# 2016 New York City

# Community Health Survey

# (NYC CHS)

Contact information:

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# Contents

**2016 Community Health Survey Questionnaire**
**Last updated (08/02/16)**

**INCENTIVE EXPERIMENT FOR WAVE 2 LANDLINE SAMPLE**

**CATI: CREATE VARIABLE 'INCENT'. IF WAVE=2 AND LANDLINE, RANDOMLY ASSIGN 50% OF RESPONDENTS TO INCENT=1 USING SAMPLE ELEMENT.**

**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 doing an important study to improve the health of New Yorkers. Your household was randomly chosen to help us learn about your neighborhood. All answers you give are confidential.

[IF NEEDED] You don't have to give me any personal information such as your full name or address.

| REASONS TO CALL-BACK | REASONS NOT TO CALL-BACK |
|---|---|
| 01  No answer | 11 Refused |
| 02  Busy | 12 Non-working/disconnected number |
| 03  Call-back | 13 Non-residential number |
| 04  Answering machine | 14 Number-change |
| 05  Spanish interviewer needed | 15 Fax machine |
| 06  Other language needed | 16 Beeper/Cell phone |
| 07  END OF SHIFT/NUMBER NEVER TRIED | 17 Other phone problem |
|  | 18 Physically/mentally unable |

Q ZIP To make sure that we correctly identify your neighborhood, 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 zip code_____?

        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**

**CATI: CREATE THE FOLLOWING VARIABLES:**
- UHF – ASSIGNED USING ORIGINAL RULES (BASED ON QZIP OR ZIP OF PLURALITY (QZIP1) FROM SAMPLE IF QZIP=77777/99999).
- UHFFLAG – SET TO 1 IF UHF ASSIGNED BASED ON QZIP, SET TO 2 IF ASSIGNED BASED ON ZIP OF PLURALITY (QZIP1) FROM SAMPLE
- HOODFU – IF UHF = UNASSIGNED (43) OR UHFFLAG=2, ASK NEIGHBORHOOD FOLLOW-UP QUESTIONS AND SET 'HOODFU'=1 - ELSE GO TO QHH
- UHF2 - INITIALLY SET UHF2=UHF, BUT IF HOODFU=1, CHANGE VALUE OF UHF2 BASED ON ANSWERS TO THE NEIGHBORHOOD FOLLOWUP QUESTIONS IF NEIGHBORHOOD IS ASSIGNED BASED ON FOLLOW-UPS.

**NEIGHBORHOOD FOLLOW-UP QUESTIONS [NEW IN 2014]**
**IF Q BORO=1 [BRONX]:**
NH1. What is the name of the neighborhood in **The Bronx** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
    \_\_\_\_\_ Neighborhood
99 Refused [GO TO QHH]

    **IF NH1=36 (University Heights), ASK NH1a.**
    NH1a. Do you live above or below 183$^{rd}$ Street?
        1 Above 183$^{rd}$ Street (SET UHF2=103)
        2 Below 183$^{rd}$ Street (SET UHF2=105)
        7 Don't Know/Not Sure
        9 Refused
    **GO TO Q HH.**

**IF Q BORO=2 [BROOKLYN]:**
NH2. What is the name of the neighborhood in **Brooklyn** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
    \_\_\_\_\_ Neighborhood
99 Refused

    **IF NH2=39 (Prospect Park South), ASK NH2a.**
    NH2a.  Do you live east or west of Argyle Road?
        1  East of Argyle Road (SET UHF2=206)
        2  West of Argyle Road (SET UHF2=207)
        7 Don't Know/Not Sure
        9 Refused
    **GO TO Q HH.**

    **IF NH2=45 (Williamsburg), ASK NH2b.**
    NH2b. Is where you live considered Bushwick, East Williamsburg or Greenpoint?

        1 Bushwick/East Williamsburg (SET UHF2=201)
        2 Greenpoint (SET UHF2=211)
        3 No/Just Williamsburg (SET UHF2=201)
        7 Don't Know/Not Sure
        9 Refused
    **GO TO Q HH.**

**IF Q BORO=3 [MANHATTAN]:**
NH3. What is the name of the neighborhood in Manhattan where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
_____ Neighborhood
99 Refused

**IF NH3=12 (Harlem), ASK NH3a**
NH3a.  Do you live in West Harlem, Central Harlem or East Harlem?

READ IF NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east.

Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

East Harlem is considered the area between 96th Street on the south to Harlem River on the north, from 5th Avenue to the East River. This neighborhood is sometimes referred to as "Spanish Harlem".

1 West Harlem (SET UHF2=301)
2 Central Harlem (SET UHF2=302)
3 East Harlem (SET UHF2=303)
7 Don't Know/Not Sure
9 Refused
**GO TO Q HH.**

**IF NH3=34 (Upper Manhattan), ASK NH3b.**
NH3b. Is that Upper Manhattan in Central Harlem or West Harlem?

READ IN NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east. Some neighborhoods close by include Inwood and Washington Heights.

Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

1 West Harlem (SET UHF2=301)
2 Central Harlem (SET UHF2=302)
7 Don't Know/Not Sure
9 Refused
**GO TO Q HH.**

**IF Q BORO=4 [QUEENS]:**
NH4. What is the name of the neighborhood in Queens where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
_____ Neighborhood
99 Refused

**IF Q BORO=5 [STATEN ISLAND]:**
NH5. What is the name of the neighborhood in Staten Island where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
_____ Neighborhood
99 Refused

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. ([IF INCENT=1) In appreciation for the time that you spend answering our questions, we will provide you with ten dollars as a thank you.)

**[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

[READ IF NEW PERSON COMES TO PHONE: Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. We're doing an important study to improve the health of New Yorkers. Your household was randomly chosen to help us learn about  your neighborhood. All answers you give are confidential.]

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.

([IF INCENT=1) In appreciation for the time that you spend answering our questions, we will provide you with ten dollars as a thank you.)


**END LANDLINE INTRODUCTION**

**CELL PHONE INTRODUCTION**

Hello, My name is _____, and I am calling on behalf of the New York City Department of Health from Abt-SRBI. We're doing an important study to improve the health of New Yorkers. Your cell phone number was randomly chosen to take part in our study. I have a few questions to make sure 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_ADULT2]
      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**

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.

**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**

ELSE **IF PTYPE=2, SKIP TO QZIP IN LANDLINE SCREENER**

**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**


**INTRO1 FOR PTYPE=1 (CELL PHONES)**
**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 as a thank you.


**Q ZIP** 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 Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST, ASK NEIGHBORHOOD FOLLOW-UP QUESTIONS AND CATI CREATE & SET 'HOODFU'=1 – ELSE GO TO QWHICH**

**NEIGHBORHOOD FOLLOW-UP QUESTIONS [NEW IN 2014]**

**IF Q CONF_NYC=1 [BRONX]:**
NH1. What is the name of the neighborhood in **The Bronx** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
_____ Neighborhood
99 Refused [GO TO QHH]

    **IF NH1=36 (University Heights), ASK NH1a.**
    NH1a. Do you live above or below 183rd Street?
        1 Above 183rd Street (SET UHF2=103)
        2 Below 183rd Street (SET UHF2=105)
        7 Don't Know/Not Sure
        9 Refused
        **GO TO QWHICH.**

**IF Q CONF_NYC=2 [BROOKLYN]:**
NH2. What is the name of the neighborhood in **Brooklyn** where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
_____ Neighborhood
99 Refused

    **IF NH2=39 (Prospect Park South), ASK NH2a.**
    NH2a.  Do you live east or west of Argyle Road?
        1  East of Argyle Road (SET UHF2=206)
        2  West of Argyle Road (SET UHF2=207)
        7 Don't Know/Not Sure
        9 Refused
        **GO TO QWHICH.**

    **IF NH2=45 (Williamsburg), ASK NH2b.**
    NH2b. Is where you live considered Bushwick, East Williamsburg or Greenpoint?

        1 Bushwick/East Williamsburg (SET UHF2=201)
        2 Greenpoint (SET UHF2=211)
        3 No/Just Williamsburg (SET UHF2=201)
        7 Don't Know/Not Sure
        9 Refused
        **GO TO QWHICH.**

**IF Q CONF_NYC=3 [MANHATTAN]:**
NH3. What is the name of the neighborhood in Manhattan where you live?

    [LIST OF NEIGHBORHOODS IN APPENDIX A.]
    _____ Neighborhood
    99 Refused

    **IF NH3=12 (Harlem), ASK NH3a**
    NH3a.  Do you live in West Harlem, Central Harlem or East Harlem?

        READ IF NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east.

        Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

        East Harlem is considered the area between 96th Street on the south to Harlem River on the north, from 5th Avenue to the East River. This neighborhood is sometimes referred to as "Spanish Harlem".

      1 West Harlem (SET UHF2=301)
      2 Central Harlem (SET UHF2=302)
      3 East Harlem (SET UHF2=303)
      7 Don't Know/Not Sure
      9 Refused
      **GO TO QWHICH.**

**IF NH3=34 (Upper Manhattan), ASK NH3b.**
NH3b. Is that Upper Manhattan in Central Harlem or West Harlem?

READ IN NEEDED: West Harlem is considered the areas between 110th Street on the south and 155th Street on the north, between the Hudson River and St. Nicholas Avenue on the east. Some neighborhoods close by include Inwood and Washington Heights.

Central Harlem is considered the area between 110th St. on the south to Harlem River on the north, 5th Ave. on the east and St. Nicholas Ave to the west.

      1 West Harlem (SET UHF2=301)
      2 Central Harlem (SET UHF2=302)
      7 Don't Know/Not Sure
      9 Refused
      **GO TO QWHICH.**

**IF Q CONF_NYC=4 [QUEENS]:**
NH4. What is the name of the neighborhood in Queens where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
      _____ Neighborhood
      99 Refused

**IF Q CONF_NYC=5 [STATEN ISLAND]:**
NH5. What is the name of the neighborhood in Staten Island where you live?

[LIST OF NEIGHBORHOODS IN APPENDIX A.]
      _____ Neighborhood
      99 Refused

**CATI: CREATE THE FOLLOWING VARIABLES:**
- UHF – ASSIGNED USING ORIGINAL RULES (BASED ON QZIP OR ZIP OF PLURALITY (QZIP1) FROM SAMPLE IF QZIP=77777/99999).
- UHFFLAG – SET TO 1 IF UHF ASSIGNED BASED ON QZIP, SET TO 2 IF ASSIGNED BASED ON ZIP OF PLURALITY(QZIP1) FROM SAMPLE
- UHF2 – INITIALLY SET UHF2=UHF, BUT IF HOODFU=1, CHANGE VALUE OF UHF2 BASED ON ANSWERS TO THE NEIGHBORHOOD FOLLOWUP QUESTIONS IF ASSIGNED

Q WHICH INTERVIEWER:  SELECT LANGUAGE
1 English
2 Spanish
3 Russian Paper
4 Chinese Paper

QCHINESE [INTERVIEWER: IS THAT MANDARIN OR CANTONESE?]

1 MANDARIN
2 CANTONESE

CATI: RANDOMLY ASSIGN 50% OF RESPONDENTS TO RECEIVE ADDITIONAL QUESTIONS   6.1-6.2, 7.15-7.18, 8.16-8.17, & 10.4-10.7
CATI: CREATE VARIABLE (QXVERS=1 (LONG) IF RESPONDENT GETS ADDITIONAL QUESTIONS AND QXVERS=2 (SHORT) IF RESPONDENT DOES NOT GET ADDITIONAL QUESTIONS)

# HEALTH STATUS

**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

**ASK ALL**
**Q2.1 -** Do you have any kind of health insurance coverage, including private health insurance 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


**ASK IF Q2.1 = 1[ASK IF R INSURED]**
**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.

**INTERVIEWER: IF RESPONDENT SAYS 'FAMILY HEALTH PLUS', MARK '05' FOR MEDICAID**

        02 Someone else's employer
        03 A plan that you or someone else buys on your own
        04 Medicare
        05 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 IF Q2.1 = 2 OR Q2.2=88 [ASK IF R UNINSURED]**
**Q2.3 -** How long have you been uninsured?

        READ IF NEEDED:

        1 Less than 3 months
        2 At least 3 months but less than 6 months
        3 At least 6 months but less than 1 year
        4 At least 1 year but less than 2 years
        5 2 years or more
        6 or, you've never had health insurance
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q2.1 = 2 OR Q2.2=88   [ASK IF R UNINSURED]**
**Q2.3a –** What is the ONE MAIN reason that you don't have health insurance?

      [CATI – RANDOMIZE OPTIONS 1-6]

      READ:

      01 It was too expensive
      02 Your insurance ended recently [DO NOT ASK IF Q2.3 = 6 "Never had
      insurance"}
      03 The process was too difficult
      04 Your immigration or residency status
      05 You haven't had an opportunity to look into it
      06 You do not think it is needed
      07 Or some other reason (specify) _____
      77 DON'T KNOW/NOT SURE
      99 REFUSED

**ASK IF Q2.1 = 1 AND Q2.2 NE 88, ELSE SKIP TO Q2.5 [ASK IF R INSURED]**
**Q2.4** – Did you or a member of your household get YOUR CURRENT insurance through the
New York State Health Plan Marketplace**?**

      READ IF NEEDED: The New York Health Plan Marketplace is a website where people
      can buy their own insurance.

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

**ASK ALL**
**Q2.5 -** 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**
**Q2.6 -** 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

      01 A doctor's private office

IF R CLEARLY PICKS 1, STOP READING ANSWER CHOICES AND ENTER 1. OTHERWISE, READ ENTIRE LIST.
READ:
      02 Community health center
      03 A hospital outpatient clinic
      04 An urgent care center, such as CityMD or ProHealth
      05 A hospital emergency room
      06 A retail clinic such as a Duane Reade DR Walk-in Medical Care or CVS Minute-Clinic
      07 An office of an alternative health care provider (such as acupuncturist, chiropractor, traditional healer, or herbalist), or

      08 Some other place (specify)_____

      88 [VOL} NO USUAL PLACE

      77 DON'T KNOW/NOT SURE
      99 Refused

**ASK IF Q2.6 = 5 [ASK IF REGULAR SOURCE OF CARE IS ER]**
**Q2.7 -** What is the MAIN reason you usually go to the emergency room instead of a doctor's office or clinic?

      [CATI – RANDOMIZE OPTIONS 1-7]

      READ:

      1 You can't afford to go elsewhere or they don't turn anyone away
      2 You didn't know where else to go
      3 Convenience/you don't need an appointment/
      4 Everything you need is taken care of at the ER
      5 It was the best place to get care for condition
      6 You prefer or like it as your usual source of care
      7 You don't have a regular doctor,
      8 Or, Some other reason
      77 DON'T KNOW/NOT SURE
      99 REFUSED

**READ: The next few questions are about difficulties some people have receiving health care.**

**ASK ALL**
**Q2.8 -** 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

**ASK IF Q2.1 = 1 AND Q2.2 NE 88 [ASK IF R INSURED]**
**Q2.9 –** When trying to get health care in the past 12 months has any doctor's office or clinic told you they were not accepting your insurance?

        **INTERVIEWER:** WE ARE ONLY INTERESTED IN EXPERIENCES OF THE RESPONDENT AND NOT FAMILY MEMBERS

        1 YES
        2 NO
        3 VOL: DID NOT SEEK CARE
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK ALL**
**Q2.10 –** In the last 12 months, was there any time when you did NOT fill a prescription for medicine because of the cost?

        **INTERVIEWER:** WE ARE ONLY INTERESTED IN EXPERIENCES OF THE RESPONDENT AND NOT FAMILY MEMBERS

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

**ASK IF Q2.1 = 1 AND Q2.2 NE 88 [ASK IF R INSURED]**
**Q2.11 –** Other than prescription medicines, in the past 12 months, have you had any difficulty getting medical care because you could not afford the out-of-pocket costs, such as copays or deductibles?

        READ IF NEEDED: A copay is a fixed amount you pay for health care, usually when you receive the service.

        READ IF NEEDED: A deductible is the amount you pay for health care before your health insurance begins to pay.

        **INTERVIEWER:** WE ARE ONLY INTERESTED IN EXPERIENCES OF THE RESPONDENT AND NOT FAMILY MEMBERS

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

## HEALTH CARE DISCRIMINATION

**READ: The next questions ask about experiences you may have had while receiving or trying to get health care in the past 12 months.**

**ASK ALL**
**Q2.12 –** Thinking of your experiences trying to get health care treatment in the past 12 months, have you felt you were hassled, made to feel inferior, or discriminated against for any reason?

        1 YES
        2 NO
        3 (VOL.) DID NOT SEEK HEALTH CARE TREATMENT IN PAST 12 MONTHS
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q2.12 = 1**
**Q2.13 –** What was the reason or reasons you felt discriminated against while trying to get health care treatment in the past 12 months?

        [ACCEPT MULTIPLE ANSWERS]
        [INTERVIEWER: PROBE "Anything else"]
        [INTERVIEWER NOTE: Read list only if necessary.]

        01 Race/ethnicity, or skin color
        02 Age
        03 Language/accent
        04 Health status or disability
        05 Body weight
        06 Insurance status or type
        07 Income level
        08 Religion
        09 Sexual orientation
        10 Gender/sex
        11 Gender identity
        12 Immigration status
        13 Some other reason
        77 DON'T KNOW/NOT SURE
        99 REFUSED

**ASK IF Q2.12=1 AND R DOES NOT SELECT OPTION 1 IN Q2.13**
**Q2.14 –** Did you ever feel it was because of your race, ethnicity or skin color?

        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 -** 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

**ASK IF Q3.1 = 1 [ASK IF DIAGNOSED WITH HYPERTENSION]**
**Q3.2** – 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

**ASK IF Q3.2 = 1 [ASK IF DIAGNOSED WITH HYPERTENSION AND TOLD TO TAKE MEDS]**
**Q3.3** – Are you currently taking medication for your high blood pressure?

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

# DIABETES AND ASTHMA

**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

**CHANGE MADE APRIL 21, 2016**

**ASK ALL**
**Q4.2a -** 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 Q4.2a = 1**
**Q4.2 -** 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

## MENTAL HEALTH

READ:  The next few questions are about your mental health

**ASK ALL**
**Q5.1 –** I am going to ask you some questions about the last 2 weeks. Over the last 2 weeks, how often have you been bothered by the following problems:

Little interest or pleasure in doing things?

Would you say not at all, several days, more than half the days, or nearly every day?

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**
    1 Not at all
    2 Several days
    3 More than half the days
    4 Nearly every day
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK ALL**
**Q5.2 –** Over the last 2 weeks, how often have you been bothered by the following problems:

Feeling down, depressed, or hopeless?

Would you say not at all, several days, more than half the days, or nearly every day?

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**
    1 Not at all
    2 Several days
    3 More than half the days
    4 Nearly every day
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK ALL**
**Q5.3 –** [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Trouble falling or staying asleep, or sleeping too much?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**

    1 Not at all
    2 Several days
    3 More than half the days
    4 Nearly every day
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK ALL**
**Q5.4 -** [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Feeling tired or having little energy?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON'T KNOW/NOT SURE
9 REFUSED

**ASK ALL**
**Q5.5 -** [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Poor appetite or overeating?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON'T KNOW/NOT SURE
9 REFUSED

**ASK ALL**
**Q5.6 -** [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

Feeling bad about yourself – or that you are a failure or have let yourself or your family down?

[READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**

1 Not at all
2 Several days
3 More than half the days
4 Nearly every day
7 DON'T KNOW/NOT SURE
9 REFUSED

**ASK ALL**
**Q5.7 -** [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

    Trouble concentrating on things, such as reading the newspaper or watching TV?

    [READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**

    1 Not at all
    2 Several days
    3 More than half the days
    4 Nearly every day
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK ALL**
**Q5.8 -** [READ IF NEEDED: Over the last 2 weeks, how often have you been bothered by]:

    Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual? **(UHF)**

    [READ IF NEEDED: Would you say not at all, several days, more than half the days, or nearly every day?]

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**

    1 Not at all
    2 Several days
    3 More than half the days
    4 Nearly every day
    7 DON'T KNOW/NOT SURE
    9 REFUSED

```
***GENERATE CURRENT_DEPP*****
FOR Q 5.1 – Q 5.8,
RETAIN ORIGINAL VALUES FOR Q5.1-Q5.8 BUT RECODE NEW VALUES FOR:

CODE 1 "Not at all" = 0
CODE 2 "Several days = 1
CODE 3 "More than half the days" = 2
CODE 4 "Nearly every day"" = 3
CODE 7 "DON'T KNOW" = 0
CODE 9 "REFUSED" = 0

PHQ_SCORE = 5.1 + 5.2 + 5.3 + 5.4 + 5.5 + 5.6 +5.7 + 5.8
IF PHQ_SCORE=>10 THEN CURRENT_DEPP=1;
ELSE IF  PHQ_SCORE<=9, THEN CURRENT_DEPP=2;
```

**ASK IF CURRENT_DEPP=1**
**Q5.9** How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people? Would you say not difficult at all, somewhat difficult, very difficult, or extremely difficult?

        1 Not difficult at all
        2 Somewhat difficult
        3 Very difficult
        4 Extremely difficult
        7 DON'T KNOW/NOT SURE
        9 REFUSED


**ASK IF CURRENT_DEPP = 1**
**Q5.10**- In the past 12 months, have you taken a prescription medication for a mental health problem?

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

**ASK IF CURRENT_DEPP = 1**
**Q5.11**- In the past 12 months, have you received any counseling for a mental health problem?


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


**ASK ALL**
**Q5.12 -** Was there a time in the past 12 months when you needed treatment for a mental health problem, but did not get it?

IF ASKED FOR HELP WITH MENTAL HEALTH PROBLEM: THE NUMBER IS (800) LIFE NET OR **800-543-3638**

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

# HOUSING AND ENVIRONMENT

**READ: And now a few questions about your home and neighborhood.**

RESPONDENTS RANDOMLY SELECTED WITH 50% RECEIVING Q6.1 & Q6.2 FOR CITYWIDE ESTIMATES
IF QXVERS=1

**ASK IF QXVERS=1**
**Q6.1 –** How many living units or apartments are in your building?

    (READ LIST)

    INTERVIEWER NOTE: A SINGLE FAMILY HOME SHOULD BE CODED AS '1'

    READ IF NEEDED: Please choose your closest estimate.

    1 1 to 2
    2 3 to 4
    3 5 to 9
    4 10 to 19
    5 20 to 49, or
    6 50 or more
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK IF QXVERS=1**
**Q6.2 –** Are you…

    READ:

    1 A public housing resident living in a building owned by the New York City
    Housing Authority,
    2 Part of a household that receives rental assistance such as Section 8 or any
    other rental assistance program, or
    3 Neither of these
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**READ**: I'm going to read some statements about your neighborhood and the people who live there. For each of these statements, please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree or strongly disagree.

**ASK ALL**
**Q6.3 –** You live in a close-knit neighborhood. Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

        1 Strongly agree
        2 Somewhat agree
        3 Neither agree nor disagree
        4 Somewhat disagree
        5 Strongly disagree
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK ALL**
**Q6.4 –** People around your neighborhood are willing to help their neighbors. Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree?

        1 Strongly agree
        2 Somewhat agree
        3 Neither agree nor disagree
        4 Somewhat disagree
        5 Strongly disagree
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK ALL**
**Q6.5 –** People in your neighborhood generally get DO NOT along with each other.

        READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

        1 Strongly agree
        2 Somewhat agree
        3 Neither agree nor disagree
        4 Somewhat disagree
        5 Strongly disagree
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK ALL – Wave 2**
**Q6.5a –** People in your neighborhood generally get along with each other.

        READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

        1 Strongly agree
        2 Somewhat agree
        3 Neither agree nor disagree
        4 Somewhat disagree
        5 Strongly disagree
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK ALL**
**Q6.6 –** People in your neighborhood share the same values.

READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

1 Strongly agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree
7 DON'T KNOW/NOT SURE
9 REFUSED

**ASK ALL**
**Q6.7 –** People in your neighborhood CAN be trusted.

READ IF NEEDED: Do you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree

1 Strongly agree
2 Somewhat agree
3 Neither agree nor disagree
4 Somewhat disagree
5 Strongly disagree
7 DON'T KNOW/NOT SURE
9 REFUSED

```
***GENERATE NEIGHBORHOOD SOCIAL COHESION SCORE*****
RETAIN ORIGINAL VALUES FOR Q6.3-Q6.7 BUT RECODE NEW VALUES FOR:

FOR Q6.3, Q6.4, Q6.6, AND Q6.7
CODE 1 "STRONGLY AGREE" = 5
CODE 2 "SOMEWHAT AGREE" = 4
CODE 3 "NEITHER AGREE NOR DISAGREE" = 3
CODE 7 "DON'T KNOW" = 3
CODE 4 "SOMEWHAT DISAGREE" = 2
CODE 5 "STRONGLY DISAGREE" = 1
CODE 9 "REFUSED" = 0

FOR Q6.5
CODE 1 "STRONGLY AGREE" = 1
CODE 2 "SOMEWHAT AGREE" = 2
CODE 3 "NEITHER AGREE NOR DISAGREE" = 3
CODE 7 "DON'T KNOW" = 3
CODE 4 "SOMEWHAT DISAGREE" = 4
CODE 5 "STRONGLY DISAGREE" = 5
CODE 9 "REFUSED" = 0

SOCIALCOHESION= SUM(Q6.3:Q6.7);
```

**ASK ALL**
**Q6.8**– How safe from crime do you consider your neighborhood to be? Would you say very safe, somewhat safe, not very safe, or not at all safe?

1  Very safe
2  Somewhat  safe
3  Not very safe , OR

1 Strongly agree

4  Not at all safe
7  DON'T KNOW/NOT SURE
9  REFUSED

## TOBACCO

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

**ASK ALL**
**Q7.1 -** 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


**ASK IF Q7.1 = 1, ELSE SKIP TO Q7.11 [ASK IF SMOKED AT LEAST 100 CIGS]**
**Q7.2 -** 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 Q7.2 = 1 [ASK IF SMOKE EVERY DAY]**
**Q7.3 -** 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 Q7.2 = 2 [ASK IF SMOKE SOME DAYS]**
**Q7.3a -** 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 Q7.1 = 1 [ASK IF SMOKED AT LEAST 100 CIGS IN LIFETIME]**
**Q7.4 -** How old were you when you first started smoking cigarettes regularly?

___ YEARS [RANGE 5-85]

888 NEVER SMOKED REGULARLY
777 DON'T KNOW/NOT SURE
999 REFUSED

**ASK IF Q7.2 = 3 [ASK IF FORMER SMOKER]**
**Q7.5** 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 Q7.2 = 1 OR 2 [ASK IF CURRENT SMOKER]**
**(CURRENT SMOKERS)**
**Q7.6 -** 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 Q7.6 = 1, 2 OR 3 [ASK IF LAST CIG FROM A CARTON, PACK, OR SINGLE]**
**Q7.7** How much did you pay for that [ANSWER TO Q7.6]?

DO NOT ROUND – PUT IN EXACT DOLLARS/CENTS

**Q7.7A CARTON:** ENTER PRICE IN DOLLARS AND CENTS

$_ _. _ _ [RANGE 1-180 DOLLARS]
8888 DID NOT PAY FOR CIGARETTES
7777 DON'T KNOW/NOT SURE
9999 REFUSED

**Q7.7B PACK:** ENTER PRICE IN DOLLARS AND CENTS

$_ _. _ _ [RANGE 1-18 DOLLARS]
8888 DID NOT PAY FOR CIGARETTES
7777 DON'T KNOW/NOT SURE
9999 REFUSED

**Q7.7C SINGLE/LOOSIE:** ENTER PRICE IN CENTS

$_ _. _ _ [RANGE 1 CENT to 2 DOLLARS]
8888 DID NOT PAY FOR CIGARETTES
7777 DON'T KNOW/NOT SURE
9999 REFUSED

**ASK IF Q7.2 = 1 OR 2 [ASK IF CURRENT SMOKER]**
**Q7.8 –** The last time you bought a SINGLE PACK OF CIGARETTES, did you receive any type of discount on the pack? This includes buying a pack advertised as 'on sale', getting a special offer such as buy-one-get-one-free or using an on-pack or manufacturer's coupon. Do not include the purchase of cartons or loosies.

        1 YES
        2 NO
        3 [VOL] DO NOT BUY SINGLE PACKS
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q7.2 = 1, 2  OR Q7.5 < 1 YEAR [CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO]**
**Q7.9-**  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 Q7.2 = 1, 2  OR Q7.5 < 1 YEAR [CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO]**
**Q7.10 -** 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**
**Q7.11 –** In the past 30 days, have you smoked a cigarillo or little cigar? Include cigarillos or little cigars with a plastic or filter tip, such as Black & Mild, Swisher Sweet or Cheyenne?

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

**ASK ALL**
**Q7.12** – In the past 12 months, have you tried an electronic cigarette, also known as an e-cigarette?

        1 YES
        2 NO
        3 [VOL] DO NOT KNOW WHAT ELECTRONIC/E-CIGARETTES ARE
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q7.12 = 1 [ASK IF USED E-CIG PAST 12 MONTHS]**
**Q7.13** – In the past 30 days, did you use an electronic cigarette 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 Q7.12 = 1 AND Q7.2 = 1, 2  OR Q7.5 < 1 YEAR [CURRENT SMOKERS AND FORMER SMOKERS WHO QUIT LESS THAN 1 YEAR AGO]**
**Q7.14 –** In the past 12 months, have you used an electronic cigarette to help you either cut back or quit smoking regular cigarettes?

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

**RESPONDENTS RANDOMLY SELECTED WITH 50% RECEIVING Q7.15-Q7.18. IF QXVERS=1**

**ASK IF QXVERS=1**
**Q7.15** – In the past 12 months, have you smoked a hookah, also called a water pipe?

        READ IF NEEDED: A hookah is a tobacco pipe with a long tube that draws smoke
        through water contained in a bowl.

        INTERVIEWER NOTE: IF ASKED, NARGHILE [nar – ge - lE], ARGHILA [ar – ge – la],

        OR KALIAN [kal – E – yan] ARE OTHER NAMES FOR A HOOKAH.

        1 YES
        2 NO
        3 [VOL – DO NOT KNOW WHAT A HOOKAH IS]
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q7.15 = 1 [ASK IF SMOKED HOOKAH PAST 12 MONTHS]**
**Q7.16 –** In the past 30 days, did you smoke a hookah 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 QXVERS=1**
**Q7.17–** How often do you smell cigarette smoke in your home that comes from another home or apartment or from outside?

        READ:

        1 Every day
        2 A few times per week
        3 A few times per month
        4 A few times per year
        5 Never
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF QXVERS=1  AND IF Q6.1 = 2,3,4,5,6 [MULTI-UNIT BUILDING]**
**Q7.18 –** Some apartment buildings prohibit smoking everywhere in the building. To the best of your knowledge, does the building you live in prohibit smoking in all areas, including apartments?

        INTERVIEWER NOTE: DO <u>NOT</u> PROBE IF DON'T KNOW/NOT SURE.

        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**
**Q8.1 -** What is your age?

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

**ASK IF Q8.1 = 07 OR 09, ELSE SKIP TO Q8.2 [ASK IF AGE REFUSED]**
**Q8.1a -** 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**
**Q8.2 -** 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**
**Q8.3 -** Are you Hispanic or (IF Q8.2=1/7/9: Latino / IF Q8.2=2: Latina)?

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

**ASK IF Q8.3 = 1, ELSE SKIP TO Q8.4 [ASK IF HISPANIC]**
**Q8.3a -** Please tell me which group best represents your Hispanic or (IF Q8.2=1/7/9: Latino/ IF Q8.2=2: Latina) origin or ancestry:

    READ ANSWER CHOICES, ACCEPT FIRST RESPONSE  [CATI: RANDOMIZE: 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**
**Q8.4 -** (**READ IF Q8.3=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


**ASK IF MORE THAN ONE ANSWER TO Q8.4, ELSE SKIP TO Q8.5**
**Q8.4a -** Which one of these groups would you say best represents your race?

READ MENTIONED RACES:
**CATI Note: Fill selected races from Q8.4.**
1 White
2 Black or African American
3 Asian
4 Native Hawaiian or Other Pacific Islander
5 American Indian, Alaska Native, or
8 Other named in Q8.4
7 DON'T KNOW/NOT SURE
9 REFUSED


**ASK IF Q8.4 = 3 [ASK IF ASIAN]**
**Q8.5** – Please tell me which group best represents your Asian heritage or ancestry?

READ ANSWER CHOICES, ACCEPT FIRST RESPONSE  [CATI: RANDOMIZE: 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**
**Q8.6 –** 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 Q8.6a)**

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


**ASK IF Q8.6 = 2**
**Q8.6a**

60. AFRICA
61. ALBANIA
62. ANTIGUA
01. ARGENTINA
64. AUSTRIA
02. AUSTRALIA
03. BANGLADESH
04. BARBADOS
05. BELARUS
68. BELIZE
06. BOLIVIA
07. BRAZIL
08. CANADA
09. CARIBBEAN
106. CENTRAL AFRICA
10. CHILE
11. CHINA
12. COLOMBIA
13. COSTA RICA
14. CUBA
73. CZECHOSLOVAKIA
15. DOMINICAN REPUBLIC
107. EASTERN AFRICA
16. ECUADOR
17. EGYPT
18. EL SALVADOR
74. ENGLAND
75. EUROPE
19. FRANCE
20. GERMANY
21. GHANA
22. GREECE
78. GRENADA
23. GUATEMALA
111. GUINEA
24. GUYANA
25. HAITI
26. HONDURAS
27. HONG KONG
28. HUNGARY
29. INDIA
81. IRAN
30. IRELAND
31. ISRAEL

32. ITALY
33. JAMAICA
34. JAPAN
35. KOREA
112. LIBERIA
87. MALAYSIA
114. MALI
36. MEXICO
37. NICARAGUA
38. NIGERIA
104. NORTHERN AFRICA
39. PAKISTAN
40. PANAMA
41. PERU
42. PHILIPPINES
43. POLAND
44. PUERTO RICO
45. ROMANIA
46. RUSSIA
113. SENEGAL
47. SIERRA LEONE
48. SOUTH AMERICAN
49. SPAIN
108. SOUTHERN AFRICA
102. ST. LUCIA
103. ST. VINCENT
50. TAIWAN
51. TRINIDAD AND TOBAGO
52. TURKEY
53. UKRAINE
54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)
109. UZBEKISTAN
55. VENEZUELA
56. VIETNAM
110. VIRGIN ISLANDS
105. WESTERN AFRICA
57. WEST INDIAN
58. YUGOSLAVIA
66. OTHER (SPECIFY)_____
77. DON'T KNOW/NOT SURE
99. REFUSE

**ASK ALL**
**Q8.7 -** 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 ITALIAN
       7 FRENCH (FRENCH-CREOLE)
       8 YIDDISH
       9 OTHER
       77 DON'T KNOW/NOT SURE
       99 REFUSED


**ASK ALL**
**Q8.8 -** 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 or partnered
       7 DON'T KNOW/NOT SURE
       9 REFUSED

**ASK ALL**
**Q8.9 -** Now I'll read a list of terms people sometimes use to describe themselves:

[IF Q8.2 = 1 OR MALE- READ] Are you gay, straight - that is not gay, bisexual, or something else.

[IF Q8.2 = 2 OR FEMALE – READ] Are you lesbian or gay, straight - that is not lesbian or gay, bisexual, or something else.

[IF Q8.2 = 7 OR 9 - READ] Are you gay, straight - that is not gay or lesbian, bisexual, or something else.


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 Gay [Q8.2 = 2,7,9 – READ: or lesbian]
       2 Straight, that is not gay
       3 Bisexual, or
       4 Something else
       7 DON'T KNOW/NOT SURE
       9 REFUSED


       **IF Q8.9 =  7 [ASK IF DON'T KNOW TO Q8.9]**
       **Q8.9a –** Do you not understand the words, are you not sure yet, or do you mean something else?

       1 Don't understand the words
       2 Not sure yet, or
       3 Something else
       7 DON'T KNOW/NOT SURE
       9 REFUSED


       **IF Q8.9 = 4 OR Q8.9a = 3 [ASK IF 'SOMETHING ELSE' TO Q8.9 OR  Q8.9A]**
       **Q8.9b –**What do you mean by something else? (SPECIFY)_____

**ASK ALL**
**Q8.10 -** Some people do not identify with the sex they were assigned at birth and think of themselves as transgender or identify in another way. For example: a person who is born male may feel female and live as a woman. Do you consider yourself to be transgender or have an identity different than your sex at birth?

    1 Yes [READ IF NEEDED: you are transgender or have a different identity than
       your sex at birth]
    2 No [READ IF NEEDED: you are not transgender]

    7 DON'T KNOW/NOT SURE
    9 REFUSED

**IF Q8.10 = 7 [ASK IF DON'T KNOW TO Q8.10]**
**Q8.10a:** Do you not understand the question, are you exploring your gender identity and are not sure how you consider yourself yet, or do you mean something else?

READ IF NEEDED:

    1 Don't understand the question
    2 You are exploring your gender identity and not sure how you consider yourself
       yet, or
    3 Something else
    4 (VOL.) RESPONDENT IDENTIFIES WITH THEIR SEX AT BIRTH, AS MALE OR FEMALE AND
       WAS MISTAKENLY CODED

    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK IF Q8.10 = 1 [ASK IF YES TO Q8.10]**
**Q8.10b –** Are you a transgender woman, a transgender man, or do you have a different gender identity?

INTERVIEWER: READ THE SELECTED ANSWER BACK TO RESPONDENT TO CONFIRM.

    1 Transgender woman, that is you were assigned male at birth but currently
       identify as a woman/or female
    2 Transgender man, that is you were assigned female at birth but currently
       identify as a man/or male
    3 Have another gender identity than the sex you were assigned at birth
    4 (VOL.) RESPONDENT IDENTIFIES WITH THEIR SEX AT BIRTH, AS MALE OR FEMALE AND
       WAS MISTAKENLY CODED
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**IF Q8.10a = 3 OR Q8.10b =3 [ASK IF Q8.10a OR Q8.10b IS 'SOMETHING ELSE']**
**Q8.10c -** How do you identify your gender? _____

**READ: Now a few more questions about yourself and your household.**

**ASK ALL**
**Q8.11 -** 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 [ASK IF CELL PHONE INTERVIEW]**
**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**
**Q8.14 -** How many children 17 years old or younger are living in your household?

READ IF NEEDED: Include all children who live or stay at this address.

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

**ASK IF HHa OR CQHH = 1 [ONLY ONE ADULT IN THE HOUSEHOLD]**
**Q6.9 -** Is there a friend, relative, or neighbor who could help you in an emergency if needed?

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

**ASK ALL**
**Q8.15 -** 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.**

**RANDOMLY SELECTE 50% OF RESPONDENTS WHO ANSWERED Q8.15 = 1 OR 8 WITH 50% RECEIVING Q8.16 – Q8.17. IF QXVERS=1**

**ASK IF QXVERS=1  AND Q8.15 = 1 OR Q8.15 = 8 [ASK IF R IS EMPLOYED FOR WAGES OR SALARY OR UNEMPLOYED FOR LESS THAN 1 YEAR]**
**Q8.16 –**

[IF Q8.15 = 1: Does your employer]
[IF Q8.15 = 8: At your last job, did your employer]

offer paid sick leave that [if q8.15 = 1]] can [if q8.15 =8] could]] be used when you [if q8.15=1 are if q8.15=8 were] ill?

      **INTERVIEWER: IF RESPONDENT SAYS SHE/HE HAS MORE THAN ONE JOB, PROBE WHETHER ANY OF THEIR JOBS OFFER PAID SICK LEAVE.**

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

**ASK IF QXVERS=1 AND Q8.15 = 1 OR Q8.15 = 8 [ASK IF R IS EMPLOYED FOR WAGES OR SALARY OR UNEMPLOYED FOR LESS THAN 1 YEAR]**
**Q8.17 –**
[IF Q8.15 = 1: Does your employer]
[IF Q8.15 = 8: At your last job, did your employer]

offer paid family leave, that is paid leave to care for a newborn infant or seriously ill family member? Family paid leave is in addition to any sick leave, vacation, personal leave, or short-term disability that may be available to you as an employee.

      **INTERVIEWER: IF RESPONDENT SAYS SHE/HE HAS MORE THAN ONE JOB, PROBE WHETHER ANY OF THEIR JOBS OFFER PAID FAMILY LEAVE.**

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

```
If Q8.14 or CQHH = 77 or 99, skip to Q8.19
Create new field NHOUSE = QHH/CQHH (Number of adults) + Q8.14(Number of Children)
USE NHOUSE to create a field (PVTYLVL) to populate the fill for Q8.16

IF NHOUSE = 1 THEN PVTYLVL = 11,880
IF NHOUSE = 2 THEN PVTYLVL = 16,020
IF NHOUSE = 3 THEN PVTYLVL = 20,160
IF NHOUSE = 4 THEN PVTYLVL = 24,300
IF NHOUSE = 5 THEN PVTYLVL = 28,440
IF NHOUSE = 6 THEN PVTYLVL = 32,580
IF NHOUSE = 7 THEN PVTYLVL = 36,730
IF NHOUSE = 8 THEN PVTYLVL = 40,890
IF NHOUSE GT 8 THEN PVTYLVL = 40,890 + (NHOUSE-8 * 4,160)
```

**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**
**Q8.18** – 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 (**PVTYLVL**)    .
          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 Q8.18_02 = 77 OR 99, ELSE SKIP TO Q8.19 [ASK IF INCOME REFUSED]**
**Q8.18a** – 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


**ASK IF Q8.18 IS 100%-199% FPL [Q8.18=2 OR Q8.18A=2]**
**Q8.18b –** Is your combined household's annual income from all sources less than [PVTYLVL*1.38]?

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

**IF Q2.1 = 2 AND Q8.18 = 01 OR Q8.18a = 1 OR Q8.18b = 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**
**Q8.19** - 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**
**Q8.20** - 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-UP QUESTIONS**

IF Q8.20 (WEIGHT) = 9999 OR 7777 AND Q8.19 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING),
THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q8.21a, Q8.21b, Q8.21c, Q8.21d (OR ASK
Q8.21e, Q8.21f, Q8.21g, Q8.21h FOR METRIC).

IF Q8.19 (HEIGHT) = 9999 OR 7777 AND Q8.20 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING),
THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q8.22a, Q8.22b, Q8.22c, Q8.22d (OR ASK
Q8.22e, Q8.22f, Q8.22g, Q8.22h FOR METRIC).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE:  =
.049 * (Q8.19 height IN) * (Q8.19 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: =
.0427 * (Q8.19 height IN) * (Q8.19 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: =
.0356*(Q8.19 height IN)*(Q8.19 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: =
.0263*(Q8.19 height IN)*(Q8.19 height IN)

**ASK IF Q8.20 = 9999 OR 7777 AND Q8.19 ≠ 9999 OR 7777, ELSE SKIP TO NUTRITION
[ASK IF EITHER WEIGHT OR HEIGHT IS DON'T KNOW OR REFUSED]**
**Q8.21a** - Do you weigh less than [critical weight for **OBESE**]?

        1 YES, WEIGH LESS **[SKIP TO Q8.21c]**
        2 NO, DON'T WEIGH LESS **[SKIP TO Q8.21b]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q8.21a = 2, ELSE SKIP TO Q8.21c**
**Q8.21b** – 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 Q8.21a = 1,** *ELSE SKIP TO NUTRITION*
**Q8.21C** – Do you weigh less than [critical weight for **OVERWEIGHT**]?

        1 YES, WEIGH LESS**[SKIP TO Q8.21d]**
        2 NO, DON'T WEIGHT LESS
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q8.21c = 1,** *ELSE SKIP TO NUTRITION*
**Q8.21d** – 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 * (Q8.19 height CM)*(Q8.19 height CM)

CRITICAL WEIGHT FOR METRIC OBESE
= .003 * (Q8.19 height CM)*(Q8.19 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q8.19 height CM)*(Q8.19 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q8.19 height CM)*(Q8.19 height CM)

**ASK IF Q8.20 = 9999 OR 7777 AND Q8.19 ≠ 9999 OR 7777, ELSE SKIP TO NUTRITION**
**Q8.21e** - Do you weigh less than [critical weight for **METRIC OBESE**]?

    1 YES, WEIGH LESS**[SKIP TO Q8.21g]**
    2 NO, DON'T WEIGH LESS**[SKIP TO Q8.21f]**
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK IF Q8.21e = 2, ELSE SKIP TO Q8.21g**
**Q8.21f** – 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 Q8.21e = 1,** *ELSE SKIP TO Q9.1*
**Q8.21g** – Do you weigh less than [critical weight for **METRIC OVERWEIGHT**]?

    1 YES, WEIGH LESS **[SKIP TO Q8.21h]**
    2 NO, DON'T WEIGHT LESS
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK IF Q8.21g = 1,** *ELSE SKIP TO Q9.1*
**Q8.21h** – 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 * Q8.20 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE:
= SQUARE ROOT OF (23.43 * Q8.20 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * Q8.20 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * Q8.20 weight LB)

THEN CONVERT TO FEET, INCHES

**ASK IF Q8.19 = 9999 OR 7777 AND Q8.20 ≠ 9999 OR 7777, ELSE SKIP TO NUTRITION**
**Q8.22a-** Is your height less than [critical height for **OBESE**]?

        1 YES, LESS   **[SKIP TO Q8.22b]**
        2 NO, NOT LESS   **[SKIP TO Q8.22c]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q8.22a = 1,** *ELSE SKIP TO Q8.22c*
**Q8.22b-** 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 Q8.22a = 2,** *ELSE SKIP TO NUTRITION*
**Q8.22c -** Is your height less than [critical height for **OVERWEIGHT**]?

        1 YES, LESS
        2 NO, NOT LESS **[SKIP TO Q8.22d]**
        7 DON'T KNOW/NOT SURE
        9 REFUSED

**ASK IF Q8.22c = 2,** *ELSE SKIP TO NUTRITION*
**Q8.22d -** 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 * Q8.20 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE
= SQUARE ROOT OF (333 * Q8.20 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * Q8.20 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * Q8.20 weight KILOS)


**ASK IF Q8.19 = 9999 OR 7777 AND Q8.20 ≠ 9999 OR 7777, ELSE SKIP TO NUTRITION**
**Q8.22e -** Is your height less than [critical height for **METRICOBESE**]?

      1 YES, LESS **[SKIP TO Q8.22f]**
      2 NO, NOT LESS **[SKIP TO Q8.22g]**
      7 DON'T KNOW/NOT SURE
      9 REFUSED


**ASK IF Q8.22e = 1,** *ELSE SKIP TO Q8.22g*
**Q8.22f -** 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 Q8.22e = 2,** *ELSE SKIP TO NUTRITION*
**Q8.22g -** Is your height less than [critical height for **METRICOVERWEIGHT**]?

      1 YES, LESS
      2 NO, NOT LESS **[SKIP TO Q8.22h]**
      7 DON'T KNOW/NOT SURE
      9 REFUSED


**ASK IF Q8.22g = 2,** *ELSE SKIP TO NUTRITION*
**Q8.22h -** 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:** And now some questions about food and drinks.

**ASK ALL**
**Q9.1 -** 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**
**Q9.2** – 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.

> READ IF NEEDED: Please try to use your best estimate.

> 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

**ASK ALL**
**Q9.3 -** 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.

> READ IF NEEDED: Please try to use your best estimate.

> 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.**

## PHYSICAL ACTIVITY

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

**ASK ALL**
**Q10.1 -** 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**
**Q10.2 –** 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

**RESPONDENTS RANDOMLY SELECTED WITH 50% RECEIVING Q10.4 TO Q10.7 FOR CITYWIDE ESTIMATES. QXVERS=1**

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

**ASK IF QXVERS=1**
**Q10.4** - 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 Q10.4 NE 666,888, 777 OR 999 [ASK IF ANY VIGOROUS ACTIVITY REPORTED]**
        **Q10.5** - 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 IF QXVERS=1**
**Q10.6** - 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 Q10.6 NE 666,888,777 OR 999 [ASK IF ANY MODERATE/LIGHT ACTIVITY REPORTED]**
        **Q10.7 -** 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.**


## IMMUNIZATIONS


**READ: The next few questions are about vaccinations.**

**ASK ALL**
**Q12.1 -** 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


**ASK IF Q12.1=1 [ASK IF FLU SHOT RECEIVED]**
**Q12.2 -** 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 IF Q8.1 >=45 (OR Q8.1a = 1 OR 2), ELSE SKIP TO Q14.1 [ASK IF 45 OR OLDER]**
**Q12.3 -** 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

## CANCER

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

**ASK IF Q8.1 >=45 (OR Q8.1a = 1 OR 2), ELSE SKIP TO Q14.1 [ASK IF 45 OR OLDER]**
**Q13.1 -** 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


**ASK IF Q13.1 = 1 [ASK IF EVER RECEIVED COLONOSCOPY]**
**Q13.2 -** 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


## HIV TESTING

**READ: 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.**

**ASK ALL**
**Q14.1 -** Have you had an HIV test in the last 12 months?

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


**ASK IF Q14.1 NE 1 [ASK IF NO HIV TEST IN PAST 12 MONTHS]**
**Q14.2 -** Have you ever had an HIV test?

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

## SEXUAL BEHAVIOR

**READ: 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:**

**ASK IF Q8.2 = 2, ELSE SKIP TO Q15.1m (ASK ALL WOMEN)**
**Q15.1f -** 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 [CATI RANGE 0 - 499]

    777 DON'T KNOW/NOT SURE
    999 REFUSED

**ASK IF Q15.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q15.3f [ASK IF HAD AT LEAST ONE MALE SEXUAL PARTNER IN PAST 12 MONTHS]**
**Q15.2f -** 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

**ASK IF Q8.2 = 2 AND Q8.1≤45 (OR Q8.1a = 3,4,5) AND Q15.1f > 0 AND NOT 777,999**
**[ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]**
**Q15.3f –** The last time you had vaginal sex, did you or your partner use any other method of birth control besides condoms to prevent a pregnancy?

    1 Yes
    2 No
    3 (VOL) NEVER HAD VAGINAL SEX
    7 DON'T KNOW/NOT SURE
    9 REFUSED

**ASK IF Q15.3f = 1, ELSE SKIP TO Q15.5f**
**[ASK OF WOMEN 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]**
**Q15.4f –** What method or methods did you use?

    READ LIST IF NEEDED

    ACCEPT MULTIPLE RESPONSES

    1 Birth control pills
    2 Injectable birth control ("the shot", "Depo-Provera"), vaginal ring ("Nuva-Ring"), patch ("Ortho – Evra")
    3 Intrauterine device/IUD ("Mirena" or "Copper-T"), or implant ("Implanon")
    4 Emergency contraception ("Morning-after pill")
    5 Withdrawal or Rhythm Method,
    6 Diaphragm, cervical cap, sponge, female condom, jelly, cream or spermicide
    7 Sterilization(Tubes Tied, Vasectomy or Hysterectomy), or
    8 I did not use any of these methods
    77 DON'T KNOW/NOT SURE
    99 REFUSED

**ASK IF Q15.2f = 2 AND Q15.3f = 2 [THOSE WHO DID NOT USE A CONDOM OR OTHER TYPE OF BIRTH CONTROL METHOD AT LAST VAGINAL SEX]**
**Q15.5f -** The last time you had vaginal sex, did you intend to get pregnant? Would you say yes, no, or no, but YOU wouldn't have minded?

        1 YES
        2 NO
        3 NO, BUT WOULDN'T HAVE MINDED
        4 (VOL.) RESPONDENT WAS ALREADY PREGNANT
        5 (VOL.) RESPONDENT IS UNABLE TO GET PREGNANT OR PARTNER UNABLE TO GET
        RESPONDENT PREGNANT (FERTILITY ISSUES)
        7 DON'T KNOW/NOT SURE
        9 REFUSED


**ASK IF Q15.1f > 0 AND NOT 777 OR 999 [ASK IF SEXUALLY ACTIVE]**
**Q15.6f -** 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


**ASK IF Q15.6f = 1 [ASK IF HAD ANAL SEX PAST 12 MONTHS]**
**Q15.7f –** The last time you had anal sex did you or your partner use a condom?

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

**ASK IF Q8.2 = 2 [ASK ALL WOMEN]**
**Q15.8f -** 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 [CATI RANGE 0 - 499]

        777 DON'T KNOW/NOT SURE
        999 REFUSED


**ASK IF Q8.2 = 2 [ASK ALL WOMEN]**
**Q15.9f -** Thinking about the last time you visited your personal doctor or health care provider, did he or she ask you any questions about your sexual history?

        READ IF NEEDED: Questions about your sexual history could be things like
        whether you have had sex, the number of sex partners you have had, or the
        gender of your sex partners.

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

**ASK IF Q15.1f > 0 AND NOT 777,999 OR Q15.8f > 0 AND NOT 777,999 [ASK IF SEXUALLY ACTIVE]**
**Q15.10f –** Sometimes people who do not have HIV take a daily HIV medication, known as Truvada, to keep from getting HIV. This is called PrEP, or Pre-Exposure Prophylaxis. Have you ever heard of PrEP?

      INTERVIEWER NOTE: Do <u>not</u> probe if Don't Know/Not Sure.

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

**ASK IF Q15.10f = 1 [ASK IF R HEARD OF PrEP]**
**Q15.11f –** Have you ever used PrEP to prevent yourself from becoming infected with HIV?

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

**SEXUAL BEHAVIOR**

**MEN ONLY:**

**ASK IF Q8.2 = 1, ELSE SKIP TO Q16.1 (ASK ALL MEN)**
**Q15.1m -** 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 [CATI RANGE 0 – 499]
        RECORD 777 FOR DON'T KNOW/NOT SURE
        RECORD 999 FOR REFUSED

**ASK IF Q8.2 = 1 (ASK ALL MEN)**
**Q15.2m -** 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 [CATI RANGE 0 – 499]
        777 DON'T KNOW/NOT SURE
        999 REFUSED

**ASK IF Q15.2m >0 and NOT 777,999  [Only Gay or Bisexual Men who were active in past 12 months], ELSE SKIP TO Q15.4m**
**Q15.3 m -** The last time you had sex with a man, did you or your partner 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 IF (Q15.1m >0 AND Q15.1m <500, AND (Q15.2m = 0)) OR ((Q15.1m >0 AND Q15.1m <500) AND (Q15.2m = 777 OR Q15.2m = 999)), ELSE SKIP TO Q15.5m (ONLY HETEROSEXUAL MALES)**
**Q15.4m -** 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

**ASK IF Q15.1m > 0 AND NOT 777 OR 999, AND Q15.2m > 0 AND NOT 777 OR 999). (Only bisexual men active with a woman in past 12 months) ELSE SKIP TO Q15.6m**
**Q15.5m -** 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

**ASK IF Q8.2 = 1 AND Q8.1 ≤65 (OR Q8.1a = 2,3,4,5) AND Q15.1m > 0 AND NOT 777,999**
**[ASK OF MEN 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER]**
**Q15.6m –** The last time you had vaginal sex, did you or your partner use any other method of birth control besides condoms to prevent a pregnancy?

        1 YES
        2 NO
        3 (VOL.) NEVER HAD VAGINAL SEX
        7 DON'T KNOW/NOT SURE
        9 REFUSED


**ASK IF Q15.6m = 1, ELSE SKIP TO Q15.8m**
**[ASK OF MEN WITH AT LEAST ONE FEMALE SEXUAL PARTNER ]**
**Q15.7m –** What method or methods did you use?

        READ LIST IF NEEDED

        ACCEPT MULTIPLE RESPONSES

        1  Birth control pills
        2   Injectable birth control ("the shot", "Depo-Provera"), vaginal ring ("Nuva-
           Ring"), patch ("Ortho – Evra")
        3  Intrauterine device/IUD ("Mirena" or "Copper-T"), or implant
           ("Implanon")
        4  Emergency contraception ("Morning-after pill")
        5  Withdrawal or Rhythm Method
        6 Diaphragm, cervical cap, sponge, female condom, jelly, cream or
           spermicide
        7  Sterilization (Tubes Tied, Vasectomy or Hysterectomy), or
        8  I did not use any of these methods
        77 DON'T KNOW/NOT SURE
        99 REFUSED

**ASK IF (Q15.4m = 2 or Q15.5m = 2) AND Q15.6m = 2 [THOSE WHO DID NOT USE A CONDOM, OR**
**OTHER TYPES OF BIRTH CONTROL METHOD AT LAST VAGINAL SEX]**
**Q15.8m -** The last time you had vaginal sex, did you intend to get your partner pregnant? Would you say yes, no, or no, but YOU wouldn't have minded?

        1 YES
        2 NO
        3 NO, BUT WOULDN'T HAVE MINDED
        4 (VOL.) PARTNER WAS ALREADY PREGNANT
        5 (VOL.) RESPONDENT IS UNABLE TO GET PARTNER PREGNANT OR PARTNER UNABLE TO GET
        PREGNANT(FERTILITY ISSUES)
        7 DON'T KNOW/NOT SURE
        9 REFUSED


**ASK IF Q15.1m OR Q15.2m > 0 AND NOT 777 OR 999 [ASK ALL SEXUALLY ACTIVE MEN]**
**Q15.9m -** In the past 12 months, have you had anal sex?

READ IF NEEDED:
(IF Q15.1m>0 AND Q15.2m=0) By anal sex, we mean putting your penis in your partner's rectum.
(IF Q15.2m>0 AND Q15.1m>=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

**ASK IF Q15.9m = 1 [ASK IF HAD ANAL SEX PAST 12 MONTH]**
**Q15.10m -** The last time you had anal sex did you or your partner use a condom?

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


**ASK IF Q8.2 = 1 (ASK ALL MEN)**
**Q15.11m -** Thinking about the last time you visited your personal doctor or health care provider, did he or she ask you any questions about your sexual history?

        READ IF NEEDED: Questions about your sexual history could be things like whether you have had sex, the number of sex partners you have had, or the gender of your sex partners.

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


**ASK IF Q15.1m > 0 AND NOT 777,999 OR Q15.2m > 0 AND NOT 777,999 [ASK IF SEXUALLY ACTIVE]**
**Q15.12m –** Sometimes people who do not have HIV take a daily HIV medication, known as Truvada, to keep from getting HIV. This is called PrEP, or Pre-Exposure Prophylaxis. Have you ever heard of PrEP?

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

**ASK IF Q15.12m = 1 [ASK IF HEARD OF PrEP]**
**Q15.13m –** Have you ever used PrEP to prevent yourself from becoming infected with HIV?

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

## ALCOHOL USE

**SCREEN: Now a few questions about alcohol.**

**ASK ALL**
**Q16.1 -** 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.**

**ASK IF Q16.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]**
**Q16.2 -** 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

**ASK IF Q16.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]**
**Q16.3 -** Considering all types of alcoholic beverages, how many times during the past 30 days did you have
        [IF Q8.2 = 1 READ: 5 or more drinks on one occasion?]
        [IF Q8.2 = 2 OR IF Q8.2 = 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

**ASK IF HEAVY DRINKER OR BINGE EPISODE [MEN GT 2 DRINKS PER DAY| WOMEN GT 1 DRINK PER DAY] OR Q16.3 GE 1].**
**ASK IF HEAVY DRINKER((Q8.2 = 1 AND Q16.2 GT 2) OR (Q8.2 = 2, 7, 9 AND Q16.2 GT 1)) OR BINGE DRINKER (Q16.3 GE 1)**
**[IF BOTH A HEAVY DRINKER AND BINGE DRINKER, RESPONDENT SHOULD GET THE QUESTION STEM FOR BINGE DRINKERS.]**
**Q16.4 –**
IF HEAVY DRINKER – The next question is about the most recent occasion when you drank [MEN – more than 2 alcoholic beverages | WOMEN – more than 1 alcoholic beverage]..

IF BINGE DRINKER – The next question is about the most recent occasion when you drank [MEN – 5 or more| WOMEN – 4 or more] alcoholic beverages.

During this most recent occasion, where were you when you did most of your drinking? Were you at:

        **READ RESPONSE OPTIONS UNTIL RESPONDENT MAKES SELECTION:**

1 Home
2 Another person's home
3 A restaurant or banquet hall
4 A bar or club
5 A public place, such as a park, concert, sporting event, or beach
6 Or some other place
7 DON'T KNOW/NOT SURE
9 REFUSED

# INTIMATE PARTNER VIOLENCE

SCREEN: The next questions are about your personal safety. Remember that all your answers will be kept private and if a question upsets you, you don't have to answer it.

**ASK ALL**
**Q17.1** – Has a current or former intimate partner ever hit, slapped, shoved, choked, kicked, shaken, or otherwise physically hurt you?

> READ IF NEEDED: The intimate partner could be a current or past boyfriend or girlfriend, husband or wife, common-law spouse, someone with whom you have a child in common, or a dating partner. We are interested in any experiences you have had in the present or past.
>
> INTERVIEWER, IF ASKED: The domestic violence hotline is (800) 621-HOPE (800-621-4673).
>
> 1 YES
> 2 NO
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

**ASK IF Q17.1 = 1 [ASK IF YES TO Q17.1]**
**Q17.2 –** Did this happen in the past 12 months?

[READ IF NEEDED: In the past 12 months, has a current or former intimate partner hit, slapped, shoved, choked, kicked, shaken, or otherwise physically hurt you?]

> READ IF NEEDED: The intimate partner could be a current or past boyfriend or girlfriend, husband or wife, common-law spouse, someone with whom you have a child in common, or dating partner. We are interested in any experiences you have had in the past 12 months.
>
> INTERVIEWER, IF ASKED: The domestic violence hotline is (800) 621-HOPE (800-621-4673).
>
> 1 YES
> 2 NO
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

## VISION ZERO (TRAFFIC SAFETY)

**READ: Now about traffic safety in New York City.**

**ASK ALL**
**Q18.1 –** In the past 30 days, on how many days did you drive a car or motor vehicle in New York City?

        |___|___|
        ENTER NUMBER OF DAYS [RANGE: 0-30]
        77 DON'T KNOW
        99 REFUSED

**ASK IF Q18.1 GE 1, BUT NOT 77 OR 99 [ASK IF DRIVEN IN NYC IN PAST 30 DAYS]**
**Q18.2 –** In the past 30 days, when you drove in New York City, how often did you drive 10 miles per hour or more over the posted speed limit?

        READ:

        1 Often
        2 Sometimes
        3 Rarely
        4 Never
        7 DON'T KNOW/NOT SURE
        9 REFUSED

# TELEPHONE MODULE

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

**READ: 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.**

**ASK ALL**
**Q19.1 -** 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. Do not include business telephone numbers.

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

**ASK ALL**
**Q19.2 - -** 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

**ASK IF Q19.2=2 [ASK IF DOES NOT HAVE CELL PHONE]**
**Q19.3 -** 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 Q19.2 OR Q19.3 = 1 [ASK IF HAVE CELL PHONE]**
**Q19.4 -** 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 LANDLINE TELEPHONE MODULE QUESTIONS

<u>CELL PHONE TELEPHONE MODULE QUESTIONS</u> (ASK IF CELL VERSION, PTYPE=1 AND QLANDLINE=1)

**READ:** And now, because this is a cell phone survey I need to ask you about your cell phone usage for statistical purposes.


**ASK IF QLANDLINE=1 [ASK IF HAVE A LANDLINE AND A CELL PHONE]**
**CQ19.1** 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


<u>END CELL PHONE TELEPHONE MODULE QUESTIONS</u>

**ADDRESS COLLECTION FOR INCENTIVE - ASK IF CELL PHONE RESPONDENT OR INCENT=1.**
**PLEASE READ:**

In appreciation for the time you have spent answering our questions, we would like to provide you with ten dollars as a thank you.

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

## 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 347-396-6118.

        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.