2012 New York City

Community Health Survey

(NYC CHS)

Contact information:

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Contents

2012 Community Health Survey Questionnaire
Last updated (11.27.12)

LANDLINE INTRODUCTION –SKIP TO CELL INTRODUCTION IF CELL VERSION

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. 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.

[IF NEEDED] 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

ASK IF LISTBIZ=1
Qres. And just to confirm, have I reached a household residence where anyone lives?

        1 YES
        2 NO, this is a business   *[SCREEN-OUT]*
        3 NO, other (specify)   *[SCREEN-OUT]*
        7 Not sure   *[Terminate BIZ Qs-NS/Ref]*
        9 Refused   *[Terminate BIZ Qs-NS/Ref]*

Quse. Is this telephone number used only for personal use, only for business purposes, or for BOTH business and personal use?

        1 Personal use only
        2 Business purposes only *[SCREEN-OUT]*
        3 Both business and personal use
        7 Not sure   *[Terminate BIZ Qs-NS/Ref]*
        9 Refused   *[Terminate BIZ Qs-NS/Ref]*

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

RECORD 77777 FOR DK
RECORD 99999 FOR Ref.

IF Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST

Q Confirm. Just to confirm, is your zipcode_____?

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

IF RESPONDENT CONFIRMS ORIGINAL ZIPCODE, ASK Q BORO. IF RESPONDENT SAYS THE ZIP CODE FIRST GIVEN IS NOT CORRECT OBTAIN CORRECTED ZIP CODE. IF THIS ZIPCODE STILL DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST, OR IF Q ZIP = 77777 OR Q ZIP = 99999, ASK Q BORO

Q BORO In which of the five New York City boroughs are you residing?

READ IF NEEDED:

1 The Bronx
2 Brooklyn
3 Manhattan
4 Queens, or
5 Staten Island ?
6 DO NOT LIVE IN NYC [TERMINATE]
7 DON'T KNOW/NOT SURE [TERMINATE]
9 REFUSED [TERMINATE]

IF QUOTA OUT, WRITE DATA FOR QZIP (QZIP), QCONFIRM (QCONFIRM), AND QBORO (QBORO) FROM MAIN SUB_SCRIPT. WRITE DATA FROM SAMPLE FOR UHF, REPLICATE, QKEY – THE ORIGINAL ONE, MAILED, RESMC, CSS.

LEVEL =1

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?

READ IF NEEDED: Household members are those who spend a majority of their time living in the household.

RECORD 88 FOR NOT A PRIVATE RESIDENCE
RECORD 99 FOR REFUSED/DK

_____ Number of adults [RANGE 1-20]

IF NO ADULTS (HH=0) OR NOT A PRIVATE RESIDENCE (HH=88) OR REFUSED/DK (HH=99):
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 READ S6A, ELSE SKIP TO S6B.

s6a Then you are the person I need to speak with. Let me start by saying your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 25 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

In appreciation for your participation, after you complete the interview you can choose to enter a drawing for $100.

IF INTERVIEW BEFORE AUGUST 31: A total of 30 New Yorkers who complete the survey by August 31st will be randomly drawn.
IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: A total of 30 New Yorkers who complete the survey after August 31st will be randomly drawn.

[GO TO QWHICH]

IF HHa=2 (NOT THE ADULT)
s6b May I speak with the adult?

1 Yes - available (SKIP TO WHICH)
2 No - not available – [GO TO s6b1]
9 Refused

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

    [If either NUMMEN or NUMWOMEN = 99 then Thank and terminate]

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

    1 Yes - available (SKIP TO WHICH)
    2 No – not available – [GO TO S6b1]
    9 Refused

IF PICKED PERSON IS NOT AVAILABLE:

S6b1. (If s6b = 2) May I please have the adult's name so we can ask for them when we call back?/(If q pick = 2) May I please have the (PICKED PERSON'S) name so that we can speak with [them] when we call back?

    1 Gave response – (ENTER RESPONSE)
    7 (VOL) Don't know – (Thanks and terminate)
    9 (VOL) Refused – (Thanks and terminate)

Q WHICH INTERVIEWER: SELECT LANGUAGE

1 English
2 Spanish
3 Russian Paper
4 Chinese Paper

IF HHa = 1 GO TO Q1.1, ELSE GO TO Q HELLO
Q HELLO

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. 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.

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END LANDLINE INTRODUCTION

<u>**CELL PHONE INTRODUCTION**</u>

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. We're conducting an important telephone survey to learn more about the health of New Yorkers. Your cell phone number was randomly chosen to participate in our study. I just have a few questions to find out if you are eligible for the study.

Programmer: For the voice mail messages, respondents to receive a voice mail message on the first, third and ninth unsuccessful attempts to make contact.

ELIGIBILITY QUESTIONS

Q CONF_ADULT Are you 18 years of age or older?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

> 1 YES [GO TO DRIVING]
> 2 NO [GO TO CONF_ADULT]
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_ADULT2 Is this your own cell phone or does it belong to one of your parents or a guardian?

> 1 CELL PHONE BELONGS TO MINOR
> 2 CELL PHONE BELONGS TO PARENT OR GUARDIAN [CALLBACK1]
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

IF CELL PHONE BELONGS TO MINOR [ANSWER = 1] READ: Thank you very much, but we are only interviewing persons aged 18 or older at this time. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CALLBACK1 When would be a better time to call back and speak to a parent or guardian?

_____Day   _____Time

Q DRIVING In order to ensure your safety I'd like to ask you, are you driving a car right now?

> 1 YES [GO TO CALLBACK2]
> 2 NO [GO TO Q CONF_PHN]
> 7 DON'T KNOW/ NOT SURE
> 9 REFUSED

Q CALLBACK2 When would be a better time to call you back?

_____Day _____Time

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_PHN Is this (PHONE NUMBER)?

    1 YES [GO TO CONF_CELL]
    2 NO
    7 DON'T KNOW/NOT SURE
    9 REFUSED

    IF NO: Thank you very much but I seem to have dialed the wrong number. It's possible that your number may be called at a later time. **END SURVEY**

    IF DON'T KNOW OR REFUSED: Thank you for your time. **END SURVEY**

Q CONF_CELL In order to make sure our information is correct, I would just like to double check with you. Is this a cellular telephone?

INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

    1 YES [GO TO CONF_PRVRES]
    2 NO
    7 DON'T KNOW/NOT SURE
    9 REFUSED

    IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

    CATI: CREATE 'PTYPE' VARIABLE. SET TO 1 IF QCONF_CELL=1 (CELL); SET TO 2 (LANDLINE) IF QCONF_CELL=2. TERMINATE IF SCREENING FOR CELL-ONLY HHS (SAMPLE ELEMENT GENDER=2) & PTYPE=2.

CONF_PRVRES Do you live in a private residence, that is, not in a dormitory or other type of group living situation?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

    1 YES [Go to CONF_NYC]
    2 NO
    7 DON'T KNOW / NOT SURE
    9 REFUSED

    IF NO: Thank you very much, but we are only interviewing people who live in private residences at this time. **END SURVEY**

    IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

Q CONF_NYC In which of the five New York City boroughs do you live?

READ IF NECESSARY: The five boroughs of New York City include The Bronx, Brooklyn, Manhattan, Queens and Staten Island.

```
1 The Bronx        [GO TO LANDLINE]
2 Brooklyn         [GO TO LANDLINE]
3 Manhattan        [GO TO LANDLINE]
4 Queens           [GO TO LANDLINE]
5 Staten Island    [GO TO LANDLINE]
6 DO NOT LIVE IN NYC
7 DON'T KNOW/NOT SURE
9 REFUSED
```

IF RESPONDENT DOES NOT LIVE IN NYC [ANSWER = 6]: Thank you very much, but we are only interviewing people who currently live in New York City. **END SURVEY**

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

IF PTYPE=2, SKIP TO QZIP

Q LANDLINE Do you also have a landline telephone that is used to make and receive calls in your home?

READ ONLY IF NECESSARY: "By landline telephone, we mean a "regular" telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. This would also include a cordless phone that receives service by being connected to outside telephone lines through a jack in the wall."

INTERVIEWER: TELEPHONE SERVICE OVER THE INTERNET COUNTS AS LANDLINE SERVICE. PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

```
1 YES
2 NO   [GOTO INTRO1]
7 DON'T KNOW/NOT SURE
9 REFUSED
```

IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**
IF 'YES' & SCREENING FOR CELL-ONLY HHS (SAMPLE ELEMENT GENDER=2): Thank you very much for your time. **END SURVEY.**

INTRO1 FOR PTYPE=1 (CELL PHONES) – SKIP TO QHELLO IF PTYPE=2
INTRO1 Thank you. Your cell phone number has been chosen randomly, and I would like to ask some further questions about your health and health practices.

Participation is voluntary: you can stop the interview at any time or decide not to answer any question. Any information you give me will be confidential. The interview takes about 25 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information.

In appreciation for the time that you spend answering our questions on your cell phone, we will provide you with ten dollars in compensation for this interview.

In appreciation for your participation, if you choose, you will also be entered in a drawing for $100. You will not receive the $100 unless you are randomly selected.

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Q ZIP Could I please have your five-digit zip code?

RECORD 99999 FOR DK/RF

IF Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST

Q Confirm. Just to confirm, is your zipcode_____?

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

IF PTYPE=2, SKIP TO QHH (IN LANDLINE INTRO)

Q WHICH INTERVIEWER: SELECT LANGUAGE

1 English
2 Spanish
3 Russian Paper
4 Chinese Paper

HEALTH STATUS

CORE
ASK ALL
Q1.1 - Would you say that in general your health is excellent, very good, good, fair or poor?

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

ACCESS

CORE
ASK ALL
Q2.1 - Do you have any kind of health insurance coverage, including private health insurance, prepaid plans such as H-M-Os, or government plans such as Medicare or Medicaid?

READ IF NEEDED: Medicare is a health insurance program for people 65 and older or persons with disabilities.

READ IF NEEDED: Medicaid is a health insurance program for persons whose income and resources cannot cover the costs of health care.

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

CORE
ASK IF Q2.1 = 1, ELSE SKIP TO Q2.3
Q2.2 - What type of health insurance do you use to pay for your doctor or hospital bills? Is it insurance through:

BEGIN READING ANSWER CHOICES
        01 Your employer

IF R CLEARLY PICKS 1, STOP READING ANSWER CHOICES AND ENTER 1. OTHERWISE, READ ENTIRE LIST.

        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 including Medicaid Managed Care
        06 The military, CHAMPUS, TriCare, or the VA
        07 COBRA, or
        08 Some other source ?
        88 NONE
        77 DON'T KNOW/NOT SURE
        99 REFUSED

ASK ALL
Q2.3 - Do you have one person or more than one person you think of as your personal doctor or health care provider?

        INTERVIEWER PROBE IF "YES": Do you have only one or more than one?

        1 YES, ONLY ONE
        2 YES, MORE THAN ONE
        3 NO
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK ALL
Q2.4 - A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor or other health care provider for a routine checkup?

        INTERVIEWER: READ ONLY IF NECESSARY

        1 Within the past 6 months (anytime less than 6 months ago)
        2 Within the past year (6 months but less than 12 months ago)
        3 Within the past 2 years (1 year but less than 2 years ago)
        4 Within the past 5 years (2 years but less than 5 years ago)
        5 5 or more years ago
        7 Don't know/Not sure
        8 Never
        9 Refused

ASK ALL
Q2.5 - When you are sick or need advice about your health, to which one of the following places do you usually go?   [Interviewer: select only one]

        BEGIN READING ANSWER CHOICES

        1 A doctor's private office

IF R CLEARLY PICKS 1, STOP READING ANSWER CHOICES AND ENTER 1. OTHERWISE, READ ENTIRE LIST.
READ:
        2 Community health center
        3 A hospital outpatient clinic
        4 A hospital emergency room or urgent care center
        5 An office of an alternative health care provider (such as acupuncturist, chiropractor, traditional healer, or herbalist)

        6 Other (specify)_____

        88 [VOL} NO USUAL PLACE

        77 DON'T KNOW/NOT SURE
        99 Refused

ASK IF Q2.3 = 1 OR 2, ELSE GO TO Q2.6
Q2.6 - The last time you needed care for an illness or injury and called your personal doctor's office for an appointment, how quickly did they see you?

        READ:

        1 Same day
        2 next day
        3 in 2-3 days
        4 in 4-5 days
        5 more than 5 days
        6 I didn't call my doctor's office
        7 DON'T KNOW
        9 REFUSED

TCNY
ASK ALL
Q2.7 - Was there a time in the past 12 months when you needed medical care but did NOT get it? Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalizations.

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

CARDIOVASCULAR HEALTH

Next are some questions about issues related to your health.
ASK ALL
Q3.1 – How long has it been since you last had your blood pressure taken by a doctor or other health professional?

        READ IF NEEDED:

        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/NOT SURE
        9 REFUSED

TCNY
ASK ALL
Q3.2 - Have you ever been told by a doctor, nurse or other health professional that you have hypertension, also called high blood pressure?

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

TCNY
ASK IF Q3.2 = 1
Q3.3– Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for your high blood pressure?

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

TCNY
ASK IF Q3.3 = 1
Q3.4 – Are you currently taking medication for your high blood pressure?

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

ASK ALL
Q3.5– How long has it been since you last had your cholesterol checked?

        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
        6 Never
        7 DON'T KNOW/NOT SURE
        9 REFUSED

TCNY
ASK ALL
Q3.6 - Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

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

CORE
ASK IF 3.6 = 1
Q3.7 - Have you ever been told by a doctor, nurse or other health professional that you need to take medicine for your high cholesterol?

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

TCNY
ASK IF 3.6 = 1
Q3.8 - Are you currently taking medication to lower your high cholesterol?

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

DIABETES AND ASTHMA

CORE
ASK ALL
Q4.1- Have you ever been told by a doctor, nurse or other health professional 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

CORE
ASK ALL
Q4.2 - 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

ASK IF Q4.2 = 1
Q4.3 - In the last 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

Q4.4 TO BE ASKED IN WAVE 1 ONLY

ASK ALL
Q4.4 – Have you ever been told by a doctor, nurse or other health professional that you have arthritis of the knee or hip?

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

MENTAL HEALTH

READ: The next few questions are about your mental health

TCNY
ASK ALL
Q5.1 - 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 FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER 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

TCNY
ASK ALL
Q5.2 - 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 FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER 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

TCNY **ASK ALL**
Q5.3 – (READ IF NEEDED: During the past 30 days), how often did you feel

Restless or fidgety?

(READ IF NEEDED: All of the time, most of the time, some of the time,
a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER 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

TCNY
ASK ALL
Q5.4 - (READ IF NEEDED: During the past 30 days), how often did you feel

Hopeless?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER 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

TCNY
ASK ALL
Q5.5 - (READ IF NEEDED: During the past 30 days), how often did you feel

That everything was an effort?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER 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

TCNY
ASK ALL
Q5.6 - (READ IF NEEDED: During the past 30 days), how often did you feel

Worthless?

(READ IF NEEDED: All of the time, most of the time, some of the time, a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER 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

```
***GENERATE K6 score*****
FOR Q 5.1 – Q 5.6,
RETAIN ORIGINAL VALUES FOR Q5.1-Q5.6 BUT RECODE NEW VALUES FOR:

CODE 1 "All of the time" = 4
CODE 2 "Most of the time" = 3
CODE 3 "Some of the time" = 2
CODE 4 A little of the of time" = 1
CODE 5 "None of the time" = 0
CODE 7 "DON'T KNOW" = 0
CODE 9 "REFUSED" = 0

K6SCORE = 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6
IF K6SCORE>12 THEN SPD_PY=1;
ELSE IF  K6SCORE<=12, THEN SPD_PY =2;

If K6SCORE => 13 THEN QUAL_1 = 1; [QUALIFY FOR FOLLOW UP]
ELSE IF K6SCORE <13 THEN QUAL_1 = 2;
```

TCNY
ASK IF SPD_PY=1
Q5.7 We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

        1 A LOT
        2 SOME
        3 A LITTLE
        4 NOT AT ALL
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK ALL
Q5.8- DURING THE PAST 30 DAYS, 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 REFUSED

ASK IF Q5.8 ≠ 1
Q5.9- IN THE LAST 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 REFUSED

CATI: CREATE YRDATE = MONTH AND YEAR FROM 12 MONTHS AGO (EX: IF <mark>DATE=5/3/12, 'YRDATE'=MAY 2011; if DATE=6/25/12, 'YRDATE'=JUNE 2011)</mark>

ASK ALL
Q5.10 – Now think about the past 12 months – that is since (YRDATE). Was there a month in the past 12 months (since [YRDATE]) when you felt more depressed, anxious, or emotionally stressed than you felt during the past 30 days?

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

ASK ALL
Q5.11–Have you ever been told by a doctor, nurse or other health professional that you have bipolar disorder, mania, psychosis, schizophrenia, or schizoaffective disorder?

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

TOBACCO

READ: The next few questions are about your use of tobacco.

TCNY
ASK ALL
Q6.1 - Have you smoked at least 100 cigarettes in your entire life?

READ IF NEEDED: 100 cigarettes=5 packs.

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

TCNY
ASK IF Q6.1 = 1, ELSE SKIP TO Q6.11
Q6.2 - 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

ASK IF Q6.2 = 1
Q6.3 - How many cigarettes on average do you smoke per day?

        ___ PER DAY [RANGE 1-200]
        777 DON'T KNOW/NOT SURE
        999 REFUSED

ASK IF Q6.2 = 2
Q6.3a - On the days that you smoke, how many cigarettes on average do you smoke per day?

        ___ PER DAY [RANGE 1-200]
        777 DON'T KNOW/NOT SURE
        999 REFUSED

ASK IF Q6.2 = 2 AND Q6.3a ≠ 777 OR 999
Q6.3b - On average, about how many days per month do you smoke?

        1_ _ DAYS PER MONTH [RANGE 0-30]
        2_ _ DAYS PER WEEK [RANGE 0-7]
        777   DON'T KNOW/NOT SURE
        999   REFUSED

ASK IF Q6.2 = 1 OR 2
Q6.4 - 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 IF Q6.2 = 3
Q6.5 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]

    1___ WEEKS (RANGE 0-52)
    2___ MONTHS (RANGE 0-12)
    3___ YEARS (RANGE 0-99)
    888 NEVER SMOKED REGULARLY
    777 DON'T KNOW/NOT SURE
    999 REFUSED

ASK IF Q6.2 = 1 OR 2
(CURRENT SMOKERS)
Q6.6 - 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 ROLLED OWN
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK IF Q6.6 = 1, 2 OR 3
Q6.7 - **(CURRENT SMOKERS WHO LAST SMOKED A CIGARETTE FROM A CARTON, PACK OR LOOSIE)**
Where did you get that [ANSWER FROM Q6.6]?

    01 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
    02 From another person or on the street in New York City
    03 Outside New York City but in New York State
    04 In a different state
    05 Through the internet or mail
    06 Indian Reservation
    07 Outside the US
    88 Somewhere else (SPECIFY) _____
    77 DON'T KNOW/NOT SURE
    99 REFUSED

ASK IF Q6.2 = 1, 2 OR Q6.5 < 1 YEAR
(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)
Q6.8- During the last twelve months, did you use any of the following aids to help you quit? A Nicotine patch, nicotine gum, nicotine lozenge, nicotine nasal spray or nicotine inhaler?

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

ASK IF Q6.2 = 1, 2 OR Q6.5 < 1 YEAR
(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)
Q6.9 - (During the last twelve months, did you use) a prescription pill to block the craving of smoking, like Zyban, Bupropion or Chantix?

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

ASK IF Q6.2 = 1, 2 OR Q6.5 < 1 YEAR
(CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO)
Q6.10 - During the last 12 months, has a doctor, nurse, or other health professional advised you to quit smoking?

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

ASK ALL
Q6.11 - Does anyone (READ IF Q6.2 = 1 OR 2: else) who lives in your household smoke regularly?

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

ASK ALL
Q6.12 – When you are at home, how often are you around people when they are smoking? All of 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

IMMUNIZATIONS

READ: The next few questions are about vaccinations.

CORE
ASK ALL
Q10.1 - During the past 12 months, have you had a flu shot in your arm or a flu vaccine that was sprayed in your nose?

> IF NEEDED: This question is only asking about SEASONAL or regular flu, not H1N1 or Swine Flu

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

CORE
ASK IF Q10.1 = 1
Q10.2 - 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, 2011, and March 31, 2012?

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

ASK IF Q10.1=1
Q10.3 - Where did you get your most recent flu shot or vaccine?

READ ONLY IF NECESSARY:

> 1 A doctor's office
> 2 A Health Department Clinic
> 3 A clinic in a Hospital
> 4 A clinic or health center in the community (example: Community Health Center)
> 5 A Senior, Recreation, or Community Center
> 6 A pharmacy or other store
> 7 At an emergency room
> 8 Workplace, or
> 9   Some other place (SPECIFY:_____)
> 77 DON'T KNOW
> 99 REFUSED

ASK ALL
Q10.4 - Have you ever received at least one dose of the hepatitis B vaccine?

READ IF NEEDED: The hepatitis B vaccine is given in three separate doses. It is recommended for newborn infants, adolescents and people such as health care workers, who may be exposed to the hepatitis B virus. Even one dose counts as receiving the vaccine.

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

ASK ALL
Q10.5 - 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

DEMOGRAPHICS

SCREEN: Now I'd like to ask you some questions about yourself and your household. Your answers are only used for research purposes..

ASK ALL
Q7.1 - What is your age?

___ AGE IN YEARS [RANGE 18-98]
07 DON'T KNOW/NOT SURE
09 REFUSED

ASK IF Q7.1 = 07 OR 09, ELSE SKIP TO Q7.2
Q7.1a - 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:

1 65 or older
2 45-64
3 30-44
4 25-29, or
5 18-24
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q7.2 - 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
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q7.3 - Are you Hispanic or Latino?

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

ASK IF Q7.3 = 1, ELSE SKIP TO Q7.4
Q7.3a - Please tell me which group best represents your Hispanic or Latino origin or ancestry:

READ ANSWER CHOICES, ACCEPT FIRST RESPONSE [CATI: RANDMONIZE: 01-04]

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

ASK ALL
Q7.4 - (**READ IF Q7.3=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 ANSWER CHOICES, MULTIPLE RESPONSE:

     01 White
     02 Black or African American
     03 Asian
     04 Native Hawaiian or Other Pacific Islander
     05 American Indian, Alaska Native, or
     08 Something else (SPECIFY) _____
     77 DON'T KNOW/NOT SURE
     99 REFUSED

                                                                          QLEVEL = 4

ASK IF MORE THAN ONE ANSWER TO Q7.4, ELSE SKIP TO Q7.5
Q7.4a - Which one of these groups would you say best represents your race?

READ MENTIONED RACES:
CATI Note: Fill selected races from Q7.4.
     1 White
     2 Black or African American
     3 Asian
     4 Native Hawaiian or Other Pacific Islander
     5 American Indian, Alaska Native
     8 Other named in Q7.4
     7 DON'T KNOW/NOT SURE
     9 REFUSED

ASK IF Q7.4 OR Q7.4a = 3 [ASIAN]
Q7.5 – Please tell me which group best represents your Asian heritage or ancestry?

    READ ANSWER CHOICES, ACCEPT FIRST RESPONSE [CATI: RANDMONIZE: 01-06]

     01 Chinese
     02 Asian Indian
     03 Filipino
     04 Korean
     05 Japanese
     06 Vietnamese
     07 Something else_____
     77 DON'T KNOW/NOT SURE
     99 REFUSED

ASK ALL
Q7.6 – Where were you born? Please tell me the country.

    1 USA
    2 Outside USA [List of countries, includes Puerto Rico and other US territories
    (SKIP TO Q7.6a)

    INTERVIEWER: PUERTO RICO AND OTHER US TERRITORIES ARE CONSIDERED OUTSIDE OF THE
    UNITED STATES

ASK IF Q7.6 = 2
Q7.6a

60. AFRICA	30. IRELAND
61. ALBANIA	31. ISRAEL
62. ANTIGUA	32. ITALY
01. ARGENTINA	33. JAMAICA
64. AUSTRIA	34. JAPAN
02. AUSTRALIA	35. KOREA
03. BANGLADESH	87. MALAYSIA
04. BARBADOS	36. MEXICO
05. BELARUS	37. NICARAGUA
68. BELIZE	38. NIGERIA
06. BOLIVIA	39. PAKISTAN
07. BRAZIL	40. PANAMA
08. CANADA	41. PERU
09. CARIBBEAN	42. PHILIPPINES
10. CHILE	43. POLAND
11. CHINA	44. PUERTO RICO
12. COLOMBIA	45. ROMANIA
13. COSTA RICA	46. RUSSIA
14. CUBA	47. SIERRA LEONE
73. CZECHOSLOVAKIA	48. SOUTH AMERICAN
15. DOMINICAN REPUBLIC	49. SPAIN
16. ECUADOR	102. ST. LUCIA
17. EGYPT	103. ST. VINCENT
18. EL SALVADOR	50. TAIWAN
74. ENGLAND	51. TRINIDAD AND TOBAGO
75. EUROPE	52. TURKEY
19. FRANCE	53. UKRAINE
20. GERMANY	54. UNITED KINGDOM (INCLUDES
21. GHANA	ENGLAND, N. IRELAND, SCOTLAND,
22. GREECE	WALES)
78. GRENADA	109. UZBEKISTAN
23. GUATEMALA	55. VENEZUELA
24. GUYANA	56. VIETNAM
25. HAITI	110. VIRGIN ISLANDS
26. HONDURAS	57. WEST INDIAN
27. HONG KONG	58. YUGOSLAVIA
28. HUNGARY	66. OTHER (SPECIFY)_____
29. INDIA	77. DON'T KNOW/NOT SURE
81. IRAN	99. REFUSE

ASK IF Q7.6 = 2, ELSE SKIP TO Q7.8
Q7.7 - How long have you lived in this country?

READ IF NEEDED:

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

ASK ALL
Q7.8 - 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
Q7.9 - Are you. . .

READ ALL RESPONSES:

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

ASK ALL
Q7.10 - 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 Homosexual, gay or lesbian
      3 Bisexual
      7 DON'T KNOW/NOT SURE
      9 REFUSED

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

ASK ALL
Q7.11 - What is the highest grade or year of school you completed?

READ IF NEEDED:

        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), or
        6 College 4 years or more (COLLEGE GRADUATE) ?
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF PTYPE=1
CQHH - How many members of your household, INCLUDING YOURSELF, are 18 years of age or older?

    READ IF NEEDED: Household members are those who spend a majority of their time living in the household.

    RECORD 99 FOR REFUSED/DK

    _____ Number of adults [RANGE 1-20]

ASK ALL
Q7.12 - How many children younger than 18 live in the household?

READ IF NEEDED: Include all children who live in the household the majority of a typical week.

        __ NUMBER OF CHILDREN [RANGE 0-25]
        77 DON'T KNOW/NOT SURE
        99 REFUSED

ASK ALL
Q7.13 - Are you currently. . .

        01 Employed for wages or salary

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

        02 Self-employed
        03 A Homemaker
        04 A Student
        05 Retired
        06 Unable to work
        07 Unemployed for 1 year or more, or
        08 Unemployed for less than 1 year ?
        77 DON'T KNOW/NOT SURE
        99 REFUSED

CATI Note: Only one choice can be entered. Entries must be zero filled.

> If Q7.12 = 77 or 99, skip to Q7.15
> Create new field NHOUSE = QHH (Number of adults) + Q7.12 (Number of Children)
> We will use NHOUSE to create a field (PVTYLVL) to populate the fill for Q7.14
> PVTYLVL = 7210 + (NHOUSE * 3960)

TCNY
READ SCREEN: The next question is about your combined household income.
[READ IF NHOUSE>1: By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.]

ASK ALL
Q7.14 - Is your household's annual income from all sources:

02 Less than $ (**PVTYLVL***2) IF "NO," ASK 05; IF "YES," ASK 01
01 Less than   .
  IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)
05 Less than $ (**PVTYLVL***5) IF "NO," ASK 06 (500-599%); IF "YES," ASK 04 (300-399%)
06 Less than $ (**PVTYLVL***6) IF "NO," CODE 07 (>600%); IF "YES," CODE 06 (500-599%)
04 Less than $ (**PVTYLVL***4) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)
07 $ (**PVTYLVL***6)
03 Less than $ (**PVTYLVL***3) IF "NO," CODE 04; IF "YES," CODE 03
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK IF Q7.14_02 = 77 OR 99, ELSE SKIP TO Q7.15
Q7.14a - Can you just tell me if your annual household income is less than $ **PVTYLVL**?

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

IF Q2.1 = 2 AND Q7.14 = 01 OR Q7.14a = 1 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
Q7.15 - About how tall are you without shoes?

READ IF NEEDED: You can answer in either feet and inches OR in centimeters.

NOTE: If respondent answers in metrics put "9" in first column
ROUND FRACTIONS DOWN

        _ _ / _ _ Height
        (feet/inches or meters/centimeters)
        [RANGES FEET=3-9/INCHES= 0-11 || METERS=0-3/CENTIMETERS=0-275]
        7777 Don't Know
        9999 Refused

YOU MUST ENTER EITHER BOTH FEET AND INCHES OR CENTIMETERS – NOT BOTH. IF 0 (ZERO) INCHES, PLEASE ENTER ZERO. DO NOT LEAVE BLANK.

CATI note: 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.

ASK ALL
Q7.16 - About how much do you weigh without shoes?

READ IF NEEDED: You can answer in either pounds OR kilograms.

NOTE: If respondent answers in metrics put "9" in first column
ROUND FRACTIONS UP

        _ _ _ _ Weight
        (pounds or kilograms)
        [RANGES POUNDS=50-600 || KILOGRAMS= 20-275]
        7777 Don't Know
        9999 Refused

YOU MUST ENTER EITHER POUNDS OR KILOGRAMS – NOT BOTH.

BMI FOLLOW-UPS

IF Q7.16 (WEIGHT) = 9999 OR 7777 AND Q7.15 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q7.17a, Q7.17b, Q7.17c, Q7.17d (OR ASK Q7.17e, Q7.17f, Q7.17g, Q7.17h FOR METRIC).

IF Q7.15 (HEIGHT) = 9999 OR 7777 AND Q7.16 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q7.18a, Q7.18b, Q7.18c, Q7.18d (OR ASK Q7.18e, Q7.18f, Q7.18g, Q7.18h FOR METRIC).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: =
.049 * (Q7.15 height IN) * (Q7.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: =
.0427 * (Q7.15 height IN) * (Q7.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: =
.0356*(Q7.15 height IN)*(Q7.15 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: =
.0263*(Q7.15 height IN)*(Q7.15 height IN)

ASK IF Q7.16 = 9999 OR 7777 AND Q7.15 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1
Q7.17a - Do you weigh less than [critical weight for **OBESE**]?

        1 YES, WEIGH LESS**[SKIP TO Q7.17c]**
        2 NO, DON'T WEIGH LESS**[SKIP TO Q7.17b]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.17a = 2, ELSE SKIP TO Q7.17C
Q7.17b – Do you weigh less than [critical weight for **VERY OBESE**]?

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

ASK IF Q7.17a = 1, *ELSE SKIP TO Q8.1*
Q7.17C – Do you weigh less than [critical weight for **OVERWEIGHT**]?

        1 YES, WEIGH LESS**[SKIP TO Q7.17d]**
        2 NO, DON'T WEIGHT LESS
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.17c = 1, *ELSE SKIP TO Q8.1*
Q7.17d – Do you weigh less than [critical weight for **UNDERWEIGHT**]

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

CRITICAL WEIGHT FOR METRIC VERY OBESE =
.0035 * (Q7.15 height CM)*(Q7.15 height CM)

CRITICAL WEIGHT FOR METRIC OBESE
= .003 * (Q7.15 height CM)*(Q7.15 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q7.15 height CM)*(Q7.15 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q7.15 height CM)*(Q7.15 height CM)

ASK IF Q7.15 = 9999 OR 7777 AND Q7.14 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1
Q7.17e - Do you weigh less than [critical weight for **METRIC OBESE**]?

        1 YES, WEIGH LESS**[SKIP TO Q7.17g]**
        2 NO, DON'T WEIGH LESS**[SKIP TO Q7.17f]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.17e = 2, ELSE SKIP TO Q7.17g
Q7.17f – Do you weigh less than [critical weight for **METRIC VERY OBESE**]?

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

ASK IF Q7.17e = 1, *ELSE SKIP TO Q8.1*
Q7.17g – Do you weigh less than [critical weight for **METRIC OVERWEIGHT**]?

        1 YES, WEIGH LESS**[SKIP TO Q7.17h]**
        2 NO, DON'T WEIGHT LESS
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.17g = 1, *ELSE SKIP TO Q8.1*
Q7.17h – Do you weigh less than [critical weight for **METRIC UNDERWEIGHT**]

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

CRITICAL HEIGHT IN INCHES FOR VERY OBESE =
SQUARE ROOT OF (20.09 * Q7.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE:
= SQUARE ROOT OF (23.43 * Q7.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * Q7.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * Q7.16 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q7.15 = 9999 OR 7777 AND Q7.16 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1
Q7.18a- Is your height less than [critical height for **OBESE**]?

        1 YES, LESS **[SKIP TO Q7.18b]**
        2 NO, NOT LESS **[SKIP TO Q7.18c]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.18a = 1, *ELSE SKIP TO Q7.18c*
Q7.18b- Is your height less than [critical height for **VERY OBESE**]?

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

ASK IF Q7.18a = 2, *ELSE SKIP TO Q8.1*
Q7.18c - Is your height less than [critical height for **OVERWEIGHT**]?

        1 YES, LESS
        2 NO, NOT LESS **[SKIP TO Q7.18d]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.18c = 2, *ELSE SKIP TO Q8.1*
Q7.18d - 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 VERY OBESE =
SQUARE ROOT OF (286 * Q7.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE
= SQUARE ROOT OF (333 * Q7.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * Q7.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * Q7.16 weight KILOS)

ASK IF Q7.15 = 9999 OR 7777 AND Q7.16 ≠ 9999 OR 7777, ELSE SKIP TO Q8.1
Q7.18e - Is your height less than [critical height for **METRICOBESE**]?

        1 YES, LESS **[SKIP TO Q7.18f]**
        2 NO, NOT LESS **[SKIP TO Q7.18g]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.18e = 1, *ELSE SKIP TO Q7.18g*
Q7.18f - Is your height less than [critical height for **METRIC VERYOBESE**]?

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

ASK IF Q7.18e = 2, *ELSE SKIP TO Q8.1*
Q7.18g - Is your height less than [critical height for **METRICOVERWEIGHT**]?

        1 YES, LESS
        2 NO, NOT LESS **[SKIP TO Q7.18h]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.18g = 2, *ELSE SKIP TO Q8.1*
Q7.18h - Is your height less than [critical height for **METRICUNDERWEIGHT**]?

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

NUTRITION

READ SCREEN: And now some questions about food and drinks.

TCNY
ASK ALL
Q8.1 - Thinking about nutrition...how many total servings of fruit and/or vegetables did you eat yesterday? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

> INTERVIEWER: IF RESPONDENT TELLS YOU WHAT FRUITS/VEGETABLES HE/SHE ATE, ADD UP THE SERVINGS AFTER REPEATING THE QUESTION ONCE.
>
> PROBE: You ate (REPEAT ALL THE FRUITS AND VEGETABLES RESPONDENT SAID). That adds up to X servings. Would you say you ate X servings of fruits and vegetables yesterday?
>
> _____ NUMBER OF SERVINGS [CATI RANGE 0 – 50]
>
> 77 DON'T KNOW/NOT SURE
> 99 REFUSED

ASK ALL
Q8.1a - In general, how healthy is your overall diet? Would you say excellent, very good, good, fair or poor?

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

TCNY
ASK ALL
Q8.2 - How often do you drink sugar sweetened soda? Do NOT include diet soda or seltzer.

READ IF NEEDED: How many sodas do you drink per day, per week or per month?

READ IF NEEDED: One drink of soda would equal a 12 ounce can, bottle or glass.

> 1__ PER DAY (RANGE 1-99)
> 2__ PER WEEK (RANGE 1-99)
> 3__ PER MONTH (RANGE 1-99)
>
> 888 NONE / NEVER / RARELY
> 777 DON'T KNOW/NOT SURE
> 999 REFUSED

CATI: ONLY ONE FIELD CAN BE ENTERED

TCNY
ASK ALL
Q8.3 - How often do you drink other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice.

READ IF NEEDED: How many sweetened drinks do you drink per day, per week or per month?

READ IF NEEDED: One drink of sweetened drinks would equal a 12 ounce can, bottle or glass.

        1__ PER DAY (RANGE 1-99)
        2__ PER WEEK (RANGE 1-99)
        3__ PER MONTH (RANGE 1-99)

        888 NONE / NEVER / RARELY
        777 DON'T KNOW/NOT SURE
        999 REFUSED

CATI NOTE: ONLY ALLOW ONE FIELD TO BE ENTERED.

ASK ALL
Q8.4 – In the last 30 days, was there a time when you changed your mind about buying a food product because of the sodium or salt content listed on the nutrition facts panel?

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

PHYSICAL ACTIVITY

READ: Now I will ask you some questions about physical activity.

ASK ALL
Q9.1a - In general, how physically active are you? Would you say very active, somewhat active, not very active or not active at all?

        1 VERY ACTIVE
        2 SOMEWHAT ACTIVE
        3 NOT VERY ACTIVE
        4 NOT ACTIVE AT ALL
        7 DON'T KNOW/NOT SURE
        9 REFUSED

TCNY
ASK ALL
Q9.1 - During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

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

ASK ALL
Q9.2 – During the past 30 days, have you walked more than 10 blocks as part of getting to and from work, school, public transportation or to do errands?

        1 YES
        2 NO
        3 (VOLUNTEER ONLY): PHYSICALLY UNABLE TO WALK 10 BLOCKS
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK ALL
Q9.3 – During the past 30 days, have you bicycled more than 10 blocks as part of getting to and from work, school, public transportation or to do errands?

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

ASK ALL
Q9.4 - In the past 12 months, how often have you ridden a bicycle in one of the five boroughs of New York City? Would you say once a week or more, several times a month, at least once a month, a few times a year, or never?

IF ASKED: This does not include a stationary bike.

        1 ONCE A WEEK OR MORE
        2 SEVERAL TIMES A MONTH
        3 AT LEAST ONCE A MONTH
        4 A FEW TIMES A YEAR
        5 NEVER
        6 [VOL] PHYSICALLY UNABLE TO RIDE A BIKE
        7 DON'T KNOW/NOT SURE
        9 REFUSED

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

ASK ALL
Q9.6 – How often do you do vigorous leisure-time physical activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?

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

        1__ PER DAY (RANGE: 1-4)
        2__ PER WEEK (RANGE: 1 - 28)
        3__ PER MONTH (RANGE: 1 - 120)
        4__ PER YEAR (RANGE: 1 – 1456)
        666 UNABLE TO DO THIS ACTIVITY
        888 NEVER
        777 DON'T KNOW/NOT SURE
        999 REFUSED

CATI Note: Only allow one field to be entered.

ASK IF Q9.6 NE 666,888, 777 OR 999
Q9.7 – About how long do you do these vigorous leisure-time physical activities each time?

READ IF NEEDED: For how many minutes or hours do you do these activities each time?

        __ MINUTES [RANGE 00-59]
        __ HOURS [RANGE 0-5]
        77 DON'T KNOW/NOT SURE
        99 REFUSED

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

ASK ALL
Q9.8 - How often do you do light or moderate leisure-time physical activities for at least 10 minutes that cause only light sweating or a slight to moderate increase in breathing or heart rate?

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

         1__ PER DAY (RANGE 1 - 4)
         2__ PER WEEK (RANGE 1 - 28)
         3__ PER MONTH (RANGE 1 - 120)
         4__ PER YEAR (RANGE: 1 - 1456)
         666 UNABLE TO DO THIS ACTIVITY
         888 NEVER
         777 DON'T KNOW/NOT SURE
         999 REFUSED

CATI Note: Only allow one field to be entered.

ASK IF Q9.8 NE 666,888,777 OR 999
Q9.9 - About how long do you do these light to moderate leisure-time physical activities each time?

READ IF NEEDED: For how many minutes or hours do you do these activities each time?

         __ MINUTES [RANGE 00-59]
         __ HOURS [RANGE 0-5]
         77 DON'T KNOW/NOT SURE
         99 REFUSED

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

ASK IF Q9.9 NE 77 OR 99
Q9.9a -How many of those (**CATI: FILL HOURS OR MINUTES FROM ABOVE**) are moderate activity that caused a moderate increase in your breathing or heart rate? Do not include light-activity.

READ IF NEEDED: For how many minutes or hours do you do these activities each time?

         __ MINUTES [RANGE 00-59]
         __ HOURS [RANGE 0-5]
         77 DON'T KNOW/NOT SURE
         99 REFUSED

CANCER

SCREEN: Now I will ask you some questions about cancer screenings.

ASK IF Q7.2 = 2, ELSE SKIP TO Q11.5
Q11.1 - 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

ASK IF Q11.1 = 1, ELSE SKIP TO Q11.3
Q11.2 - How long has it been since your last mammogram?

READ IF NEEDED

        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, or
        5 5 or more years ago ?
        7 DON'T KNOW/NOT SURE
        9 REFUSED

Q11.3 AND Q11.4 ASKED IN WAVE 2 ONLY

ASK IF Q7.2 = 2, ELSE SKIP TO Q11.5
Q11.3 – 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

ASK IF Q11.3 = 1, ELSE SKIP TO Q11.5
Q11.4 – How long has it been since your last pap smear?

READ IF NEEDED

        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, or
        5 5 or more years ago ?
        7 DON'T KNOW/NOT SURE
        9 REFUSED

TCNY
ASK IF Q7.1 >=45 (OR Q7.1a = 1 OR 2), ELSE SKIP TO Q12.1
Q11.5 - A colonoscopy [KOH-LUH-NOS-KUH-PEE] 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?

READ IF NEEDED: 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.

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

TCNY
ASK IF Q11.5 = 1
Q11.6 - When was your most recent colonoscopy [KOH-LUH-NOS-KUH-PEE] performed?

        READ IF NEEDED

        1 Less than 1 year ago
        2 1 year ago but less than 5 years ago
        3 5 years ago but less than 10 years ago, or
        4 10 or more years ago ?
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q7.1 >=45 (OR Q7.1a = 1 OR 2), ELSE SKIP TO Q12.1
Q11.7 – A blood stool test is a test that may use a special kit at home, which is mailed back to a lab to determine whether the stool contains blood. Have you ever had this test?

        READ IF NEEDED: This is a test done at home and not at a doctor's office.

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

ASK IF Q11.7 = 1
Q11.8 – How long has it been since you had your last blood stool test using a home kit?

        1 Less than a 1 year 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

HIV TESTING

SCREEN: Now I am going to ask you about HIV testing. Do NOT count any test you might have had as a part of a blood donation.

CORE
ASK ALL
Q12.1 - Have you had an HIV test in the last 12 months?

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

TCNY
ASK IF Q12.1 NE 1
Q12.2 - Have you ever had an HIV test?

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

SEXUAL BEHAVIOR

SCREEN: 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.

WOMEN ONLY:
CORE
ASK IF Q7.2 = 2, ELSE SKIP TO Q13.1m (ASK ALL WOMEN)
Q13.1f - 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.

    ___ NUMBER [CATIRANGE 0 - 499]

    777 DON'T KNOW/NOT SURE
    999 REFUSED

CORE
ASK IF Q13.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q13.3f
Q13.2f - The last time you had sex, did you use a condom?

    IF ASKED: This includes the "female condom"

    IF ASKED: This is the last time you had sex with a man.

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

CORE
ASK IF Q7.2 = 2 (ASK ALL WOMEN)
Q13.3f - During the past 12 months, with how many women have you had sex?

READ IF NEEDED: By sex we mean oral, vaginal or anal sex, but not masturbation.

    ___ NUMBER [CATIRANGE 0 - 499]

    777 DON'T KNOW/NOT SURE
    999 REFUSED

CORE
ASK IF Q13.1f > 0 AND NOT 777 OR 999
Q13.4f - In the past 12 months, have you had anal sex?

READ IF NEEDED: By anal sex, we mean having your partner put his penis in your rectum.

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

CORE
ASK IF Q13.4f = 1
Q13.5f - In the past 12 months, when you have had anal sex have you or your partner used a condom? Every time, some of the time, or never?

    1 EVERY TIME
    2 SOME OF THE TIME
    3 NEVER
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK IF Q13.1f OR Q13.3f > 0 AND NOT 777 OR 999
Q13.6f - Have you used the internet to meet a partner for a sexual encounter in the past 12 months?

>   READ IF NEEDED: By using the internet we mean specifically for the purpose of finding a sexual partner, not a relationship.

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

SEXUAL BEHAVIOR

MEN ONLY:

CORE
ASK IF Q7.2 = 1, ELSE SKIP TO Q14.1 (ASK ALL MEN)
Q13.1m - 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.

        ___ NUMBER [CATIRANGE 0 - 499]
        RECORD 777 FOR DON'T KNOW/NOT SURE
        RECORD 999 FOR REFUSED

TCNY
ASK IF Q7.2 = 1 (ASK ALL MEN)
Q13.2m - During the past 12 months, with how many men have you had sex?

READ IF NEEDED: By sex we mean oral or anal sex, but not masturbation.

        ___ NUMBER [CATIRANGE 0 - 499]
        777 DON'T KNOW/NOT SURE
        999 REFUSED

CORE
ASK IF Q13.2m >0 and NOT 777,999 (Only Gay or Bisexual Men who were active in past 12 months), ELSE SKIP TO Q13.4m
Q13.3 m - 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

CORE
ASK IF (Q13.1m >0 AND Q13.1m <500, AND (Q13.2m = 0)) OR ((Q13.1m >0 AND Q13.1m <500) AND (Q13.2m = 777 OR Q13.2m = 999)), ELSE SKIP TO Q13.5m (Only heterosexual males)
Q13.4m - 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

CORE
ASK IF Q13.1m > 0 AND NOT 777 OR 999, AND Q13.2m > 0 AND NOT 777 OR 999). (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q13.6
Q13.5m - 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

TCNY
ASK IF Q13.1m OR Q13.2m > 0 AND NOT 777 OR 999
Q13.6m - In the past 12 months, have you had anal sex?

READ IF NEEDED:
(IF Q13.1m>0 AND Q13.2m=0) By anal sex, we mean putting your penis in your partner's rectum.
(IF Q13.2m>0 AND Q13.1m>=0) By anal sex, we mean putting your penis in your partner's rectum or having your partner put his penis in your rectum.

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

TCNY
ASK IF Q13.6m = 1
Q13.7m - In the past 12 months, when you have had anal sex have you or your partner used a condom? Every time, some of the time, or never?

        1 EVERY TIME
        2 SOME OF THE TIME
        3 NEVER
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q13.1m OR Q13.2m > 0 AND NOT 777 OR 999
Q13.8m - Have you used the internet to meet a partner for a sexual encounter in the past 12 months?

        READ IF NEEDED: By using the internet we mean specifically for the purpose of finding a sexual partner, not a relationship.

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

ALCOHOL AND PRESCRIPTION DRUG ABUSE

SCREEN: Now a few questions about alcohol.
CORE
ASK ALL
Q14.1 - 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?

        1 __ DAYS PER WEEK [RANGE 1-7]
        2 __ DAYS IN PAST 30 [RANGE 1-30]

        888 NO DRINKS IN THE PAST 30 DAYS
        777 DON'T KNOW/NOT SURE
        999 REFUSED

CATI Note: Only allow one field to be entered.

CORE
ASK IF Q14.1 > 0 BUT NOT 777 OR 999
Q14.2 - On the days when you drank, about how many drinks did you drink on average?

INTERVIEWER: ROUND UP. 1/2 A DRINK CODE AS "1 DRINK"

        __ NUMBER OF DRINKS [RANGE OF 1-50 WITH A MINIMUM OF 1 DRINK]
        77 DON'T KNOW/NOT SURE
        99 REFUSED

CORE
ASK IF Q14.1 > 0 BUT NOT 77 OR 99
Q14.3 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have
[IF Q7.2 = 1 READ: 5 or more drinks on one occasion?]
[IF Q7.2 = 2 OR IF Q7.2 = 7|9 READ: 4 or more drinks on one occasion?]

        __ NUMBER OF TIMES [CATI RANGE 0 -50]
        77 DON'T KNOW/NOT SURE
        99 REFUSED

INTRODUCTION CHANGE JUNE 2012
READ: The next few questions are about medications that require a prescription. Do not include 'over the counter' medications. Your answers are strictly confidential and your name or phone number will not be given to the health department. It is important that you provide accurate answers.

I will first ask you about prescription pain relievers and then I will ask you about prescription tranquilizers.

IF W1 LANDLINE REP<=110 OR CELL REP<=95, ASK ORIGINAL DRUG QUESTIONS Q14.4 to Q14.7, ELSE ASK NEW QUESTIONS 14.4a to 14.7c
<u>**ORIGINAL DRUG QUESTIONS**</u>
Q14.4 – In the past 12 months have you even once used a prescription pain reliever such as oxycodone or hydrocodone that was either not prescribed to you, or that was prescribed but that you took more than instructed?

> READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

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

ASK IF Q14.4 = 1
Q14.5 – In the past 12 months, how often did you take a prescription pain reliever that was either not prescribed to you, or that was prescribed but that you took more than instructed?

> READ IF NEEDED: You can answer with the number of days per week, days per month or days per year.

> 1__ DAYS PER WEEK (RANGE 1-7)
> 2__ DAYS PER MONTH (RANGE 1-30)
> 3__ DAYS PER YEAR (RANGE 1-365)

> 888 NONE / NEVER / RARELY
> 777 DON'T KNOW/NOT SURE
> 999 REFUSED

READ: Now I will ask you about prescription tranquilizers such as Xanax or Valium.

ASK ALL
Q14.6 – In the past 12 months, have you even once used a prescription tranquilizer such as Xanax or Valium that was either not prescribed to you, or that was prescribed but that you took more than instructed?

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

ASK IF Q14.6 = 1
Q14.7 – In the past 12 months, how often did you take a prescription tranquilizer that was either not prescribed to you, or that was prescribed but that you took more than instructed?

>   READ IF NEEDED: You can answer with the number of days per week, days per month, or days per year.

>   1__ DAYS PER WEEK (RANGE 1-7)
>   2__ DAYS PER MONTH (RANGE 1-30)
>   3__ DAYS PER YEAR (RANGE 1-365)

>   888 NONE / NEVER / RARELY
>   777 DON'T KNOW/NOT SURE
>   999 REFUSED

NEW DRUG QUESTIONS-ASK Q14.4a to 14.7c IF W1 LANDLINE REP>110, W2, OR CELL REP>95, ELSE SKIP TO Q14.8
ASK ALL
Q14.4a – Have you ever had a prescription pain reliever such as oxycodone or hydrocodone prescribed to you?

>   READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

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

ASK IF Q14.4a = 1, ELSE SKIP TO Q14.4d
Q14.4b – In the past 12 months, have you taken any of the prescription pain relievers that had been prescribed to you, even once?
>   1 YES
>   2 NO
>   7 DON'T KNOW/NOT SURE
>   9 REFUSED

ASK IF Q14.4b = 1
Q14.4c – When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed?

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

ASK ALL
Q14.4d – In the past 12 months have you ever, even once taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

>   READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

>   1 YES
>   2 NO
>   7 DON'T KNOW/NOT SURE
>   9 REFUSED
ASK IF Q14.4c = 1 AND Q14.4d NE 1

Q14.5a – In the past 12 months, how often did you take a prescription pain reliever that was prescribed for you, but that you took at a higher dosage or took more often than was directed?

      READ: You can answer with the number of days per week, days per month or days per year.

      1__ DAYS PER WEEK (RANGE 1-7)
      2__ DAYS PER MONTH (RANGE 1-30)
      3__ DAYS PER YEAR (RANGE 1-365)

      888 NONE / NEVER / RARELY
      777 DON'T KNOW/NOT SURE
      999 REFUSED

ASK IF Q14.4d = 1 AND Q14.4c NE 1
Q14.5b - In the past 12 months, how often did you take a prescription pain reliever that was not prescribed for you?

      READ: You can answer with the number of days per week, days per month or days per year.

      1__ DAYS PER WEEK (RANGE 1-7)
      2__ DAYS PER MONTH (RANGE 1-30)
      3__ DAYS PER YEAR (RANGE 1-365)

      888 NONE / NEVER / RARELY
      777 DON'T KNOW/NOT SURE
      999 REFUSED

ASK IF Q14.4c = 1 AND Q14.4d = 1
Q14.5c - In the past 12 months, how often did you take a prescription pain reliever that was either not prescribed for you, or that was prescribed for you, but that you took at a higher dosage or more often than directed?

      READ: You can answer with the number of days per week, days per month or days per year.

      1__ DAYS PER WEEK (RANGE 1-7)
      2__ DAYS PER MONTH (RANGE 1-30)
      3__ DAYS PER YEAR (RANGE 1-365)

      888 NONE / NEVER / RARELY
      777 DON'T KNOW/NOT SURE
      999 REFUSED

READ: Now I will ask you about prescription tranquilizers.

ASK ALL
Q14.6a – Have you ever had a prescription tranquilizer such as Xanax or Valium prescribed to you?

      READ IF NEEDED: Tranquilizers are usually prescribed to relax people or calm them down. Some people call tranquilizers 'nerve pills'.

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

ASK IF Q14.6a = 1, ELSE SKIP TO Q14.6d
Q14.6b – In the past 12 months, have you taken any of the prescription tranquilizers that had been prescribed to you, even once?

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

ASK IF Q14.6b = 1
Q14.6c – When you took prescription tranquilizers in the past 12 months, did you ever, even once take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed?

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

ASK ALL
Q14.6d – In the past 12 months have you ever, even once taken a prescription tranquilizer such as Xanax or Valium that was not prescribed for you?

        READ IF NEEDED: Tranquilizers are usually prescribed to relax people or calm
        them down. Some people call tranquilizers 'nerve pills'.

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

ASK IF Q14.6c = 1 AND Q14.6d NE 1
Q14.7a – In the past 12 months, how often did you take a prescription tranquilizer that was prescribed for you, but that you took at a higher dosage or took more often than was directed?

        READ: You can answer with the number of days per week, days per month, or days
        per year.

        1__ DAYS PER WEEK (RANGE 1-7)
        2__ DAYS PER MONTH (RANGE 1-30)
        3__ DAYS PER YEAR (RANGE 1-365)

        888 NONE / NEVER / RARELY
        777 DON'T KNOW/NOT SURE
        999 REFUSED

ASK IF Q14.6d = 1 AND Q14.6c NE 1
Q14.7b - In the past 12 months, how often did you take a prescription tranquilizer that was not prescribed for you?

        READ: You can answer with the number of days per week, days per month, or days
        per year.

        1__ DAYS PER WEEK (RANGE 1-7)
        2__ DAYS PER MONTH (RANGE 1-30)
        3__ DAYS PER YEAR (RANGE 1-365)

        888 NONE / NEVER / RARELY
        777 DON'T KNOW/NOT SURE
        999 REFUSED

ASK IF Q14.6c = 1 AND Q14.6d = 1
Q14.7c - In the past 12 months, how often did you take a prescription tranquilizer that was either not prescribed for you, or that was prescribed for you, but that you took at a higher dosage or more often than directed?

> READ: You can answer with the number of days per week, days per month, or days per year.

> 1__ DAYS PER WEEK (RANGE 1-7)
> 2__ DAYS PER MONTH (RANGE 1-30)
> 3__ DAYS PER YEAR (RANGE 1-365)

> 888 NONE / NEVER / RARELY
> 777 DON'T KNOW/NOT SURE
> 999 REFUSED

ASK ALL
Q14.8 – Have you ever, even once used a needle to inject a drug that was not prescribed for you?

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

ENVIRONMENTAL

SCREEN: Now for some questions about your home

ASK ALL
Q15.1 - During the past 30 days, on how many days have you seen any cockroaches inside your home?

> _ _ NUMBER OF DAYS [RANGE=0-30]
> 7 7 DON'T KNOW/NOT SURE
> 9 9 REFUSED

ASK ALL
Q15.2 – During the past 30 days, on how many days have you seen any mice or signs of mice inside your home?

> [READ IF NEEDED: Signs of mice include droppings, burrows, and chewed food packaging.]

> _ _ NUMBER OF DAYS [RANGE=0-30]
> 7 7 DON'T KNOW/NOT SURE
> 9 9 REFUSED

ASK ALL
Q15.3 – During the past 30 days, in how many rooms have you seen damp spots or mold on the walls or ceilings? Exclude damp spots or mold in the bathroom. Would you say zero rooms, one room or two or more rooms?

> 1 Zero rooms
> 2 One room
> 3 Two or more rooms
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

HURRICANE IRENE EVACUATIONS AND EMERGENCY PREPAREDNESS

SCREEN: The next few questions are about emergencies and preparedness.

Q16a. – Last year in August 2011, the New York City area was affected by Hurricane Irene. At that time, were you living in the same place where you are living now, another place in New York City, or somewhere outside of New York City?

(IF NEEDED: New York City includes the five boroughs: the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)

        1 In the same place
        2 Another place in NYC
        3 Somewhere outside of NYC
        7 (VOL) DON'T KNOW/NOT SURE
        9 (VOL) REFUSED

IF Q16a=3, 7, or 9, SKIP TO Q16.3

ASK IF Q16a=2 (ANOTHER PLACE IN NYC)
Q16b. – What is the ZIP code of the place where you were living in August 2011 during Hurricane Irene?

        _ _ _ _ _   RECORD ZIP
        77777 DON'T KNOW/NOT SURE
        99999 REFUSED

CATI: CREATE AUGZIP. IF Q16a=1, AUGZIP=FIXZIP. IF Q16a=2, AUGZIP=Q16B

FOR Q16.1 AND Q16.2–
ASK IF AUGZIP INCLUDES [10004, 10005, 10006, 10009,10038, 10280, 10282, 10303, 10305, 10306, 10307, 10309, 10314,11096, 11109, 11224, 11231, 11235, 11691, 11692, 11693, 11694, 11695, 11697]

Q16.1 – Based on your zip code, you lived in or near an area that was prone to storm flooding by Hurricane Irene in August 2011. The Mayor asked people in certain areas to evacuate because of this risk. Where did you stay during Hurricane Irene in August 2011? Did you…

        1 Stay at home
        2 Leave your home and stay with friends or relatives
        3 Leave your home and stay in a shelter
        4 Leave your home and stay in a hotel, or
        5 Were you not in NYC at that time?
        7 DON'T KNOW/NOT SURE
        9 REFUSED

Q16.2 – To the best of your knowledge, did you live in a designated evacuation zone during Hurricane Irene in August 2011?

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

ASK ALL
Q16.3 - To prepare for a large scale disaster or emergency [if nhouse<>1 (has your household)] [if nhouse=1 (have you)] done any of the following?

[if nhouse=1 (Do you)] [if nhouse<>1 (Does your household)] have a plan to contact or reunite [if nhouse=1 (with others not living in your household such as friends, neighbors or family)] after a disaster or emergency? This could include having a meeting place or an out of state contact.
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q16.4 - (To prepare for a large scale disaster or emergency)

[if nhouse=1 (have you)] [if nhouse<>1 (has your household)] stored 'three days' worth of medications [if nhouse<>1 (for household members)] that can be used during a disaster or emergency?

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

HURRICANE SANDY EVACUATION SUPPLEMENT

More recently, many people in New York City were affected by Hurricane Sandy in late October of this year.

16.5a Did you evacuate from your home because of Hurricane Sandy? This includes evacuating before the storm OR leaving afterwards because of power outages or any other conditions that made it unsafe or difficult to live there.

        [READ IF R SAYS 'YES' WITHOUT INDICATING WHEN THEY LEFT THEIR HOME: "Did you evacuate before the onset of the storm?"]

        1   Yes, evacuated before
        2   Yes, left afterwards (or during the storm)
        3   No, did not leave home because of Sandy
        7   (VOL) DK/Not sure
        9   (VOL) Refused

[IF YES TO 16.5a]
16.5b Are you staying in your home again now?

        1   Yes
        2   No
        7   (VOL) DK/Not sure
        9   (VOL) Refused

[IF YES TO 16.5b]
16.5c How many days were you unable to stay in your home because of Hurricane Sandy?
        READ IF NEEDED: Hurricane Sandy hit New York City over October 29th and 30th.

        _____Days [RANGE 1 – 60]
        0   Less than one day/a few hours
        77   (VOL) DK/Not sure

```
999    (VOL) Refused
```

[ASK IF VERSION=LANDLINE OR QLANDL=1 / HAVE LANDLINE AT HOME]

16.6a As a result of Hurricane Sandy, was your landline home telephone service
       interrupted so that you were unable to receive calls on that line?
       (INTERVIEWER NOTE: IF R SAYS THEY EVACUATED/WERE NOT HOME, ASK IF THEY KNOW
       WHETHER THEIR LANDLINE HOME PHONE SERVICE WAS INTERRUPTED BECAUSE OF THE STORM)

```
1      Yes
2      No
7      (VOL) DK/Not sure
9      (VOL) Refused
```

16.8   [IF YES]: For how many days were you unable to receive calls on your landline
       home telephone line?

       READ IF NEEDED: Hurricane Sandy hit New York City over October 29th and 30th.

```
_____Days [RANGE 1 – 60]
0      Less than one day/a few hours
66     STILL UNABLE TO RECEIVE CALLS
77     (VOL) DK/Not sure
99     (VOL) Refused
```


TELEPHONE MODULE

LANDLINE TELEPHONE MODULE QUESTIONS (ASK IF LANDLINE VERSION OR PTYPE=2)

**SCREEN: And now, because this is a telephone survey I need to ask you a few more
questions about your telephone usage. These questions are only asked for statistical
purposes.**

CORE
ASK ALL
Q17.1 - 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.

       INTERVIEWER NOTE: Cordless telephones should be counted as landline telephones.

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

CORE
ASK ALL
Q17.2 - During the past 12 months, has your household been without telephone service
for 1 week or more? Do NOT include interruptions of telephone service because of
weather or natural disasters.

```
1 YES
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED
```
CORE
ASK ALL

Q17.3 - Do you have a cell phone for personal use? Please include cell phones if they are used for any personal use.

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

CORE
ASK IF Q17.3=2
Q17.4 - Do you share a cell phone for personal use with other adults?

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

ASK IF Q17.3 OR Q17.4 = 1
Q17.5 - Of all of the phone calls that you receive, are…(Read List)

> 1 all or almost all calls received on cell phones,
> 2 some received on cell phones and some received on land lines, or
> 3 very few or none on cell phones.
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

ASK IF LISTBIZ=1
Qdir. Is the telephone number at which I have reached you listed in a published telephone directory?

> IF YES: Is it listed in the white pages, the yellow pages, or in both?
> 1 Yes, WHITE PAGES
> 2 Yes, YELLOW PAGES
> 3 Yes, BOTH WHITE AND YELLOW PAGES
> 4 NOT A LISTED NUMBER
> 7 Not sure
> 9 Refused

END LANDLINE TELEPHONE MODULE QUESTIONS

CELL PHONE TELEPHONE MODULE QUESTIONS (ASK IF CELL VERSION AND PTYPE=1)

SCREEN: And now, because this is a cell phone survey I need to ask you a few more questions about your cell phone usage for statistical purposes.

ASK ALL
CQ17.1 How long have you had this cell phone number?

> INTERVIEWER: WE ARE INTERESTED IN WHETHER THE RESPONDENT HAS HAD THE NUMBER ASSOCIATED WITH THE CELL PHONE FOR ALL OF THE PAST 12 MONTHS.

> 1 Less than 12 months
> 2 12 months or more
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

ASK IF CQ17.1= 1 ELSE SKIP TO CQ17.3
CQ17.2 For the time that you have had this cell phone, was there a time when you had an interruption in cell phone service for 1 week or more?

> INTERVIEWER: WE ARE INTERESTED IN CONTINUOUS SERVICE IN THIS QUESTION. IF SOMEONE HAS SWITCHED CELL PHONE COMPANIES BUT DID NOT HAVE A <u>BREAK</u> IN SERVICE THE ANSWER TO THIS QUESTION IS NO.

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

ASK IF C17.1 = 2, 7, or 9 ELSE SKIP TO CQ17.4
CQ17.3 Was there a time in the past 12 months that you had an interruption in cell phone service for 1 week or more?

> INTERVIEWER: WE ARE INTERESTED IN CONTINUOUS SERVICE IN THIS QUESTION. IF SOMEONE HAS SWITCHED CELL PHONE COMPANIES BUT DID NOT HAVE A <u>BREAK</u> IN SERVICE THE ANSWER TO THIS QUESTION IS NO.

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

ASK IF QLANDLINE=1
CQ17.4 Of all of the phone calls that you receive, are…(Read List)

> 1 all or almost all calls received on cell phones,
> 2 some received on cell phones and some received on land lines, or
> 3 very few or none on cell phones.
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

END CELL PHONE TELEPHONE MODULE QUESTIONS

```
RECRUITMENT SCRIPT FOR COMMUNITY HEALTH AND MENTAL HEALTH
FOLLOW-UP SURVEY
```

```
CATI: Create "QUAL_1" (Past 30 day K6 score eligibility):
         If K6>=13 → QUAL_1=1
         If K6<13 → QUAL_1=2
      Create "WORSTMO" (Have a month worse than past month):
         If Q5.10=1 (yes) → WORSTMO=1
         If Q5.10=2, 7, or 9 (no/dk/ref)→ WORSTMO=2
      Create "SCHIZO" (Have schizophrenia)
         If Q5.11=1 (yes) → SCHIZO=1
         If Q5.11=2, 7, or 9 (no/dk/ref) → SCHIZO=2
      Create "MHGROUP" (Initial eligibility for MH follow-up)
         IF QUAL_1 = 1 AND WORSTMO = 2 AND SCHIZO=2 THEN MHGROUP=1
         IF QUAL_1 = 1 AND WORSTMO = 1 AND SCHIZO=2 THEN MHGROUP=2
         IF QUAL_1 = 2 AND WORSTMO = 1 AND SCHIZO=2 THEN MHGROUP=3
         IF SCHIZO = 1 THEN MHGROUP=4
         IF QUAL_1 = 2 AND WORSTMO = 2 AND SCHIZO=2 THEN MHGROUP = 5
```

ASK IF WORSTMO=1, ELSE SKIP TO <u>RECRUITMENT ELIGIBILITY CHECK</u>:

I just have a few more questions and then we will be done. Earlier in the interview you said that there was one month in the past 12 months when you felt more depressed, anxious, or emotionally stressed than you felt during the past 30 days.

WK6_1 – Thinking about that one month in the last 12 months when you were the most depressed, anxious, or emotionally stressed...

During that month, 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 FOR HELP WITH MENTAL HEALTH PROBLEM: 1(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
```

WK6_2 - During that month when you were at your worst emotionally, 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 FOR HELP WITH MENTAL HEALTH PROBLEM: 1(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
```

WK6_3 - During that month, in the last 12 months, when you were at your worst
    emotionally, how often did you feel restless or fidgety?

    (READ IF NEEDED: All of the time, most of the time, some of the time,
    a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(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

WK6_4 - During that month when you were at your worst emotionally, how often did you
    feel so sad that nothing could cheer you up?

    (READ IF NEEDED: All of the time, most of the time, some of the time,
    a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(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

WK6_5 - During that month when you were at your worst emotionally, how often did you
    feel that everything was an effort?

    (READ IF NEEDED: All of the time, most of the time, some of the time,
    a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(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

WK6_6 - During that month when you were at your worst emotionally, how often did you
    feel worthless?

    (READ IF NEEDED: All of the time, most of the time, some of the time,
    a little of the time, OR none of the time?)

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: 1(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

```
***CATI: GENERATE WK6 score*****

FOR WK6_1 – WK6_6,
RETAIN ORIGINAL VALUES FOR WK6 1 – WK6 6 BUT RECODE NEW VALUES FOR:

CODE 1 "All of the time" = 4
CODE 2 "Most of the time" = 3
CODE 3 "Some of the time" = 2
CODE 4 A little of the of time" = 1
CODE 5 "None of the time" = 0
CODE 7 "DON'T KNOW" = 0
CODE 9 "REFUSED" = 0

WK6SCORE = WK6_1 + WK6_2 + WK6_3 + WK6_4 + WK6_5 + WK6_6
```

CATI: CREATE QUAL_2 (Worst month K6 score eligibility):
    If WK6SCORE => 13 THEN QUAL_2 = 1; [QUALIFY FOR FOLLOW UP]
    IF W6SCORE < 13 THEN QUAL_2 = 2;

RECRUITMENT ELIGIBILITY CHECK
CATI - CREATE:
RECRUITGP_1: "Qualified based on past 30 days K6"
            SET TO 1 IF QUAL_1 = 1, ELSE SET TO 0

RECRUITGP_2: "Qualified based on worst month K6"
            SET TO 1 IF (QUAL_1 = 2 AND QUAL_2 = 1) ELSE SET TO 0

RECRUITGP_3: "Qualified based on having schizophrenia"
            SET TO 1 IF Q5.11 = 1, ELSE SET TO 0

MHELIG: "Qualified for MH follow-up"
            SET TO 1 IF (RECRUITGP_1=1 OR RECRUITGP_2=1 OR
            RECRUITGP_3=1), ELSE SET TO 0

COMPREHENSION [ASK ALL]

READ: We are interested in understanding your experience with the survey.

ASK ALL
Q18.1 - How many questions in this survey did you find difficult to understand? Would you say Most, some, a few, or none?
          1   MOST
          2   SOME
          3   A FEW
          4   NONE
          7 DON'T KNOW
          9 REFUSED

ASK ALL
Q18.2 – How many questions in this survey did you feel comfortable answering? Would you say most, some, a few, or none?

          1   MOST
          2   SOME
          3   A FEW
          4   NONE
          7   DON'T KNOW/NOT SURE
          9   REFUSED

[ASK ALL]
COLLECT PHONE NUMBER(S) FOR DRAWING

DRAWING Thank you for helping the New York City Health Department by completing the Community Health Survey.

As I mentioned earlier in our interview, if you choose, you can enter in a drawing for $100 for participating in the survey.

Would you like to enter the drawing?

          1 YES
          2 NO [GO TO CLOSING}

So that we can contact you if you are selected, I need to collect one or more phone numbers and your name or initials. You can give me your home phone number, cell phone number and even a work phone number. The phone numbers and your name will not be shared with anyone and will only be used to notify you if you are randomly drawn.

IF INTERVIEW OCCURS BEFORE AUGUST 31: We will randomly draw up to 30 people who participated in the Community Health Survey to each receive $100. Recipients will be selected in early September.

IF INTERVIEW BETWEEN SEPTEMBER 1 AND NOVEMBER 30: We will randomly draw up to 30 people who participated in the Community Health Survey to each receive the $100. Recipients will be selected in early December.

     LOTPHONE: What phone number or phone numbers would you like us to use if you are selected for the $100? You can give me a landline phone number, a cell phone number a work number or all three.

     LANDLINE NUMBER(S) [CAPTURE PHONE NUMBER(S)]_____
     CELL PHONE NUMBER(S) [CAPTURE PHONE NUMBER(S)]_____
     WORK PHONE NUMBER(S) [CAPTURE PHONE NUMBER(S)]_____

LOTNAME: Can I have your name or initials so that we will know who to ask for if you are selected?

NAME OR INITIALS: FIRST NAME_____
                     LAST NAME_____

IF RESPONDENT REFUSES PHONE NUMBER AND NAME GO TO [CLOSING]

ADDRESS COLLECTION FOR INCENTIVE – ASK IF PTYPE=1 (CELL PHONE RESPONDENTS ONLY)
PLEASE READ:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in New York City.
In appreciation for the time you have spent answering our questions, we would like to provide you with ten dollars in compensation.

So that we know where to send the compensation, would you please give me your name and address so that we can send you the ten dollar payment?

The information you provide will only be used to send you the payment. It will not be used for any other purposes.

COLLECT NAME AND ADDRESS

NAME   (What is your name?) ENTER NAME

ADDRESS   (What is your street address?) ENTER STREET ADDRESS

CITY   (What is the city?) ENTER CITY

ZIP   (What is your zip code?) ENTER ZIP CODE

[ASK ALL]
CLOSING:

Thank you for participating in this important survey about the health of New Yorkers. 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: You can call the principal investigator at 347-396-2821.

        2 INFORMATION ABOUT PARTICIPANTS RIGHTS
        READ: You can call the Institutional Review Board Chairperson at 347-396-6051.

        3 INFORMATION ABOUT A HEALTH PROBLEM NOT RELATED TO THE SURVEY
        READ: You can call the Health Department helpline at 311.

Thanks again for completing the survey.

IF MHELIG=0, TERMINATE.

CONTINUE IF MHELIG = 1

RECRUIT I'd also like to tell you about a follow-up survey that is being conducted
   to better understand the mental health needs of New Yorkers. This survey is called
   the Community Health and Mental Health Follow-up Survey. It includes some
   additional questions about how you have been feeling, your health and mental health
   needs and whether you have received or need different types of services. Your input
   in this survey is important even if you haven't received or don't need any services
   to make sure we accurately represent all New Yorkers. Again your answers are
   completely confidential and used only for statistical purposes. **We will send you a
   $50 check for participating in this study and this is in addition to the drawing
   for $100.**

   This interview takes about 25 minutes to complete, and if you don't have any
   questions we can get started now. You can let me know if you need a break.

       1 Continue now
       2 Call back later
       3 Do not want to participate (SOFT REFUSAL) [SKIP TO LETTER]
       4 Do not want to participate (HARD REFUSAL) [SKIP TO LETTER]

NAME (IF CONTINUE: Just in case we do not complete all of the interview now,) can I
   please have your name so we know who to ask for when we call back? (IF HESITANT TO
   PROVIDE NAME, ASK FOR INITIALS)

   NAME OR INITIALS: FIRST NAME_____
                          LAST NAME_____

IF 'CALL BACK LATER' OR 'DO NOT WANT TO PARTICIPATE':
LETTER I understand your time is valuable and you may be tired from having completed
   the first interview. This follow-up survey is an extremely important effort being
   done by the Department of Health to help them understand the health and mental
   health needs of the city. They prepared a letter explaining the study that I can
   send you if you have an email address or would like to give me your mailing
   address.(We will only use this information to send you information about the
   study.)

       1 Gave email
       2 Gave mailing address
       3 Refused

THANK & TERMINATE IF 'DO NOT WANT TO PARTICIPATE'

IF 'CALL BACK LATER':
PHONE In case we have trouble reaching you on this phone number, do you have another
   number where you can be reached? (INTERVIEWER: PROBE WHETHER THIS IS A LANDLINE OR
   CELL NUMBER)

       Landline number(s) [CAPTURE PHONE NUMBER(S)]
       Cell Phone number [CAPTURE PHONE NUMBER]
       No other phone

IF 'CALL BACK LATER':
CALLBACK When should we call you back to complete the interview? We would like to
schedule you as soon as possible.
 [SCHEDULE DATE & TIME]