

2006 Community Health Survey Questionnaire
Final: Distribution Copy
2/21/2006

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 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.

TERMINATE INTERVIEW.

IF ONLY 1 ADULT (HH=1) ASK HHa, ELSE IF MORE THAN ONE ADULT (HH>1) ASK HHb.

HHa Are you the adult?

- 1 YES
- 2 NO
- 9 REFUSED

IF HHa=1, THEN ASK S6A, ELSE SKIP TO S6B.

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?

IF MORE THAN ONE ADULT (HH>1) ASK HHb.

HHb. 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 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

(ASK ALL)

Q 1.1 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?

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

(ASK ALL)

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?

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

ACCESS

(ASK ALL)

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?

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

IF Q 2.1 = 1 THEN ASK 2.2, ELSE SKIP TO Q 2.3.

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

- 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, or
- 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?

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

IF Q2.3=1, THEN ASK 2.4, Else SKIP to Q 2.5

Q 2.4 Have you seen your personal doctor or health care provider in the last 12 months?

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

(ASK ALL)

Q 2.5 In the last 12 months, was there any time when you did NOT fill a prescription for medicine because of the cost?

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

(ASK ALL)

Q 2.6 Other than prescriptions, in the past 12 months, was there any time when you did NOT get medical care you needed because of cost?

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

Cardiovascular Health

(ASK ALL)

Q 3.1 About how long has it been since you **last** had your blood pressure taken by a doctor or other health professional? Was it . . .?

READ ONLY IF NECESSARY

1. Less than 6 months ago,
2. 6 months to 1 year ago,
3. More than 1 year to 2 years ago,
4. More than 2 years ago, or
5. Never?
- 7 DON'T KNOW
- 9 REFUSED

(ASK ALL)

Q 3.2 Have you **ever** been told by a doctor or other health professional that you have hypertension, also called high blood pressure?

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

IF 3.2=1 ASK 3.3, OTHERWISE SKIP TO 4.1

Q 3.3 Because of your high blood pressure or hypertension, have you ever been told to take prescribed medication?

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

If 3.3=1 go to 3.4, OTHERWISE SKIP 3.5

Q 3.4 Are you **now** taking prescribed medication?

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

IF 3.2=1 (ALL WHO HAVE BEEN DIAGNOSED W/ HIGH BLOOD PRESSURE)ASK 3.5

Q 3.5 During the past 30 days, have you checked your blood pressure at home?

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

DIABETES
(ASK ALL)

Q 4.1 Have you ever been told by a doctor that you have diabetes?

INTERVIEWER: If "Yes" and female, ask "Was this only when you were pregnant?"

- 1 YES
- 2 YES, FEMALE TOLD ONLY DURING PREGNANCY
- 3 NO
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

If 4.1=1, ASK 4.2, Else SKIP to Q 5.1

Q 4.2 A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse or other health professional checked you for hemoglobin "A one C"?

_____ NUMBER OF TIMES (0-12)
777 DON'T KNOW/NOT SURE
888 NEVER HEARD OF HEMOGLOBIN "A ONE C" TEST
999 REFUSED

IF NEEDED: This test is also known as Glycosylated [GLY-CASA-LATED] Hemoglobin

If Q 4.2 > or equal to 1, ASK 4.3 ELSE SKIP to Q 5.1

Q4.3 The last time you had your hemoglobin "A one C" checked, what was your level?

_____ LEVEL (5-13)
888 DIDN'T RECEIVE TEST RESULTS

Interviewer: Record 777 for Don't Know /Not Sure
Record 999 for Refused

This test is also known as Glycosylated [GLY-CASA-LATED] Hemoglobin

ASTHMA

(ASK ALL)

Q 5.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma?

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

If Q 5.1 = 1 then ask Q 5.2, else skip to Q 5.4

Q 5.2 During the past 12 months, have you had an episode of asthma or an asthma attack?

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

If Q 5.2 = 1 then ask Q 5.3, else skip to Q 5.4

Q 5.3 During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma?

INTERVIEWER: RECORD 0 FOR NONE
RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

_____ NUMBER OF VISITS [76 = 76 OR MORE]

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

CHILDREN AND ASTHMA

(ASK ALL)

Q 5.4 How many children, less than 18 years of age live in your household?

- _____ # OF CHILDREN (0-20)
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

IF Q5.4 >or= 1, ask Q5.5, else skip to Q6.1.

Q5.5 How many of these children have ever been diagnosed with asthma?

- _____ # OF CHILDREN
- 88 NONE
- 77 DON'T KNOW
- 99 REFUSED

CATI Note: Total must not be greater than Q 5.4

IMMUNIZATIONS

(ASK ALL)

Q 6.1 During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?

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

If 6.1=1, ask 6.2a & b, otherwise skip to 6.3.

(ASK IF 6.1=1)

Q 6.2a Did you have a flu shot in your arm or a flu vaccine that was sprayed in your nose between the dates of September 1, 2005 and March 31, 2006?

Interviewer: Say "as of today" if conducted during March 2006.

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

(ASK IF 6.1=1)

Q 6.2b. Where did you get your most recent flu shot or vaccine?

INTERVIEWER: READ ONLY IF NECESSARY

- 01. A doctor's office
- 02. A Health Department Clinic
- 03. A clinic at a Hospital
- 04. Another type of clinic or health center (example: Community Health Center)
- 05. A Senior, Recreation, or Community Center
- 06. A Store (Examples: supermarket or drug store)
- 07. At an emergency room
- 08. Workplace, or
- 09. Some other place (SPECIFY: _____)
- 77. DON'T KNOW
- 99. REFUSED

(ASK ALL)

Q 6.3 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from a flu shot. It is also called the pneumococcal vaccine.

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

Mental Health

READ: The next few questions are about your mental health

(ASK ALL)

Q 7.1a 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 OR **800-543-3638**

- 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

(ASK ALL)

Q 7.1b 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 OR **800-543-3638**

- 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

(ASK ALL)

Q 7.1c. 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 OR **800-543-3638**

- 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

(ASK ALL)

Q 7.1d. 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 OR **800-543-3638**

- 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

(ASK ALL)

Q 7.1e. 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 OR **800-543-3638**

- 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

(ASK ALL)

Q 7.1f. 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 OR **800-543-3638**

- 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

(ASK ALL)

Q 7.2 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

(ASK ALL)

Q 7.3 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

(ASK ALL)

Q 7.4 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

If 7.4=1 go to 7.4a, OTHERWISE SKIP TO 8.1

Q7.4a Were you first told you had depression in the last 12 months?

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

TOBACCO

(ASK ALL)

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

[IF NECC READ: 100 cigarettes=5 packs]

- 1 YES -----> GO TO 8.2
- 2 NO -----> GO TO 8.13
- 7 DON'T KNOW/NOT SURE -----> GO TO 8.13
- 9 REFUSED -----> GO TO 8.13

IF Q 8.1 = 1 THEN ASK Q 8.2, ELSE SKIP TO 8.13.

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

- 1 EVERY DAY-----> GO TO 8.3
- 2 SOME DAYS -----> GO TO 8.3s
- 3 NOT AT ALL -----> GO TO 8.3a
- 7 DON'T KNOW/NOT SURE -----> GO TO 8.3a
- 9 REFUSED -----> GO TO 8.3a

IF 8.2 = 1 ASK Q8.3

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

IF Q 8.2=2 ASK Q 8.3s

Q 8.3s On the days that you smoke, how many cigarettes on average do you smoke per day?

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

ASK 8.3ss IF R answered Q8.3s ELSE SKIP to Q8.3a

Q 8.3ss On average, about how many days per month do you smoke?

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

___ DAYS PER Month (0 to 31)

IF RESPONDENT PROVIDES ANSWER IN DAYS PER WEEK, YOU CAN ENTER THEIR ANSWER IN THAT FORM

___ DAYS PER WEEK (0 to 7)

ASK IF 8.1=1, ALL WHO HAVE SMOKED AT LEAST 100 CIGS IN LIFETIME

Q8.3a. How old were you when you first started smoking cigarettes regularly?

RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 888 ONLY IF RESPONDENT SAYS NEVER SMOKED REGULARLY
RECORD 999 FOR REFUSED

___ YEARS (5-85)

ASK Q8.4 IF Q8.2=1 OR 2, ELSE SKIP TO Q8.6

(ASK IF 8.2=1 OR 2, ALL CURRENT SMOKERS)

Q 8.4 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 Q 8.5 IF 8.2= 1 or 2 Else Skip to 8.6

(ASK IF 8.2=1 OR 2, ALL CURRENT SMOKERS)

Q 8.5 Are you seriously thinking of quitting smoking in the next 30 days?

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

ASK Q8.6 IF 8.1=1 AND 8.2=3 (FORMER SMOKERS):

(ASK IF 8.1=1 AND 8.2=3, FORMER SMOKERS)

Q8.6 About how long has it been since you last smoked cigarettes regularly?

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 Q8.9 IF 8.2=1 OR 2 (CURRENT SMOKERS)

(ASK IF 8.2=1 OR 2, ALL CURRENT SMOKERS)

Q 8.9 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 8.9 = 1,2,3 THEN ASK Q 8.10, ELSE SKIP TO Q12a

(ASK IF 8.2=1,2,3)

Q 8.10 How much did you pay for that [ANSWER TO Q 8.9]?

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

CARTON: ENTER PRICE IN DOLLARS & CENTS

\$ _ . _ (Range 1-90 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
(ASK IF 8.2=1,2,3)

Q 8.11 Where did you get that [Answer to Q 8.9]?

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, or
88 Somewhere else (SPECIFY) _____
77 DON'T KNOW/NOT SURE
99 REFUSED

SMOKING CESSATION

Ask Q 8.12a-8.12c if Q 8.6 <= 1 year or Q 8.2=1 or 2, else skip to Q 9.1
(ASK ALL CURRENT SMOKERS--8.2=1 OR 2 AND ALL FORMER SMOKERS WHO QUIT LESS THAN
OR EXACTLY A YEAR AGO--8.6 <= 1)

Q 8.12 During the last twelve months, did you use any of the following aids
to help you quit?

a. A nicotine patch, Nicotine gum, Nicotine lozenge, nasal spray or
inhaler?

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

Repeat did you use if needed

b. A prescription pill to block the craving of smoking, like Zyban
(ZIGH-ban) or Bupropion (boo-PRO-pee-on)?

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

c. Individual, telephone or group counseling.

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

d. Internet forums or online support

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

e. Reading materials to help you quit on your own.

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

Ask all:

Q8.13. During the last 12 months, did any doctor, nurse or other health professional ask you if you smoke?

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

Ask Q8.14 if 8.2= 1 or 2 or if Q8.6 <= 1 year

(ASK ALL CURRENT SMOKERS--8.2=1 OR 2 AND ALL FORMER SMOKERS WHO QUIT LESS THAN OR EXACTLY A YEAR AGO--8.6 <= 1)

Q 8.14 During the last 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

- 1 YES
- 2 NO (SKIP SECOND HAND SMOKE)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Ask Q8.15 a-e ONLY IF Q8.14 = 1, 7, 9 ELSE GO TO 9.1

(ASK IF 8.14=1, 7 OR 9)

Q 8.15 During the last 12 months, did a doctor, nurse, or other health professional recommend any of the following aids to help you quit smoking?

a. A nicotine patch, Nicotine gum, Nicotine lozenge, nasal spray or inhaler?

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

Repeat did you use if needed

b. A prescription pill to block the craving of smoking, like Zyban (ZIGH-ban) or Bupropion (boo-PRO-pee-on)?

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

c. Individual, telephone or group counseling.

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

d. Internet forums or online support

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

e. Reading materials to help you quit on your own.

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

SECOND HAND SMOKE

(ASK ALL NON-SMOKERS—THOSE WHO HAVE NEVER SMOKED 8.1=2, 7, 9 OR AND THOSE WHO ARE FORMER SMOKERS 8.1=1 AND 8.2=3)

Q 9.1 Does anyone else who lives in your household smoke regularly?

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

(ASK ALL)

Q 9.2 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

(ASK ALL)

Q9.3 Which statement best describes the rules about smoking **inside** your home?

READ IF NECESSARY: Exclude smoking in outside areas such balconies and patios
READ ANSWER CHOICES

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home, OR
- 4 There are no rules about smoking inside the home.
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

DEMOGRAPHICS

ASK ALL:

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

(ASK ALL)

Q 10.1 What is your age?

- _____ AGE IN YEARS (18-98)
- 777 DON'T KNOW/NOT SURE
- 999 REFUSED

IF Q 10.1 = 777, 999 then ask Q 10.1b ELSE SKIP TO Q10.2:

(ASK IF 10.1=777, 999)

Q 10.1b 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:

READ ANSWER CHOICES

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

(ASK ALL)

Q 10.2 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

(ASK ALL)

Q 10.3 Are you Hispanic or Latino?

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

IF Q 10.3 = 1 THEN ASK Q 10.3A, ELSE SKIP TO Q 10.4

Q 10.3a Please tell me which group best represents your Hispanic or Latino origin or ancestry:

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

(ASK ALL)

Q10.4 (Read this if Q 10.3=1: Some people, aside from being Hispanic, also consider themselves to be a member of a racial group) Which one or more of the following would you say is your race?

READ, ACCEPT MULTIPLE RESPONSES

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

If more than one answer to Q 10.4, continue with Q 10.5. Else, skip to 10.6
(IF MORE THAN ONE RACE IN Q10.4)

Q 10.5 Which one of these groups would you say best represents your race?

READ MENTIONED RACES

CATI NOTE: Fill selected races from Q 10.4

- 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 q10_4
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

10.6 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 | 25. HAITI |
| 2. AUSTRALIA | 26. HONDURAS |
| 3. BANGLADESH | 27. HONG KONG |
| 4. BARBADOS | 28. HUNGARY |
| 5. BELARUS | 29. INDIA |
| 6. BOLIVIA | 30. IRELAND |
| 7. BRAZIL | 31. ISRAEL |
| 8. CANADA | 32. ITALY |
| 9. CARIBBEAN | 33. JAMAICA |
| 10. CHILE | 34. JAPAN |
| 11. CHINA | 35. KOREA |
| 12. COLOMBIA | 36. MEXICO |
| 13. COSTA RICA | 37. NICARAGUA |
| 14. CUBA | 38. NIGERIA |
| 15. DOMINICAN REPUBLIC | 39. PAKISTAN |
| 16. ECUADOR | 40. PANAMA |
| 17. EGYPT | 41. PERU |
| 18. EL SALVADOR | 42. PHILIPPINES |
| 19. FRANCE | 43. POLAND |
| 20. GERMANY | 44. PUERTO RICO |
| 21. GHANA | 45. ROMANIA |
| 22. GREECE | 46. RUSSIA |
| 23. GUATEMALA | 47. SIERRA LEONE |
| 24. GUYANA | 48. SOUTH AMERICAN |

- 49. SPAIN
- 50. TAIWAN
- 51. TRINIDAD AND TOBAGO
- 52. TURKEY
- 53. UKRAINE
- 54. UNITED KINGDOM (INCLUDES
SCOTLAND, WALES)
- 55. VENEZUELA
- 56. VIETNAM
- 57. WEST INDIAN
- 58. YUGOSLAVIA
- 66. OTHER (SPECIFY)
- 77. DON'T KNOW/NOT SURE
- 99. REFUSE

IF Q10.6=2 (OUTSIDE USA), ASK Q10.7

(ASK IF 10=6=2)

Q 10.7 How long have you lived in this country?

READ IF NECESSARY

1. Less than 5 years
2. 5-9 years
3. 10 or more years
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

10.8 What language do you speak most often at home?

- 1 ENGLISH
- 2 SPANISH
- 3 RUSSIAN
- 4 CHINESE (includes Mandarin & Cantonese)
- 5 INDIAN (includes Hindi & Tamil)
- 6 OTHER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

Q 10.9 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

(ASK ALL)

Q 10.10 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:

READ RESPONSES UNTIL RESPONDENT MAKES A SELECTION

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 10.11 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

(ASK ALL)

Q 10.12 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 1 year or more
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

(ASK ALL)

Q 10.13 (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 10.13 = 77, 99 then ask Q 10.14, else skip to Q 10.15

Q 10.14 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 10.13 OR 10.14 = 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 10.15 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]

(ASK ALL)

Q 10.16 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 10.16 (weight) = 999,777 and Q 10.15 (height) ne 999,777 (is not missing), then put height into BMI calculator and ask Q 10.17a, Q10.17b, Q10.17c (or ask Q 10.17c, Q 10.17d Q10.17e for metric).

If Q 10.15 (height) = 999,777 and 10.16 (weight) ne 999, 777 (is not missing) then put weight into BMI calculator and ask 10.18a, 10.18b & 10.18c (or ask Q 10.18d & Q 10.18e 10.18f for metric).

CRITICAL WEIGHT FOR ENGLISH OBESE:

$$= .0427 * (Q10_16 \text{ height inches}) * (Q10_16 \text{ height inches})$$

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT:

$$= .0356 * (Q10_16 \text{ height inches}) * (Q10_16 \text{ height inches})$$

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT:

$$= .0263 * (Q10_16 \text{ height inches}) * (Q10_16 \text{ height inches})$$

Q 10.17a Do you weigh less than [critical weight for **obese**]?

- 1 YES, WEIGH LESS (Ask 10.17b)
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 10.17b Do you weigh less than [critical weight for **overweight**]?

- 1 YES, WEIGH LESS (ASK 10.17c)
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 10.17c 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 * (Q10.16cm height CM)*(Q10.16cm height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q10.16cm height CM)*(Q10.16cm height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q10.16cm height CM)*(Q10.16cm height CM)

Q 10.17d Do you weigh less than [critical weight for **METRIC obese**]?
1 YES, WEIGH LESS (ASK 10.17e)
2 NO, DON'T WEIGH LESS
7 DON'T KNOW/NOT SURE
9 REFUSED

Q 10.17e Do you weigh less than [critical weight for **METRIC overweight**]?
1 YES, WEIGH LESS (ASK 10.17f)
2 NO, DON'T WEIGH LESS
7 DON'T KNOW/NOT SURE
9 REFUSED

Q10.17f 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 Q10.17 LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * WEIGHT from Q10.17 LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * WEIGHT from Q10.17 LB)

THEN CONVERT TO FEET, INCHES

Q 10.18a Is your height less than [critical height for **obese**]?

- 1 YES, LESS
- 2 NO, NOT LESS (ASK 10.18b)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q 10.18b Is your height less than [critical height for **overweight**]?

- 1 YES, LESS
- 2 NO, NOT LESS (ASK 10.16E)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Q10.18c 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 Q10_17M)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * WEIGHT KILOS from Q10_17M)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * WEIGHT KILOS from Q10_17M)

Q 10.18d Is your height less than [critical height for **METRIC obese**]?
1 YES, LESS (ASK 10.16d)
2 NO, NOT LESS
7 DON'T KNOW/NOT SURE
9 REFUSED

Q 10.18e Is your height less than [critical height for **METRIC overweight**]?

1 YES, LESS (ASK 10.16e)
2 NO, NOT LESS
7 DON'T KNOW/NOT SURE
9 REFUSED

Q 10.18f 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

COMMUTING PATTERNS

Now a few questions about how you spend your time from 9 to 5 weekdays.
(ASK ALL)

Q 11.1 Between 9 a.m. and 5 p.m. weekdays, where do you spend **most** of your time?

Probe: If R works at home choose #1

READ ANSWER CATEGORIES

1. At or around my home
2. At a work location outside my home
3. At school
4. At work and school equally
- 77 Don't Know
- 99 REFUSE

IF Q 11.1 = 2,3,4 (AWAY FROM HOME ON WEEKDAYS) ASK Q 11.2 ELSE SKIP TO Q12.1

Q 11.2 How do you **usually** get there?

Probe: there=where you spend most of your time between 9 and 5

ACCEPT ALL THAT APPLY

Probe: If R says "train" probe to see if it's a subway or commuter train.

Read if necessary:

1. By subway
2. By City Bus
3. By Express Bus
4. By bicycle
5. By walking
6. By car
7. By taxi
8. Commuter Train (such as LIRR,PATH, Metro North)

- 9. Ferry, or
- 10. Some other way (SPECIFY)
- 77. DON'T KNOW
- 99. REFUSE

IF 11.2=1 (subway), ASK 11.3 ELSE SKIP TO 11.4

Q 11.3 On how many weekdays do you usually take the subway?

ENTER#_____ (1-5)

IF Q 11.1 = 2,3,4 (AWAY FROM HOME ON WEEKDAYS-Q11.1=2,3,4) ASK Q 11.4

Q 11.4 What is the zip code of your work or school where you spend the most time from 9 to 5 on weekdays?

ENTER zip code: _ _ _ _ _

- 1 NO SINGLE ZIP CODE MOST OF THE TIME
- 7. DON'T KNOW
- 9. REFUSE

If 11.4=7,9 ask 11.5 else skip to next section (Q12.1)

11.5 What is the nearest intersection or the cross streets of your place of work or school where you spend most of your time from 9 to 5 weekdays?

_____ STREET/AVENUE

_____ STREET/ AVENUE

PHYSICAL ACTIVITY

ASK ALL:

INTRO SCREEN: READ: Now I am going to ask you about vigorous physical activity and then about moderate physical activity.

(ASK ALL)

12.1 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

ASK 12.1A ONLY IF RANGE PROVIDED IN 12.1 (i.e. R DOES VIGOROUS PHYSICAL ACTIVITY). OTHERWISE IF 12.1= 66,88,77,OR 99 SKIP TO Q 12.2.

Q12.1a About how long do you do these vigorous physical activities each time?

_____ MINUTES (RANGE 00-59 MINUTES)

_____ 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

(ASK ALL)

Q 12.2 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

ASK 12.2a ONLY IF RANGE PROVIDED IN 12.2 (R DOES MODERATE OR LIGHT PHYSICAL ACTIVITY. OTHERWISE IF Q12.2= 66,88,77,OR 99 SKIP TO 13.1 (Cancer Screening)
Q 12.2a About how long do you do these light to moderate physical activities each time?

_____ MINUTES (RANGE 00-59 MINUTES)

_____ 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.

CANCER SCREENING

Intro Screen: And now I am going to ask some questions about cancer screening.

ASK Q 13.1 - 13.4 ONLY IF Q10.2=2 (Female).

(ASK ALL FEMALES, 10.2=2)

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

(ASK ALL FEMALES, 10.2=2)

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 Q 13.5 TO BOTH MALE + FEMALE, ONLY IF AGE IS 45 OR OLDER (I.E. Q10.1 greater than or equal to 45 but not 777 or 999 OR q10.1b=1 or 2) ELSE SKIP TO 14.1.

Q 13.5 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.

IF Q. 13.5 = 1 THEN ASK Q13.6, ELSE SKIP TO Q 14.1

Q 13.6 When was the most recent colonoscopy performed?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Within the last 12 months
- 2 Greater than 12 months but less than 5 years
- 3 Between 5 years and 10 years
- 4 Greater than 10 years
- 5 NEVER
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

HIV

ASK ALL:

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.

(ASK ALL)

14.1 Have you had an HIV test during the last 12 months?

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

If 14.1 = 1 ask 14.2, ELSE SKIP TO Q14.3

14.2 When you were last tested for HIV, were you able to get results on the same day or did you have to wait a week or more to get the results?

- 1 SAME DAY
- 2 WAIT FOR RESULTS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

(ASK ALL)

14.3 If a rapid home test kit for HIV was available and you could get results within 20 minutes at home, would you use such a kit?

- 1 YES
- 2 NO

- 7 DON'T KNOW/NOT SURE
- 9 REFUSE

(ASK ALL)

14.4 Some doctors or health professionals recommend that patients have an HIV test. In the past 12 months, has a doctor or health professional recommended that you have an HIV test?

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

(ASK ALL)

14.5 And has a doctor or other health professional ever told you that you have HIV or AIDS?

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

SEXUAL BEHAVIOR AND BIRTH CONTROL

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

READ IF NEEDED: Partner refers to sexual partner or partners

FEMALES ONLY-10.2=2

(ASK ALL FEMALES-IF 10.2=2)

QUALIFICATION QUESTION

15.1f 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 (<500)

Ask 15.2f if age (Q10.1)<45 (or 10.1b=3 or 4) AND 15.1f>0 OR 777, 999. IF 15.1f=0 SKIP TO 15.7f.
(ASK ALL FEMALES UNDER 45 WHO HAVE BEEN OR MAY HAVE BEEN SEXUALLY ACTIVE IN PAST 12 MONTHS 15.1f>0 OR 777, 999 AND 10.1<45 OR 10.1B=3 OR 4).

15.2f During the past 12 months, how often did you use birth control, including condoms or any other method, such as birth control pills?-- every time, most times, sometimes, rarely, or never?

IF Asked: includes all male partners, not just main partner

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

ASK 15.3f IF SEX WITH MAN IN THE PAST 12 MONTHS, IF 15.1f>0 and NOT 777,999. IF 15.1f=777,999, SKIP TO 15.7f.
(ASK ALL FEMALES, ALL AGES, WHO HAD SEX IN PAST 12 MONTHS--10.2=2 AND 15.1f>0 AND NOT 777, 999)

15.3f The last time you had sex with a man, did you use a condom?

IF ASKED: This includes the "female condom"

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

Ask 15.4f if age (Q10.1)<45 (or 10.1b=3 or 4) AND 15.1f>0 and NOT 777, 999.
(ASK ALL FEMALES UNDER 45 WHO HAD SEX WITH ONE OR MORE MEN IN PAST 12 MONTHS-- 15.1f>0 AND NOT 777, 999 AND 10.1<45 OR 10.1B=3 OR 4).

Q 15.4f The last time you had sex, did you or your partner use any other method other than a condom to prevent pregnancy?

If asked: say including withdrawal or rhythm method

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

ASK 15.5f IF 15.4f=1

Q 15.5f What method did you use?

READ ALL ANSWER CHOICES. ACCEPT MULTIPLE RESPONSES.

- 1 Birth Control Pills
- 2 Shots (Depo-Provera) or Implant
- 3 Patch/Ortha-Evra or Vaginal Ring/Nuva Ring
- 4 Withdrawal or Rhythm Method
- 5 Foam, Jelly, Cream
- 6 IUD
- 7 Sterilization (Tubes Tied, Vasectomy or Hysterectomy)
- 8 Other Method
- 9 No Other Method Was Used
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Ask 15.6f if age (Q10.1)<45 (or 10.1b=3 or 4) AND 15.1f>0 and NOT 777, 999.
(ASK ALL FEMALES UNDER 45 WHO HAD SEX WITH ONE OR MORE MEN IN PAST 12 MONTHS--15.1>0 AND NOT 777, 999 AND 10.1<45 OR 10.1B=3 OR 4)

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

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

(ASK ALL WOMEN, 10.2=2)

15.7f Have you EVER had sex with a woman?
READ ONLY IF NECESSARY: By sex we mean oral, anal, or vaginal sex but not masturbation.

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

Ask 15.8f if 15.7f=1:

15.8f 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 (<500)

(ASK ALL WOMEN, 10.2=2)

15.9f Have you ever used a female condom?
READ ONLY IF NECESSARY: A female condom is a large condom with a firm plastic ring in it that fits into a woman's vagina or it could fit into an anus or butt.

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

Ask 15.10f if 15.9f=1:

15.10f Did you get it for free?

READ IF ASKED: This question refers to the MOST RECENT female condom used.

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

**Ask 15.11f if age (Q10.1)<45 (or 10.1b=3 or 4) AND 15.1f>0 and NOT 777, 999.
(ASK ALL FEMALES UNDER 45 WHO HAD SEX WITH ONE OR MORE MEN IN PAST 12 MONTHS-
15.1>0 AND NOT 777, 999 AND 10.1<45 OR 10.1B=3 OR 4)**

15.11f Emergency contraception is sometimes called the 'morning-after pill' or Plan B. In the last 12 months, have you received counseling, information, or a prescription for emergency contraceptive pills?

- 1 YES
- 2 NO (Skip to Domestic Violence 17.1)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Ask 15.12f if 15.11f=1:

15.12f Where did you receive counseling, information, or a prescription for emergency contraception?

Read if necessary

- 1 Family planning or Planned Parenthood clinic
- 2 Employer or school-based clinic
- 3 Private doctor's office or clinic/health center
- 4 Hospital emergency room
- 5 Partner or spouse
- 6 Friend
- 7 Pharmacist or advertising, including poster, billboard, television, or radio
- 8 Book/article/brochure
- 9 Internet
- 10 Other _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

MEN ONLY:

(ASK ALL MALES IF 10.2=1)

15.1m. During the past 12 months, with how many women 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 (<500)

Ask 15.2m if age (Q10.1)<65 (or 10.1b=2, 3 or 4) AND 15.1>0 OR 15.1= 777, 999. IF 15.1=0, SKIP TO 15.3.

(ASK ALL MALES UNDER 65 WHO HAD/OR MAY HAVE HAD SEX WITH ONE OR MORE WOMEN IN PAST 12 MONTHS--15.1>0 OR 777, 999 AND 10.1<65 OR 10.1B=2,3 OR 4).

15.2m. During the past 12 months, how often did you or your partner use birth control, including condoms or any other method, such as birth control pills?-- every time, most times, sometimes, rarely, or never?

Probe if asked: Includes all female partners, not just main partner

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

ASK ALL MALES IF 10.2=1

15.3m. Have you EVER had sex with a man? By sex we mean oral or anal sex but not masturbation.

- 1 Yes
- 2 No
- 3 [VOLUNTEERED] Didn't have anal or oral sex
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Ask 15.4m if 15.3m=1 else skip to 15.5bm:

Q 15.4m During the past 12 months, with how many men have you had sex?

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

_____ RECORD NUMBER (<500)

ASK 15.5a if 15.4>0 and NOT 777,999 (Only Gay or Bisexual Men who were active in past 12 months)

15.5am The last time you had sex with a man, did you use a condom?

IF ASKED : This includes the "female condom"

- 1 YES
- 2 NO
- 3 [VOLUNTEERED] DIDN'T HAVE ANAL SEX
- 7 DON'T KNOW/ NOT SURE
- 9 REFUSED

ASK 15.5b if 15.1>0 and NOT 777,999 and 15.3=2,3, 7 or 9 (Only heterosexual men active in past 12 months)

(ASK IF 15.1>0 AND NOT 777,999 AND 15.3= 2,3, 7 or 9)

15.5bm The last time you had sex, did you use a condom?

IF ASKED : This includes the "female condom"

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

ASK 15.5c if 15.1>0 and NOT 777,999 and 15.3=1.(Only bisexual men active with a woman in past 12 months)

(ASK IF 15.1>0 AND 15.3=1)

Q15.5cm The last time you had sex with a woman, did you use a condom?

IF ASKED : This includes the "female condom"

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

Ask 15.6 if age (Q10.1)<65 (or 10.1b=2, 3 or 4) AND 15.1>0 and NOT 777,999. (Heterosexual men under 65 sexually active in past 12 months)

(ASK IF 15.1>0 AND NOT 777,999 AND 10.1<65 OR 10.1b=2,3, OR 4)

Q 15.6m The last time you had sex(with a woman if 15.4 also>0),, did you or your partner use any other method other than a condom to prevent pregnancy?

If asked: including withdrawal and rhythm method

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

Ask 15.7 IF 15.6=1

(ASK IF 15.6=1)

Q 15.7m What method did you use?

READ ALL ANSWER CHOICES. ACCEPT MULTIPLE RESPONSES.

- 1 Birth Control Pills
- 2 Shots (Depo-Provera)or Implant
- 3 Patch/Ortha-Evra or Vaginal Ring/Nuva Ring
- 4 Withdrawal or Rhythm Method
- 5 Foam, Jelly, Cream

- 6 IUD
- 7 Sterilization(Tubes Tied, Vasectomy or Hysterectomy)
- 8 Other Method
- 9 No Other Method Was Used
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

Ask 15.8 if age (Q10.1)<65 (or 10.1b=2, 3 or 4) AND 15.1>0 and NOT 777, 999.(ASK IF 15.1>0 AND NOT 777,999 AND 10.1<65 OR 10.1B=2,3, OR 4)

Q 15.8m The last time you had sex (with a woman if 15.4 also>0), did you intend to get your partner pregnant? Would you say yes, no, or no, but wouldn't have minded?

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

Ask 15.9 if 15.3=1

(ASK IF 15.3=1)

15.9m Have you ever used a female condom?

READ ONLY IF NECC:A female condom is a large condom with a firm plastic ring in it that fits into a woman's vagina or it could fit into an anus or butt.

- 1 YES
- 2 NO
- 3 [VOLUNTEERED] DIDN'T HAVE ANAL SEX
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

ASK 15.10 IF 15.9=1

(ASK IF 15.9=1)

15.10m Did you get it for free?

READ IF ASKED: This question refers to the MOST RECENT female condom used.

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

ASK 15.11 TO ALL MEN UNDER 65 WHO WERE SEXUALLY ACTIVE WITH OPPOSITE SEX IN PAST 12 MONTHS--Q10.1 <65 (or 10.1b=2, 3 or 4) AND 15.1>0 and NOT 777, 999.

(ASK IF 10.1<65 (or 10.1b=2, 3 or 4) and 15.1>0)

15.11m Emergency contraception is sometimes called the 'morning-after pill' or Plan B. In the last 12 months, have you, either alone or with your (with your female partner if 15.4 also>0), partner, received counseling, information, or a prescription for emergency contraceptive pills?

- 1 YES
- 2 NO **(skip to Domestic Violence 17.1)**
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

Ask 15.12 if 15.11=1:

15.12m Where did you receive counseling, information, or a prescription for emergency contraception?

Read if necessary

- 1 Family planning or Planned Parenthood clinic
- 2 Employer or school-based clinic
- 3 Private doctor's office or clinic/health center
- 4 Hospital emergency room
- 5 Partner or spouse
- 6 Friend
- 7 Pharmacist or advertising, including poster, billboard, television, or radio
- 8 Book/article/brochure
- 9 Internet
- 10 Other _____
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

DRUG USE

Ask 16.1 if Male ever had Sex with a Male (15.3=1)else skip to 17.1

Q 16.1 In the past 12 months have you used Crystal Methamphetamine 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? [CHS 2002]

2

READ IF NEEDED: The intimate partner could be a current or past partner.

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

READ if needed: question refers to any intimate partner past or present.

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

(ASK ALL)

Q 17.2 In the past 12 months, have you sustained injuries such as bruises, cuts, a black eye, or broken bones as a result of behavior of an intimate partner? [CHS 2002]

READ IF NEEDED: The intimate partner could be a current or past partner.

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

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

**IF 17.1 = 1(Yes) OR 17.2 = 1(Yes) INTERVIEWER READ: Just for your information,
The Domestic Violence Hotline is (800) 621-4673**

INITIATIVES

**We are going to ask a few questions about some programs initiatives you may or
may not have seen or heard about.**

Ask Q18.1 if current smoker 8.2= 1 or 2 or quit smoking in past year Q8.6 <= 1
year

(Ask Wave 2 only:)

(ASK IN WAVE 2 IF 8.2=1 OR 2 OR 8.6 <= 1)

Q 18.1 During the Spring 2006, did you hear or see any advertisement or news
story about how to obtain free nicotine patches from the New York City Health
Department?"

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

(ASK ALL)

Q 18.2 During the past 12 months, have you seen or heard about condoms being
distributed for free?

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

IF Q 18.2 = 1 then ask Q 18.3

Q 18.3 Did any of these condoms come in a yellow-gold package with a NYCondom
logo and a cartoon looking like man with a butterfly net on it? Would you say
yes, no, or not sure?

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

IF Q 18.3 = 1 then ask Q 18.4

Q 18.4 Have you used that condom in the yellow-gold package with a NYCondom
logo?

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

(ASK ALL)

Q 18.5 Have you ever received a pocket-sized brochure called a Take Care New
York Passport to your health? It has an apple logo on the front and can be used
to record your blood pressure, cholesterol level, and vaccinations? Have you
ever received one of these?

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

IF Q18.5=1, THEN ASK Q18.6, ELSE SKIP TO Q19.1.
(ASK IF Q18.5=1)

Q 18.6 Since receiving it, have you ever entered any information in the passport?

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

ASK ALL

And now the last few questions ask about your telephone usage
(ASK ALL)

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 (0-5)

(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 Q 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

(ASK ALL)

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

Debriefing Questions:

We are interested in understanding your experience with the survey. So now, just a few brief questions.

Programmer: For the debriefing module, randomize half the sample to version 1 questions and half the sample to version 2 questions for Qs 20 (20a), 21 (21a), and 22 (22a).

VERSION 1 ONLY

Q 20. How difficult was it for you to understand most of the questions? Would you say it was very difficult, somewhat difficult, a little difficult, or not at all difficult?

- A. Very difficult
- B. Somewhat difficult
- C. A little difficult
- D. Not at all difficult
- 77 Don't Know
- 99 Refused

VERSION 2 ONLY

Q 20a. How difficult was it for you to answer most of the questions? Would you say it was very difficult, somewhat difficult, a little difficult, or not at all difficult?

- A. Very difficult
- B. Somewhat difficult
- C. A little difficult
- D. Not at all difficult
- 77 Don't Know
- 99 Refused

VERSION 1 ONLY

Q 21. How comfortable did you feel answering most of the questions, would you say very comfortable, somewhat comfortable, a little comfortable, or not at all comfortable?

- 1. Very comfortable
- 2. Somewhat comfortable
- 3. A little comfortable
- 4. Not at all comfortable
- 77 Don't Know
- 99 Refused

VERSION 2 ONLY

Q 21a. How comfortable did you feel answering most of the questions including those on sexual behavior and weight, would you say very comfortable, somewhat comfortable, a little comfortable, or not at all comfortable?

- 1. Very comfortable
- 2. Somewhat comfortable
- 3. A little comfortable
- 4. Not at all comfortable

77 Don't Know
99 Refused

VERSION 1

Q22. Were there any questions where you were unwilling to provide the most truthful answer?

READ IF NECESSARY: You will not be re-asked any questions

1. Yes
2. No
- 77 Don't Know
- 99 Refused

VERSION 2

Q22a. Were there any questions where you were unwilling to provide the most truthful answer including those on sexual behavior and weight?

READ IF NECESSARY: You will not be re-asked any questions

1. Yes
2. No
- 77 Don't Know
- 99 Refused

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.

FOR INTERVIEWERS ONLY; COMPLETE AFTER HANGING UP THE PHONE

Interviewer Debriefing Questions: Please think back and provide your honest evaluation for the following questions.

I1. How **difficult** do you think it was for this respondent to understand most questions?

- 1 Very difficult
2. Somewhat difficult
3. A little difficult
4. Not at all difficult

I2. How **difficult** do think it was for this respondent to answer most questions?

- 1 Very difficult
- 2.Somewhat difficult
- 3.A little difficult
- 4.Not at all difficult

I3. How **comfortable** do you think the respondent was answering most questions?

- 1 Very comfortable
- 2.Somewhat comfortable
- 3.A little comfortable
- 4.Not at all comfortable

I4. Did you get the impression that this respondent provided truthful answers for all, most, some, or none of the questions?

- 1.All
- 2.Most
- 3.Some
- 4.None

I5. How comfortable were **you** conducting the interview with this respondent?

- 1 Very comfortable
- 2.Somewhat comfortable
- 3.A little comfortable
- 4.Not at all comfortable

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

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