex, did you intend to get pregnant/get your  
partner pregnant? Would you say yes, no or no but you wouldn't have minded?

- 1 YES
- 2 NO
- 3 NO, BUT WOULDN'T HAVE MINDED
- 4 ALREADY PREGNANT / PARTNER ALREADY PREGNANT
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**Drug Use**

Q 16.1 In the past 12 months have you used Crystal Methamphetamine (METH-an-FETA-mean) also known as crystal, tina, crank or rock?

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

**DOMESTIC VIOLENCE**

**ASK ALL**

Q 17.1 In the past 12 months, have you been frightened for the safety of yourself, your children or friends because of the anger or threats of an intimate partner?

IF ASKED, THE DOMESTIC VIOLENCE HOTLINE IS (800) 621-4673

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

**SCREEN IF 17.1 = 1(YES)**

READ: Just for your information, The Domestic Violence Hotline is (800) 621-4673

**World Trade Center Health Registry**

READ: The next few questions are about the events of September 11, 2001

**IF Q12.1 <5 YEARS AND 12.4 ZIP CODE NE TO LOWER MANHATTAN THAN ASK 18.1, ELSE SKIP TO 18.2**

18.1 On September 11, 2001, did you live in Manhattan south of Canal Street?

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

18.2 On September 11, 2001, were you in Manhattan south of Chambers Street between the time of the first plane's impact and noon?

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

18.3 From September 11, 2001 to June 30, 2002, did you work at least one shift at the World Trade Center site providing rescue, recovery, clean-up, construction, or support services?

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

18.3a Or did you work at World Trade Center Recovery operation on Staten Island or on a barge?

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

**IF 18.1, 18.2, 18.3, OR 18.3A=1 THEN ASK 18.4, ELSE SKIP TO 18.5**

18.4 Have you enrolled on the World Trade Center Health Register?

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

READ: Now, I will ask about any persistent cough you may have had at any time since September 11.

18.5 Since September 11, 2001 have you had a persistent cough?

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

READ IF NECESSARY: A persistent cough is a daily cough that involves hacking and wheezing and is not associated with having a cold or other breathing disease.



**IF 18.5=1 THEN ASK 18.6 AND 18.7, ELSE SKIP TO Q 19.1**

Q18.6 Before September 11, 2001 did you have a persistent cough?

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

Q18.7 Have you had a persistent cough in the past 30 days?

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

READ: Finally, the last few questions ask about your telephone usage

Q 19.1 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

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

**IF Q 19.1= 1 THEN ASK Q 19.2, ELSE SKIP TO Q 19.3**

Q 19.2 How many of these are residential numbers?

RECORD 77 FOR DON'T KNOW/NOT SURE  
RECORD 99 FOR REFUSED  
\_\_\_\_\_RESIDENTIAL TELEPHONE NUMBERS

**ASK ALL**

Q 19.3 During the past 12 months, has your household ever been without telephone service for more than 24 hours?

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

**IF Q19.3=1 , THEN ASK Q 19.4, ELSE SKIP TO 19.5**

Q 19.4 What was the total amount of time your household was without telephone service for more than 24 hours?

ANSWER ONLY ONE FIELD

RECORD 777 FOR DON'T KNOW/NOT SURE  
RECORD 999 FOR REFUSED  
  
\_\_\_\_\_ DAYS  
\_\_\_\_\_ WEEKS  
\_\_\_\_\_ MONTHS

Q 19.5 In the next 12 months, how likely are you to disconnect your home landline telephone and only use a cell phone. Would you say Very likely, Somewhat likely, Somewhat Unlikely, or Very Unlikely?

- 1. VERY LIKELY
- 2. SOMEWHAT LIKELY
- 3. SOMEWHAT UNLIKELY
- 4. VERY UNLIKELY
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

INDIVIDUALS TO BE ASKED WILLINGNESS AND CONTACT INFO FOR FOLLOW-UP STUDY

STUDY 1: MSM AND IDENTITY

1. MSM WHO IDENTIFY AS STRAIGHT: Q11.2=1 (MALE) AND Q11.11=1 (STRAIGHT); AND Q15.1>=1 AND <777 (DON'T KNOW OR REFUSE)
2. MSM WHO IDENTIFY AS BISEXUAL: Q11.2=1 (MALE); AND Q11.11=3 (BISEXUAL); AND Q15.1>=1 AND <777 (DON'T KNOW OR REFUSE)
3. MSM WHO IDENTIFY AS GAY: Q11.2=1 (MALE); AND Q11.11=2 (GAY); AND Q15.1>=1 AND <777 (DON'T KNOW OR REFUSE)

STUDY 2: WSW AND HEALTHCARE

1. WSW, WHO HAVE HAD NO PAP SMEAR IN LAST 2 YEARS OR NO MAMMOGRAM IN THE LAST YEAR: Q11.2= 2 (FEMALE) AND [Q15.2>=1 AND <777] AND [Q13.1=2,7,9 OR Q13.2=2,3,4,5]; AND [Q13.3=2,7,9 OR Q13.4=3,4,5]
2. WSW, WHO HAVE HAD EITHER A PAP SMEAR IN THE LAST 2 YEARS OR A MAMMOGRAM IN THE LAST YEAR: Q11.2=2 (FEMALE) AND [Q15.2>=1 AND < 777]; AND [Q13.2=1 (WITHIN THE PAST YEAR) OR Q13.4= 1,2 (WITHIN PAST 2 YEARS)]

STUDY 3: AFRICAN AMERICAN MEN AND SMOKING

1. AFRICAN AMERICAN MEN, AGE 45-64 WHO SMOKED 100 CIGARETTES IN THEIR LIFETIME AND CURRENTLY SMOKE AT LEAST SOME DAYS: Q11.2=1 (MALE) AND [Q11.4=2 OR Q11.5=2] AND Q8.2=1,2 AND [64>=Q11.1>=45 OR 11.1B=2]

**IF FLAGGED FOR FOLLOW-UP**

*Thank-you for your participation in this survey. The New York City Department of Health and Mental Hygiene is also conducting other studies regarding some special health concerns of New Yorkers. Based on some of your answers on this survey we may want to contact you to take part in a future study. If you agree to be contacted, you will be given more information about that special study at that time. Even after receiving this information, you can decide to participate or to refuse to participate at that time. If you are called by a researcher and end up taking part in one of these studies, you will receive a \$25 gift certificate for your time.*

Are you willing to be contacted again?

- 1 YES
- 2 NO

IF YES, COLLECT FIRST AND LAST NAMES, PHONE NUMBER (INCLUDING AREA CODE) AND BEST DAY AND TIME TO CALL, AND SAY...

First and Last Name:

Telephone Number (s) for follow-up: Area Code \_\_\_\_\_ - \_\_\_\_\_

Best day of the week to callback \_\_\_\_\_

Best Time to Callback \_\_\_\_\_

Someone from the Health Department may contact you in the near future to tell you more about the special study. GO TO CLOSING BELOW

IF NO

Thank-you anyway. GO TO CLOSING BELOW

Recruitment for follow-up survey (asked of all respondents except for those who are flagged for the special qualitative study)

Thank-you for your participation in this survey. The New York City Department of Health and Mental Hygiene is also conducting other studies regarding some special health concerns of New Yorkers. Based on some of your answers on this survey we may want to contact you to take part in a future study. If you agree to be contacted, you will be given more information about that special study at that time. Even after receiving this information, you can decide to participate or to refuse to participate at that time

Are you willing to be contacted again?

3 YES

4 NO

IF YES, COLLECT FIRST AND LAST NAMES, PHONE NUMBER (INCLUDING AREA CODE) AND BEST DAY AND TIME TO CALL, AND SAY...

First and Last Name:

Telephone Number (s) for follow-up: Area Code \_\_\_\_\_ - \_\_\_\_\_

Best day of the week to callback \_\_\_\_\_

Best Time to Callback \_\_\_\_\_

Someone from the Health Department may contact you in the near future to tell you more about the special study. GO TO CLOSING BELOW

IF NO

Thank-you anyway. GO TO CLOSING BELOW

CLOSING:

Thank you for participating in this important research. If you have any additional questions about this survey, would like survey results, or have further questions about your rights in this study, I can provide you with the appropriate telephone numbers. If you would like more information on where you could go to get help with a health problem, I can also give you the number for the Health Department's helpline. Would you like any of these phone numbers?

1. YES
2. NO

If Yes, Which number would you like?

1. MORE INFORMATION ABOUT THE SURVEY OR SURVEY RESULTS-  
READ: [contact information read]

2. INFORMATION ABOUT PARTICIPANTS RIGHTS  
READ: [contact information read]

3. INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY  
READ: [contact information read]

Thanks again for completing the survey.

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Additional contact information for users of CHS data:

If you have questions or would like more information about CHS questions or survey methodology, please email: [survey@health.nyc.gov](mailto:survey@health.nyc.gov)

If you have questions or would like more information about CHS data, please email: [EpiDatarequest@health.nyc.gov](mailto:EpiDatarequest@health.nyc.gov)