

**2018 New York City  
Community Health Survey  
(NYC CHS)**

Contact information:

CHS Coordinator  
NYC Department of Health and Mental Hygiene  
Bureau of Epidemiology Services  
42-09 28<sup>th</sup> Street  
Queens, New York 11101  
[survey@health.nyc.gov](mailto:survey@health.nyc.gov)

## Contents

HEALTH STATUS.....	16
ACCESS .....	17
CARDIOVASCULAR HEALTH .....	19
DIABETES AND ASTHMA .....	20
MENTAL HEALTH .....	21
CAREGIVING .....	26
HOUSING.....	26
NEIGHBORHOOD ENVIRONMENT.....	28
TOBACCO.....	29
DEMOGRAPHICS.....	33
NUTRITION.....	48
FOOD INSECURITY.....	50
PHYSICAL ACTIVITY.....	51
SLEEP.....	54
IMMUNIZATIONS.....	54
CANCER.....	55
HIV TESTING .....	56
SEXUAL BEHAVIOR.....	57
ALCOHOL USE .....	63
POISON CONTROL .....	64
INTIMATE PARTNER VIOLENCE .....	65
JUSTICE INVOLVEMENT .....	66
TELEPHONE MODULE .....	67
CLOSING: .....	69

**QLAN. INTERVIEWER: SELECT LANGUAGE**

- 1 English
- 2 Spanish
- 3 Russian Paper
- 4 Chinese Paper
- 5 Bengali Paper
- 6 Haitian Creole Paper

**LANDLINE INTRODUCTION –SKIP TO CELL INTRODUCTION IF CELL VERSION**

Hello. My name is \_\_\_\_\_. I'm calling on behalf of the New York City Department of Health from Abt Associates and we need your help to represent your neighborhood. If you qualify for the research, we'll give you \$10 as a thank you. All answers you give are confidential and it takes less than two minutes to determine eligibility.

[IF NEEDED] You don't have to provide 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 QUOTA OUT ZIP CODE, GO TO HFUS Recruitment

**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 do you live?

**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 QZIP=77777/99999 OR NON-NYC ZIP, SET 'HOODFU'=1 - ELSE GO TO QHH

**NEIGHBORHOOD FOLLOW-UP QUESTIONS [ASK IF HOODFU=1]**

**IF Q BORO/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= 10 (FORDHAM), ASK NH1a**

NH1a. Do you live between East Fordham Road and the Cross Bronx Expressway or between East Fordham Road and East Gun Hill Road?

- 1 Between East Fordham Road and the Cross Bronx Expressway (SET CD – 205)
- 2 Between East Fordham Road and East Gun Hill Road (SET CD – 207)
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED
- GO TO QHH

**IF Q BORO/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 = 13 (CROWN HEIGHTS), ASK NH2a**

NH2a. Do you live between Eastern Parkway and Atlantic Avenue, or between Eastern Parkway and Clarkson Avenue? 1 Between Eastern Parkway and Atlantic Avenue (SET CD – 308)

- 2 Between Eastern Parkway and Clarkson Avenue (SET CD- 309)
- 7 DON'T KNOW/NOT SURE

9 REFUSED  
GO TO QHH

**IF Q BORO/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=10 (Harlem), ASK NH3a**

NH3a. Do you live in West Harlem, Central Harlem, East Harlem, or do you just call it 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 CD -109 )
  - 2 Central Harlem (SET CD - 110)
  - 3 East Harlem or Harlem (SET CD - 111)
  - 7 Don't Know/Not Sure
  - 9 Refused
- GO TO Q HH.**

**IF Q BORO/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 NH4 = 7 (CORONA), ASK NH4a**

NH4a. Do you live between Roosevelt Avenue and Grand Central Parkway, or between Roosevelt Avenue and the Long Island Expressway?

- 1 Between Roosevelt Avenue and Grand Central Parkway(SET CD – 403)
  - 2 Between Roosevelt Avenue and the Long Island Expressway(SET CD – 404)
  - 7 Don't Know/Not Sure
  - 9 Refused
- GO TO Q HH.**

**IF Q BORO/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

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 REFUSED/DK (QHH=99):**

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

**IF ONLY 1 ADULT (QHH=1) ASK HHa, IF MORE THAN ONE ADULT (QHH>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 Health Department will share the anonymous survey results of participants with the public so that more can be learned about the health of New Yorkers. 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. We also have a website at the Health Department for you to verify this survey. 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 or 9 (NOT THE ADULT)**

s6b May I speak with the adult?

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

**IF MORE THAN ONE ADULT (QHH>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 QWHICH)
- 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 first name so we can ask for them when we call back?/(If q pick = 2) May I please have the (PICKED PERSON'S) first 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
- 5 Bengali Paper
- 6 Haitian Creole Paper

QCHINESE [INTERVIEWER: IS THAT MANDARIN OR CANTONESE?]

- 1 MANDARIN
- 2 CANTONESE

**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 Associates. 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 Health Department will share the anonymous survey results of participants with the public so that more can be learned about the health of New Yorkers. 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. We also

have a website at the Health Department for you to verify this survey. 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 \_\_\_\_\_. I'm calling on behalf of the New York City Department of Health from Abt Associates and we need your help to represent your neighborhood. If you qualify for the research, we'll give you \$10 as a thank you. All answers you give are confidential and it takes less than two minutes to determine eligibility.

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

- 1 YES [GO TO QCALLBACK2]
- 2 NO [GO TO Q CONF\_NYC]
- 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\_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 QZIP]
- 2 Brooklyn [GO TO QZIP]
- 3 Manhattan [GO TO QZIP]
- 4 Queens [GO TO QZIP]
- 5 Staten Island [GO TO QZIP]
- 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 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

**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 QCONF\_CELL]
- 2 NO [GO TO QCONF\_ADULT2]
- 7 DON'T KNOW/NOT SURE [GO TO QCONF\_ADULT2]
- 9 REFUSED [GO TO QCONF\_ADULT2]

**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 [QCALLBACK1]
- 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

IF DON'T KNOW OR REFUSED: Thank you very much 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 home or apartment, or do you live in institutional housing, such as a dormitory or other group living situation?

READ ONLY IF NECESSARY: Institutional housing includes places such as nursing homes, military barracks, college dormitories, and convents and monasteries.

INTERVIEWER: CODE 1 FOR PRIVATE RESIDENCE AND CODE 2 FOR DORMITORY OR GROUP HOUSING.

- 1 YES [Go to INTRO1]
- 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**

**CATI:** IF PTYPE=2, GO TO NEIGHBORHOOD FOLLOW-UP QUESTIONS, THEN HOUSEHOLD SELECTION.

#### **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.

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.

Any information you provide will be confidential. The Health Department will share the anonymous survey results of participants with the public so that more can be learned about the health of New Yorkers. 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. We also have a website at the Health Department for you to verify this survey.

In appreciation for the time that you spend answering our questions, we will provide you with ten dollars as a thank you.

**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 QZIP=77777/99999 OR NON-NYC ZIP, SET 'HOODFU'=1 - ELSE GO TO QHH

**NEIGHBORHOOD FOLLOW-UP QUESTIONS [ASK IF HOODFU=1]**

**IF Q BORO/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 QWHICH]

**IF NH1= 10 (FORDHAM), ASK NH1a**

NH1a. Do you live between East Fordham Road and the Cross Bronx Expressway or between East Fordham Road and East Gun Hill Road?

1 Between East Fordham Road and the Cross Bronx Expressway (SET CD – 205)

2 Between East Fordham Road and East Gun Hill Road (SET CD – 207)

7 DON'T KNOW/NOT SURE

9 REFUSED

GO TO QHH

**IF Q BORO/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 = 13 (CROWN HEIGHTS), ASK NH2a**

NH2a. Do you live between Eastern Parkway and Atlantic Avenue, or between Eastern Parkway and Clarkson Avenue?

1 Between Eastern Parkway and Atlantic Avenue (SET CD – 308)

2 Between Eastern Parkway and Clarkson Avenue (SET CD- 309)

7 DON'T KNOW/NOT SURE

9 REFUSED

GO TO QHH

**IF Q BORO/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=10 (Harlem), ASK NH3a**

NH3a. Do you live in West Harlem, Central Harlem, East Harlem, or do you just call it 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 CD -109 )
  - 2 Central Harlem (SET CD - 110)
  - 3 East Harlem or Harlem (SET CD - 111)
  - 7 Don't Know/Not Sure
  - 9 Refused
- GO TO Q HH.**

**IF Q BORO/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 NH4 = 7 (CORONA), ASK NH4a**

NH4a. Do you live between Roosevelt Avenue and Grand Central Parkway, or between Roosevelt Avenue and the Long Island Expressway? 1 Between Roosevelt Avenue and Grand Central Parkway (SET CD – 403)

- 2 Between Roosevelt Avenue and the Long Island Expressway (SET CD – 404)
  - 7 Don't Know/Not Sure
  - 9 Refused
- GO TO Q HH.**

**IF Q BORO/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

**Q WHICH INTERVIEWER: SELECT LANGUAGE**

- 1 English
- 2 Spanish
- 3 Russian Paper
- 4 Chinese Paper
- 5 Bengali Paper
- 6 Haitian Creole Paper

**QCHINESE [INTERVIEWER: IS THAT MANDARIN OR CANTONESE?]**

1 MANDARIN  
2 CANTONESE

**CATI: CREATE VARIABLE QXVERS.**

**QXVERS = 1 (LONG VERSION)  
QXVERS = 2 (SHORT VERSION)**

**CATI: CREATE RANDOMIZATION VARIABLE QXVERSNUM.**

**ASSIGN RANDOM NUMBER (QXVERSNUM) BETWEEN 1 AND 999, WHERE:**

**QXVERSNUM  $\leq$  500 IS ASSIGNED QXVERS = 1 (LONG VERSION) AND  
QXVERSNUM  $>$  500 IS ASSIGNED QXVERS = 2 (SHORT VERSION).**

**AT START OF DATA COLLECTION, ASSIGN QXVERSNUM WITH 50-50 SPLIT OF RESPONDENTS  
RECEIVING QXVERS = 1 (LONG VERSION).**

**CHANGES TO PROPORTION OF RESPONDENTS ASSIGNED LONGER VERSION WILL BE BASED  
ON OVERALL SURVEY LENGTH.**

**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 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** - 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 INSURED]**

**Q2.5** – 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.

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

**CARDIOVASCULAR HEALTH**

**READ:** 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

**ASK ALL**

**Q3.4** – During the past 30 days, have you checked your blood pressure at home or at a pharmacy?

- 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

**ASK IF Q4.1 = 1 [ASK IF HAVE DIABETES]**

**Q4.1a –** Are you currently taking insulin?

READ IF NEEDED: Insulin is a medication used by some people to treat diabetes. It is injected under the skin with a shot needle.

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

**ASK IF Q4.1 = 1 [ASK IF HAVE DIABETES]**

**Q4.1b –** Are you currently taking pills for diabetes to lower your blood sugar?

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

**ASK IF Q4.1 = 1 [ASK IF HAVE DIABETES]**

**Q4.1c –** Are you currently taking injectable drugs other than insulin to lower your blood sugar?

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

**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 [ASK IF DIAGNOSED WITH ASTHMA]**

**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

**MENTAL HEALTH**

**READ:** The next few questions are about your mental health over the last 2 weeks.

**ASK ALL**

**Q5.1 –** 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 1-888-NYC-WELL (1-888-692-9355) , TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

- 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-** 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**

**Q5.10-** 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**

**Q5.11** - 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 1-888-NYC-WELL (1-888-692-9355), TEXT “WELL” TO 65173, OR ONLINE CHAT AT [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

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

**ASK IF CURRENT\_DEPP = 1**

**Q5.12** - Have you ever been told by a doctor, nurse or other health professional that you have depression?

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

**ASK ALL**

**Q5.13** – NYC WELL is a free and confidential behavioral health information and referral resource for New Yorkers. Counselors are available to talk to you about mental health or substance use challenges and provide referrals to other services. You can contact NYC WELL by phone, text or an online chat feature. Would you like any of these resources?

- 1 YES [GO TO Q5.14]
- 2 NO [GO TO INSTRUCTIONS BEFORE Q6.1]

**ASK IF Q5.13=1. ELSE GO TO INSTRUCTIONS BEFORE Q6.1.**

**Q5.14** - Which of these would you like?

- 1 Phone number: 1-888-NYC-WELL (1-888-692-9355)
- 2 Text: “WELL” to 65173
- 3 Online chat: [NYC.GOV/NYCWELL](https://nyc.gov/nycwell)

**CAREGIVING****ASK IF QXVERS=1 [RANDOM ASSIGNMENT]**

**READ: The next question is about care you might provide to someone.**

**Q6.1 –** At any time in the last 12 months, did you provide unpaid care to an ADULT relative or friend who has trouble taking care of themselves?

READ IF NEEDED: This may include help with personal needs, household chores, giving medication, grocery shopping, help paying bills, driving to doctor's visits, or visiting regularly to see how they are doing. This adult does not need to live with you.

IF NEEDED: If caregiving recipient has died in the past 12 months say "I'm sorry to hear of your loss."

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

**HOUSING**

**READ: Now I will ask a few questions about your home or apartment.**

**ASK ALL**

**Q7.1 –** 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

**Q7.2 -** Is this home or apartment owned or rented?

- 1 OWNED (READ IF NEEDED: Owned by you or someone in your family)
- 2 RENTED
- 3 (VOL.) OCCUPIED WITHOUT PAYMENT OF RENT
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q7.2 NE 1****Q7.3 – Are you...**

READ:

- 1 A public housing resident living in a building owned by the New York City Housing Authority, or are you
- 2 Part of a household that receives rental assistance such as Section 8 or any other rental assistance program, or are you
- 3 Part of a household living in a rent-controlled or rent-stabilized home, or
- 4 None of these
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK ALL****Q7.4 – How long have you lived in your home or apartment?**

CATI: ALLOW MULTIPLE RESPONSES

\_\_\_\_ MONTHS [RANGE 1-12]  
 \_\_\_\_ YEARS [RANGE 1-100]  
 7777 DON'T KNOW/NOT SURE  
 9999 REFUSED

**ASK IF Q7.4 LESS THAN OR EQUAL TO 5 YEARS.****[ASK IF R LIVED LESS THAN OR EQUAL TO 5 YEARS IN HOME]****Q7.5 – Where were you living 5 years ago?**

READ:

- 1 In a different house or apartment, but in the same neighborhood
- 2 In a different neighborhood, but in the same borough
- 3 In a different borough
- 4 Outside of New York City
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q7.4 LE 1 YEAR****Q7.6 – In the PAST 12 MONTHS how many places have you lived?**

\_\_\_\_ Range (0-10)  
 11 MOVED 10 OR MORE TIMES  
 777 DON'T KNOW/ NOT SURE  
 999 REFUSED

**ASK IF Q7.4 LE 1 YEAR****Q7.7– In the PAST 12 MONTHS was there a time when you did not have a steady place to sleep or slept in a shelter?**

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

9 REFUSED

**ASK IF Q7.4 LE 5 YEARS**

**Q7.8** – An eviction is when your landlord, a roommate, a housing court, or a bank forces you to move when you don't want to. In the PAST 5 YEARS, have you ever been evicted?

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

**ASK ALL**

**Q7.9** – During the PAST 12 MONTHS, was there any month when you delayed paying or were not able to pay your mortgage or rent?

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

**NEIGHBORHOOD ENVIRONMENT**

**READ:** The next question asks about your neighborhood and the people who live there. By neighborhood we mean the area around where you live and where you might go to religious services, run errands, such as shopping or visiting with neighbors.

Please tell me whether you strongly agree, somewhat agree, neither agree nor disagree, somewhat disagree, or strongly disagree with the following statement?

**ASK ALL**

**Q8.1** – People in your neighborhood are willing to help their neighbors.

READ IF NEEDED:

- 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

**TOBACCO**

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

**ASK ALL**

**Q9.1** - Have you smoked at least 100 cigarettes in your entire life?

READ IF NEEDED: 100 cigarettes=5 packs.

INTERVIEWER NOTE: "Do not include: electronic cigarettes, herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes (hookahs) or marijuana."

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**ASK IF Q9.1 = 1, ELSE SKIP TO Q9.10 [ASK IF SMOKED AT LEAST 100 CIGS]**

**Q9.2** - 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 Q9.2 = 1 [ASK IF SMOKE EVERY DAY]**

**Q9.3** - 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 Q9.2 = 2 [ASK IF SMOKE SOME DAYS]**

**Q9.3a** - 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 Q9.2 = 2 AND Q9.3a ≠ 777 OR 999 [ASK IF SMOKE SOME DAYS]**

**Q9.3b** - 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 Q9.2 = 1 OR 2 [ASK IF CURRENT SMOKER]**

**Q9.4** - Thinking about the type of cigarettes you usually smoke, are they menthol or non-menthol?

1 Menthol

2 Non-menthol

3 VOL. NO USUAL TYPE OF CIGARETTE

7 DON'T KNOW/NOT SURE  
9 REFUSED

**ASK IF Q9.1 = 1 [ASK IF EVER SMOKER]**

**Q9.5** - 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 Q9.2 = 3 [ASK IF FORMER SMOKER]**

**Q9.6** About how long has it been since you last smoked cigarettes regularly?

ENTER EITHER WEEKS, MONTHS OR YEARS – NOT MORE THAN ONE. ROUND TO CLOSEST WEEK, MONTH OR YEAR IF NEEDED. [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 Q9.2 = 1 OR 2 [ASK IF CURRENT SMOKER]**

**Q9.7** - Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummed or did you roll your own?

1 CARTON  
2 PACK  
3 SINGLE/LOOSIE  
4 BUMMED  
5 ROLLED OWN  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**ASK IF Q9.7 = 1, 2 OR 3 [ASK IF LAST CIG FROM A CARTON, PACK, OR SINGLE]**

**Q9.8** How much did you pay for that [ANSWER TO Q9.7]?

DO NOT ROUND – PUT IN EXACT DOLLARS/CENTS

**Q9.8A 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

**Q9.8B 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

**Q9.8C 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 Q9.7 = 1, 2, OR 3 AND Q9.8 NE 8888 [LAST CIG. FROM CARTON, PACK OR SINGLE]**

**Q9.9** – Where did you buy the last cigarette you smoked? Was it in your neighborhood, in another part of New York City, or outside of New York City?

1 In your neighborhood

2 In another part of New York City

3 Outside of New York City

7 DON'T KNOW/NOT SURE

9 REFUSED

**Q9.10–** 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 Q7.1 = 2,3,4,5,6 [ASK IF R LIVES IN MULTI-UNIT BUILDING]**

**Q9.11** – 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 NOT 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.

**ASK ALL**

**Q10.1** - What is your age?

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

**ASK IF Q10.1 = 07 OR 09, ELSE SKIP TO Q10.3 [ASK IF AGE REFUSED]**

**Q10.1a** - 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 75 or older  
 2 65-74  
 3 45-64  
 4 30-44  
 5 25-29, or  
 6 18-24  
 7 DON'T KNOW/NOT SURE  
 9 REFUSED

**CATI:**

OCTOBER 10, 2017

**CATI:** STARTING 10/10/17, USE QXVERS TO DETERMINE THE ORDER IN WHICH Q8.3 AND Q8.2 IS ASKED:

IF QXVERS=1, ASK Q10Q8.2 FIRST, THEN Q10Q8.3.  
 IF QXVERS=2, ASK Q10Q8.3 FIRST, THEN Q10Q8.2.

**ASK ALL**

**Q10.3** –How do you describe yourself?

INTERVIEWER: READ AND ALLOW FOR MULTIPLE RESPONSES BUT DO NOT PROBE

- 1 1) As a man  
 2 2) As a woman  
 3 3) As a transgender man  
 4 4) As a transgender woman  
 5 5) As gender non-conforming  
 6 or, 6) another gender identity  
 7 DON'T KNOW/NOT SURE  
 9 REFUSED

**ASK ALL**

**Q10.2** – [IF QXVERS=2, DISPLAY: This is a different question.] On your original birth certificate, was your sex assigned as male or female?

- 1 MALE

2 FEMALE  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**ASK IF (Q10.2 = 1 AND Q10.3 = 2) OR IF (Q10.2 = 2 AND Q10.3 = 1) [ASK IF IDENTIFY DIFFERENTLY FROM SEX AT BIRTH BUT DOES NOT CHOOSE TRANSGENDER IN Q10.3]  
SKIP IF RESPONDENT PROVIDED MULTIPLE RESPONSES TO Q10.3**

**Q10.3c** – To confirm, you identify as [Q10.3 FILL] and your sex assigned at birth was [Q10.2 FILL], correct?

1 YES; RESPONDENT HAS A GENDER IDENTITY DIFFERENT THAN THEIR SEX AT BIRTH  
2 NO: RESPONDENT IDENTIFIES WITH THE GENDER IDENTITY AND BIRTH SEX  
MISTAKENLY CODED  
3 NO: RESPONDENT IDENTIFIES WITH THEIR SEX AT BIRTH AND GENDER WAS  
MISTAKENLY CODED  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**ASK IF Q10.3 = 7**

**Q10.3d** – Are you exploring your gender identity and are not sure how you consider yourself yet, do you not understand the question, or do you identify as [Q10.2 FILL]?

1 You are exploring your gender identity and not sure how you consider yourself yet,  
2 You do not understand the question,  
3 You identify as [Q10.2 fill]  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**IF Q10.2 = 1 AND Q10.3 = 1 THEN GENDERID=1 [CIS-MALE]  
IF Q10.2 = 1 AND Q10.3 = 2 AND Q10.3C=3 THEN GENDERID=1 [CIS-MALE]  
IF Q10.2 = 2 AND Q10.3 = 1 AND Q10.3C=2 THEN GENDERID=1 [CIS-MALE]  
IF Q10.2 = 1 AND Q10.3 = 7 AND Q10.3D=3 THEN GENDERID=1 [CIS-MALE]  
IF Q10.2 = 1 AND Q10.3 = 7 AND Q10.3D = 2 THEN GENDERID=1 [CIS-MALE]**

**IF Q10.2 = 2 AND Q10.3 = 2 THEN GENDERID=2 [CIS-FEMALE]  
IF Q10.2 = 2 AND Q10.3 = 1 AND Q10.3C=3 THEN GENDERID=2 [CIS-FEMALE]  
IF Q10.2 = 1 AND Q10.3 = 2 AND Q10.3C=2 THEN GENDERID=2 [CIS-FEMALE]  
IF Q10.2 = 2 AND Q10.3 = 7 AND Q10.3D=3 THEN GENDERID=2 [CIS-FEMALE]  
IF Q10.2 = 2 AND Q10.3 = 7 AND Q10.3D =2 THEN GENDERID=2 [CIS-FEMALE]**

**IF Q10.3 = 4 THEN GENDERID=3 [TRANS-WOMAN]  
IF Q10.2 = 1 AND Q10.3 = 2 AND Q10.3C=1 THEN GENDERID=3 [TRANS-WOMAN]  
IF Q10.2 = 7 OR 9 AND Q10.3 = 4 THEN GENDERID=3 [TRANS-WOMAN]**

**IF Q10.3 = 3 THEN GENDERID=4 [TRANS-MAN]  
IF Q10.2 = 2 AND Q10.3 = 1 AND Q10.3C=1 THEN GENDERID=4 [TRANS-MAN]  
IF Q10.2 = 7 OR 9 AND Q10.3 = 3 THEN GENDERID=4 [TRANS-MAN]**

**IF Q10.2 = 1 AND Q10.3 = 5 OR 6 THEN GENDERID=5 [GENDER NONCONFORMING MALE]  
IF Q10.2 = 1 AND Q10.3 = 7 AND Q10.3D=1 THEN GENDERID=5 [GENDER NONCONFORMING MALE]  
IF Q10.2 = 1 AND Q10.3 = 9 THEN GENDERID=5 [GENDER NONCONFORMING MALE]**

**IF Q10.2 = 2 AND Q10.3 = 5 OR 6 THEN GENDERID=6 [GENDER NONCONFORMING FEMALE]**

IF Q10.2 = 2 AND Q10.3 = 7 AND Q10.3D=1 THEN GENDERID=6 [GENDER NONCONFORMING FEMALE]  
 IF Q10.2 = 2 AND Q10.3 = 9 THEN GENDERID=6 [GENDER NONCONFORMING FEMALE]  
 IF Q10.2 = 7 OR 9 AND Q10.3 = 1 THEN GENDERID=7 [UNSPECIFIED MALE]  
 IF Q10.2 = 7 OR 9 AND Q10.3 = 2 THEN GENDERID=8 [UNSPECIFIED FEMALE]  
 IF Q10.2 = 7 OR 9 AND Q10.3 = 5 THEN GENDERID=9 [UNASSIGNED]  
 IF Q10.2 = 7 OR 9 AND Q10.3 = 6 THEN GENDERID=9 [UNASSIGNED]  
 IF Q10.2 = 7 OR 9 AND Q10.3 = 7 OR 9 THEN GENDERID=9 [UNASSIGNED]  
 IF Q10.2 = 1 AND Q10.3 = 2 AND Q10.3C=7 OR 9 THEN GENDERID=9 [UNASSIGNED]  
 IF Q10.2 = 2 AND Q10.3 = 1 AND Q10.3C=7 OR 9 THEN GENDERID=9 [UNASSIGNED]  
 IF Q10.3D = 7 OR 9 THEN GENDERID=9 [UNASSIGNED]  
 IF MORE THAN ONE RESPONSE TO Q10.3 THEN GENDERID=9 [UNASSIGNED]

**ASK ALL**

**Q10.4** - Are you Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q10.2 EQ 7,9: Latino / IF GENDERID EQ 2,3,6,8: Latina)?

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

**ASK IF Q10.4 = 1, ELSE SKIP TO Q10.5 [ASK IF HISPANIC/LATINO]**

**Q10.4a** - Please tell me which group best represents your Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q10.2 EQ 7,9: Latino / IF GENDERID EQ 2,3,6,8: Latina) origin or ancestry:

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

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

**ASK ALL**

**Q10.5 (IF QXVERS=1 AND Q10.4=1 THEN READ:** Some people, aside from being Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q10.2 EQ 7,9: Latino / IF GENDERID EQ 2,3,6,8: Latina) 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 Middle Eastern or North African
- 05 Native Hawaiian or Other Pacific Islander
- 06 American Indian, Alaska Native, or
- 07 Something else (SPECIFY) \_\_\_\_\_
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK IF Q10.5 = 3 [ASK IF ASIAN]**

**Q10.6** – 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

**Q10.7** – Where were you born? Please tell me the country or US territory .

1 USA

2 Outside USA [List of countries, includes Puerto Rico and other] (GO TO Q10.7a)

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

**ASK IF Q10.7 = 2 [ASK IF BORN OUTSIDE U.S.]**

**Q10.7a**

- |                        |                                |
|------------------------|--------------------------------|
| 60. AFRICA             | 32. ITALY                      |
| 61. ALBANIA            | 33. JAMAICA                    |
| 62. ANTIGUA            | 34. JAPAN                      |
| 01. ARGENTINA          | 35. KOREA                      |
| 64. AUSTRIA            | 135. LIBERIA                   |
| 02. AUSTRALIA          | 87. MALAYSIA                   |
| 03. BANGLADESH         | 137. MALI                      |
| 04. BARBADOS           | 36. MEXICO                     |
| 05. BELARUS            | 37. NICARAGUA                  |
| 68. BELIZE             | 38. NIGERIA                    |
| 06. BOLIVIA            | 229. NORTHERN AFRICA           |
| 07. BRAZIL             | 39. PAKISTAN                   |
| 08. CANADA             | 40. PANAMA                     |
| 09. CARIBBEAN          | 41. PERU                       |
| 228. CENTRAL AFRICA    | 42. PHILIPPINES                |
| 10. CHILE              | 43. POLAND                     |
| 11. CHINA              | 44. PUERTO RICO                |
| 12. COLOMBIA           | 45. ROMANIA                    |
| 13. COSTA RICA         | 46. RUSSIA                     |
| 14. CUBA               | 97. SENEGAL                    |
| 227. CZECH REPUBLIC    | 47. SIERRA LEONE               |
| 73. CZECHOSLOVAKIA     | 166. SLOVAKIA                  |
| 15. DOMINICAN REPUBLIC | 48. SOUTH AMERICAN             |
| 127. EASTERN AFRICA    | 49. SPAIN                      |
| 16. ECUADOR            | 230. SOUTHERN AFRICA           |
| 17. EGYPT              | 102. ST. LUCIA                 |
| 18. EL SALVADOR        | 103. ST. VINCENT               |
| 74. ENGLAND            | 104. Suriname                  |
| 75. EUROPE             | 105. Sweden                    |
| 19. FRANCE             | 50. TAIWAN                     |
| 20. GERMANY            | 107. Thailand                  |
| 21. GHANA              | 51. TRINIDAD AND TOBAGO        |
| 22. GREECE             | 52. TURKEY                     |
| 78. GRENADA            | 53. UKRAINE                    |
| 23. GUATEMALA          | 54. UNITED KINGDOM (INCLUDES   |
| 79. GUINEA             | ENGLAND, N. IRELAND, SCOTLAND, |
| 24. GUYANA             | WALES)                         |
| 25. HAITI              | 108. Uruguay                   |
| 26. HONDURAS           | 109. UZBEKISTAN                |
| 27. HONG KONG          | 55. VENEZUELA                  |
| 28. HUNGARY            | 56. VIETNAM                    |
| 29. INDIA              | 110. VIRGIN ISLANDS            |
| 81. IRAN               | 111. WESTERN AFRICA            |
| 30. IRELAND            | 57. WEST INDIAN                |
| 31. ISRAEL             |                                |

58. YUGOSLAVIA  
66. OTHER (SPECIFY)\_\_\_\_\_

77. DON'T KNOW/NOT SURE  
99. REFUSE

**ASK IF Q10.7 = 2 [ASK IF BORN OUTSIDE U.S.]****Q10.8** - 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****Q10.9** - 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 or partnered
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK ALL****Q10.10** - Now I'll read a list of terms people sometimes use to describe themselves:

[IF GENDERID = 1,4,5,7- READ] Are you 1) gay, 2) straight - that is not gay, 3) bisexual, or 4) something else.

[IF GENDERID = 2,3,6,8,9 – READ] Are you 1) lesbian or gay, 2) straight - that is not lesbian or gay, 3) bisexual, or 4) something else.

READ RESPONSES AGAIN IF NEEDED:

- 1 Gay [GENDERID = 2,3,6,8,9 – READ: or lesbian]
- 2 Straight, that is not gay
- 3 Bisexual, or
- 4 Something else
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**IF Q10.10 = 7 [ASK IF DON'T KNOW TO Q10.10]****Q10.10a** – 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 Q10.10 = 4 OR Q10.10a = 3 [ASK IF 'SOMETHING ELSE' TO Q10.10 OR Q10.10A]**  
**Q10.10b** –What do you mean by something else? (SPECIFY)\_\_\_\_\_

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

**ASK ALL**

**Q10.11** - 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, ASSOCIATES DEGREE), 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**

**Q10.12** - How many children 17 years old or younger usually live or stay with you?

READ IF NEEDED: Include all children who live or stay with you.

\_\_\_ NUMBER OF CHILDREN [RANGE 0-25]

77 DON'T KNOW/NOT SURE

99 REFUSED



**ASK ALL****Q10.13** - 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 Q10.12 or CQHH = 77 or 99, skip to Q10.15****Create new field NHOUSE = QHH/CQHH (Number of adults) + Q10.12(Number of Children)****USE NHOUSE to create a field (PVTYLV) to populate the fill for Q10.14****IF NHOUSE = 1 THEN PVTYLV = 12,140****IF NHOUSE = 2 THEN PVTYLV = 16,460****IF NHOUSE = 3 THEN PVTYLV = 20,780****IF NHOUSE = 4 THEN PVTYLV = 25,100****IF NHOUSE = 5 THEN PVTYLV = 29,420****IF NHOUSE = 6 THEN PVTYLV = 33,740****IF NHOUSE = 7 THEN PVTYLV = 38,060****IF NHOUSE = 8 THEN PVTYLV = 42,380****IF NHOUSE = 9 THEN PVTYLV = 46,700****IF NHOUSE = 10 THEN PVTYLV = 51,020****IF NHOUSE = 11 THEN PVTYLV = 55,340****IF NHOUSE = 12 THEN PVTYLV = 59,660****IF NHOUSE = 13 THEN PVTYLV = 63,980****IF NHOUSE = 14 THEN PVTYLV = 68,300****IF NHOUSE = 15 THEN PVTYLV = 72,620****IF NHOUSE GT 15 THEN PVTYLV = 42,380 + (NHOUSE-8 \* 4,320)****READ SCREEN:** The next question is about your combined household income.

[READ IF NHOUSE&gt;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****Q10.14** - Is your household's annual income from all sources:

02 Less than \$ (PVTYLV\*2) IF "NO," ASK 05; IF "YES," ASK 01

01 Less than (PVTYLV)

IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (&lt; 100%)

05 Less than \$ (PVTYLV \*5) IF "NO," ASK 06 (500-599%); IF "YES," ASK 04 (300-399%)

06 Less than \$ (PVTYLV \*6) IF "NO," ASK 07 (&gt;700%); IF "YES," CODE 06 (500-599%)

04 Less than \$ (PVTYLV \*4) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)

07 Is your household's annual income \$ (**PVTYLV**\*7) or more? (IF "YES", CODE 08 (700%+), IF NO, CODE 07 600-699%)

08 \$ (**PVTYLV**\*8)

03 Less than \$ (**PVTYLV**\*3) IF "NO," CODE 04; IF "YES," CODE 03

77 DON'T KNOW/NOT SURE

99 REFUSED

**ASK IF Q10.14\_02 = 77 OR 99, ELSE SKIP TO Q10.15 [ASK IF INCOME REFUSED]**

**Q10.14a** - 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

**ASK IF Q10.14 IS 100%-199% FPL [Q10.14=2 OR Q10.14a=2]**

**Q10.14b** – 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, 7, 9 AND Q10.14 = 01 OR Q10.14a = 1 OR Q10.14b = 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**

**Q10.15** - 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

**ASK ALL**

**Q10.16** - 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-UP QUESTIONS**

IF Q10.16 (WEIGHT) = 9999 OR 7777 AND Q10.15 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q10.17a, Q10.17b, Q10.17c, Q10.17d (OR ASK Q10.17e, Q10.17f, Q10.17g, Q10.17h FOR METRIC).

IF Q10.15 (HEIGHT) = 9999 OR 7777 AND Q10.16 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q10.18a, Q10.18b, Q10.18c, Q10.18d (OR ASK Q10.18e, Q10.18f, Q10.18g, Q10.18h FOR METRIC).

$BMI = 703 * LBS / inches^2$

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: =  
 $.049 * (Q10.15 \text{ height IN}) * (Q10.15 \text{ height IN})$

CRITICAL WEIGHT FOR ENGLISH OBESE: =  
 $.0427 * (Q10.15 \text{ height IN}) * (Q10.15 \text{ height IN})$

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: =  
 $.0356 * (Q10.15 \text{ height IN}) * (Q10.15 \text{ height IN})$

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: =  
 $.0263 * (Q10.15 \text{ height IN}) * (Q10.15 \text{ height IN})$

**ASK IF Q10.16 = 9999 OR 7777 AND Q10.15 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1**  
**[ASK IF EITHER WEIGHT OR HEIGHT IS DON'T KNOW OR REFUSED]**

**Q10.17a** - Do you weigh less than [critical weight for **OBESE**]?

- 1 YES, WEIGH LESS [SKIP TO Q10.17c]
- 2 NO, DON'T WEIGH LESS [SKIP TO Q10.17b]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q10.17a = 2, ELSE SKIP TO Q10.17c**

**Q10.17b** – Do you weigh less than [critical weight for **VERY OBESE**]?

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

**ASK IF Q10.17a = 1, ELSE SKIP TO Q11.1**

**Q10.17c** – Do you weigh less than [critical weight for **OVERWEIGHT**]?

- 1 YES, WEIGH LESS [SKIP TO Q10.17d]
- 2 NO, DON'T WEIGH LESS
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q10.17c = 1, ELSE SKIP TO Q11.1**

**Q10.17d** – Do you weigh less than [critical weight for **UNDERWEIGHT**]

- 1 YES, WEIGH LESS

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

CRITICAL WEIGHT FOR METRIC VERY OBESE =  
= .0035 \* (Q10.15 height CM)\*(Q10.15 height CM)

CRITICAL WEIGHT FOR METRIC OBESE  
= .003 \* (Q10.15 height CM)\*(Q10.15 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT  
= .0025 \* (Q10.15 height CM)\*(Q10.15 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT  
= .00185 \* (Q10.15 height CM)\*(Q10.15 height CM)

**ASK IF Q10.16 = 9999 OR 7777 AND Q10.15 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1**

**Q10.17e** - Do you weigh less than [critical weight for **METRIC OBESE**]?

1 YES, WEIGH LESS[**SKIP TO Q10.17g**]  
2 NO, DON'T WEIGH LESS[**SKIP TO Q10.17f**]  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**ASK IF Q10.17e = 2, ELSE SKIP TO Q10.17g**

**Q10.17f** – Do you weigh less than [critical weight for **METRIC VERY OBESE**]?

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

**ASK IF Q10.17e = 1, ELSE SKIP TO Q11.1**

**Q10.17g** – Do you weigh less than [critical weight for **METRIC OVERWEIGHT**]?

1 YES, WEIGH LESS [**SKIP TO Q10.17h**]  
2 NO, DON'T WEIGH LESS  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**ASK IF Q10.17g = 1, ELSE SKIP TO Q11.1**

**Q10.17h** – Do you weigh less than [critical weight for **METRIC UNDERWEIGHT**]

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

CRITICAL HEIGHT IN INCHES FOR VERY OBESE =  
= SQUARE ROOT OF  $(20.09 * Q10.16 \text{ weight LB})$

CRITICAL HEIGHT IN INCHES FOR OBESE:  
= SQUARE ROOT OF  $(23.43 * Q10.16 \text{ weight LB})$

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:  
= SQUARE ROOT OF  $(28.12 * Q10.16 \text{ weight LB})$

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:  
= SQUARE ROOT OF  $(38 * Q10.16 \text{ weight LB})$

THEN CONVERT TO FEET, INCHES

**ASK IF Q10.15 = 9999 OR 7777 AND Q10.16 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1**

**Q10.18a-** Is your height less than [critical height for **OBESE**]?

- 1 YES, LESS [**SKIP TO 10.18b**]
- 2 NO, NOT LESS [**SKIP TO Q10.18c**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q10.18a = 1, ELSE SKIP TO Q10.18c**

**Q10.18b-** 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 Q10.18a = 2, ELSE SKIP TO Q11.1**

**Q10.18c -** Is your height less than [critical height for **OVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q10.18d**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q10.18c = 2, ELSE SKIP TO Q11.1**

**Q10.18d -** 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 \* Q10.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE  
= SQUARE ROOT OF (333 \* Q10.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT  
= SQUARE ROOT OF (400 \* Q10.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT  
= SQUARE ROOT OF (540.5 \* Q10.16 weight KILOS)

**ASK IF Q10.15 = 9999 OR 7777 AND Q10.16 ≠ 9999 OR 7777, ELSE SKIP TO Q11.1**

**Q10.18e** - Is your height less than [critical height for **METRIC OBESE**]?

- 1 YES, LESS [**SKIP TO Q10.18f**]
- 2 NO, NOT LESS [**SKIP TO Q10.18g**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q10.18e = 1, ELSE SKIP TO Q10.18g**

**Q10.18f** - Is your height less than [critical height for **METRIC VERY OBESE**]?

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

**ASK IF Q10.18e = 2, ELSE SKIP TO Q11.1**

**Q10.18g** - Is your height less than [critical height for **METRIC OVERWEIGHT**]?

- 1 YES, LESS
- 2 NO, NOT LESS [**SKIP TO Q10.18h**]
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q10.18g = 2, ELSE SKIP TO Q11.1**

**Q10.18h** - Is your height less than [critical height for **METRIC UNDERWEIGHT**]?

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

**NUTRITION**

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

**ASK ALL**

**Q11.1** – About how many cups of fruit did you eat yesterday? One cup of fruit would equal one large orange, 8 large strawberries, or 1 medium pear.

INTERVIEWER: IF RESPONDENT TELLS YOU WHAT FRUITS HE/SHE ATE, ADD UP THE CUPS AFTER REPEATING THE QUESTION ONCE.

PROBE: You ate (REPEAT ALL THE FRUITS RESPONDENT SAID). That adds up to X cups. Would you say you ate X cups of fruit yesterday?

\_\_\_\_\_ NUMBER OF CUPS [CATI RANGE 0 – 50]

77 DON'T KNOW/NOT SURE

99 REFUSED

**ASK ALL**

**Q11.2** – About how many cups of vegetables did you eat yesterday? One cup of vegetables would equal 12 baby carrots, 1 large raw tomato, or 1 large ear of corn.

INTERVIEWER: IF RESPONDENT TELLS YOU WHAT VEGETABLES HE/SHE ATE, ADD UP THE CUPS AFTER REPEATING THE QUESTION ONCE.

PROBE: You ate (REPEAT ALL THE VEGETABLES RESPONDENT SAID). That adds up to X cups. Would you say you ate X cups of vegetables yesterday?

\_\_\_\_\_ NUMBER OF CUPS [CATI RANGE 0 – 50]

77 DON'T KNOW/NOT SURE

99 REFUSED

**ASK ALL**

**Q11.3** – 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 give 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**



**Q11.4** - 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 give 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.**

**FOOD INSECURITY****ASK ALL**

**Q12.1** – In the PAST SIX MONTHS, which of the following best describes the food eaten in your household – 1) you had enough of the kinds of food you wanted to eat, 2) you had enough but not always the kinds of food you wanted to eat, 3) sometimes there was not enough to eat, or 4) often there was not enough to eat.

INTERVIEWER: IF ASKED FOR SUPPORT SERVICES, OFFER 311.

READ IF NEEDED:

- 1 You had enough of the kinds of foods you wanted to eat
- 2 You had enough, but not always the kinds of food you wanted to eat
- 3 Sometimes there was not enough to eat
- 4 Often there was not enough to eat
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**PHYSICAL ACTIVITY**

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

**ASK ALL**

**Q13.1** - 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**

**Q13.2** – 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

**ASK Q13.3-Q13.7 IF QXVERS=1. [RANDOM ASSIGNMENT]**

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

**ASK ALL**

**Q13.3** - 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 Q13.3 NE 666,888, 777 OR 999 [ASK IF ANY VIGOROUS ACTIVITY REPORTED]**

**Q13.4** - 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**

**Q13.5** - 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 Q13.5 NE 666,888,777 OR 999 [ASK IF ANY MODERATE/LIGHT ACTIVITY REPORTED]**

**Q13.6** - 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 Q13.6 NE 77 OR 99**

**Q13.7** - 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

**SLEEP****ASK IF QXVERS=1 [RANDOM ASSIGNMENT]**

**Q14.1** – Next I will ask you about your sleep. On an average week night, that is Monday through Friday - how many hours of sleep do you get?

READ IF NEEDED: You can give me an answer in hours and minutes

\_\_\_\_ HOURS (RANGE 0-24)  
\_\_\_\_ MINUTES (RANGE 0-60)  
77 DON'T KNOW/NOT SURE  
99 REFUSED

**ASK IF QXVERS=1 [RANDOM ASSIGNMENT]**

**Q14.2** –In the past 30 days, how would you rate your sleep quality overall?

READ:  
1 Very good  
2 Fairly good  
3 Fairly bad, or  
4 Very bad  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**IMMUNIZATIONS**

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

**ASK ALL**

**Q15.1** - 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 ALL**

**Q15.2** - 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.

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

**CANCER**

**DISPLAY SCREEN IF ((Q10.1>=45) OR (Q10.1a=1,2,3)).**

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

**IF Q10.1 >=45 (OR Q10.1a = 1 OR 2 OR 3), ELSE SKIP TO Q18.1 [ASK IF 45 OR OLDER]**

**Q17.1** - A colonoscopy [kO-luh-nos-kuh-pE] 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 Q17.1 = 1 [ASK IF EVER RECEIVED COLONOSCOPY]**

**Q17.2** - When was your most recent colonoscopy [kO-luh-nos-kuh-pE] 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 Q10.1 >=45 (OR Q10.1a = 1 OR 2 OR 3), ELSE SKIP TO Q18.1**

**Q17.3** – 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 done 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 Q17.3 = 1**

**Q17.4** – How long has it been since you did 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**

**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**

**Q18.1 - 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 Q18.1 NE 1 [ASK IF NO HIV TEST IN PAST 12 MONTHS]**

**Q18.2 - Have you ever had an HIV test?**

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



**SEXUAL BEHAVIOR**

**WOMEN ONLY: IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2, SKIP TO Q19.1m**

**ASK IF Q10.2=2 OR (IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2), ELSE SKIP TO Q19.1m [ASK ALL ASSIGNED FEMALE AT BIRTH]**

**READ: The next few questions are about your (Q10.1≤45 (OR Q10.1a = 4,5,6 READ: reproductive health and) sexual behavior. As a reminder, your answers are strictly confidential and you don't have to answer any question you don't want to.**

**IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2, SKIP TO Q19.1m**

**ASK IF Q10.2=2 OR (IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2), ELSE SKIP TO Q19.1m [ ASSIGNED FEMALE AT BIRTH]**

**Q19.1f** - 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 Q19.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q19.3f [ASK IF HAD AT LEAST ONE MALE SEXUAL PARTNER IN PAST 12 MONTHS]**

**Q19.2f** - 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 Q10.2=2 OR (IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2)AND Q10.1≤45 (OR Q10.1a = 4,5,6) AND Q19.1f > 0 AND NOT 777,999**

**[ASK IF 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER ]**

**Q19.3f** – 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

4(VOL) DON'T NEED/NOT AT RISK OF PREGNANCY

7 DON'T KNOW/NOT SURE

9 REFUSED

**ASK IF Q19.3f = 1, ELSE SKIP TO Q19.5f**

**[ASK IF 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]**

**Q19.4f** – 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 Female Sterilization (tubes tied or hysterectomy),
- 8 Male Sterilization (vasectomy), or
- 9 You did not use any of these methods
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK IF Q10.2=2 OR (IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2) AND Q10.1≤45 (OR Q10.1a = 4,5,6)**

**Q19.5f** – Have you ever had an operation that makes it impossible for you to get pregnant, such as having your tubes tied or a hysterectomy?

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

**ASK IF Q19.1f > 0 AND NOT 777 OR 999 [ASK IF SEXUALLY ACTIVE]**

**Q19.6f** - 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 Q19.6f = 1 [ASK IF HAD ANAL SEX PAST 12 MONTHS]**

**Q19.7f** – 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 Q10.2=2 OR (IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2) [ASK ALL ASSIGNED FEMALE AT BIRTH]**

**Q19.8f** - 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 Q10.2=2 OR (IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2) [ASK ALL ASSIGNED FEMALE AT BIRTH]**

**Q19.9f** - 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 Q19.1f > 0 AND NOT 777,999 OR Q19.8f > 0 AND NOT 777,999 [ASK IF SEXUALLY ACTIVE]**

**Q19.10f** – 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 [PRO-fuh-LAX-ISS]. Have you ever heard of PrEP?

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

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**ASK IF Q19.10f = 1 [ASK IF R HEARD OF PrEP]**

**Q19.11f** – Have you ever used PrEP to prevent getting infected with HIV?

1 YES

2 NO

7 DON'T KNOW/NOT SURE

9 REFUSED

**SEXUAL BEHAVIOR**

**MEN ONLY: IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2, SKIP TO Q20.1**

**ASK IF Q10.2=1 OR (IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2), ELSE SKIP TO Q20.1 [ASK ALL ASSIGNED MALE AT BIRTH]**

**READ: The next few questions are about your sexual behavior. As a reminder, your answers are strictly confidential and you don't have to answer any question you don't want to.**

**IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2, SKIP TO Q20.1**

**ASK IF Q10.2=1 OR (IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2), ELSE SKIP TO Q20.1 [ ASSIGNED MALE AT BIRTH]**

**Q19.1m** - 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 Q10.2=1 OR (IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2) [ASK ALL ASSIGNED MALE AT BIRTH]**

**Q19.2m** - 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 Q19.2m >0 and NOT 777,999 , ELSE SKIP TO Q19.4m [ASK ONLY OF MEN WHO HAD SEX WITH MEN IN PAST 12 MONTHS],**

**Q19.3m** - 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 (Q19.1m >0 AND Q19.1m <500, AND (Q19.2m = 0)) OR ((Q19.1m >0 AND Q19.1m <500) AND (Q19.2m = 777 OR Q19.2m = 999)), ELSE SKIP TO Q19.5m [ONLY MEN WHO HAD SEX WITH WOMEN IN PAST 12 MONTHS]**

**Q19.4m** - 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 Q19.1m > 0 AND NOT 777 OR 999, AND Q19.2m > 0 AND NOT 777 OR 999). [ASK ONLY OF MEN WHO HAD SEX WITH MEN AND WOMEN IN PAST 12 MONTHS) ELSE SKIP TO Q19.6m**

**Q19.5m** - 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 Q10.2=1 OR (IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2) AND Q10.1 ≤65 (OR Q10.1a = 3,4,5,6) AND Q19.1m > 0 AND NOT 777,999**

**[ASK IF 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER ]**

**Q19.6m** – 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
- 4(VOL) DON'T NEED/NOT AT RISK OF GETTING SOMEONE PREGNANT
- 7 DON'T KNOW/NOT SURE
- 9 REFUSED

**ASK IF Q19.6m = 1, ELSE SKIP TO Q19.8m**

**[ASK IF 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER AND USED B.C. BESIDES CONDOMS]**

**Q19.7m** – What method or methods did you or your partner 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 Female Sterilization (tubes tied or hysterectomy)
- 8 Male Sterilization (vasectomy), or
- 9 You did not use any of these methods
- 77 DON'T KNOW/NOT SURE
- 99 REFUSED

**ASK IF Q19.1m OR Q19.2m > 0 AND NOT 777 OR 999 [ASK IF SEXUALLY ACTIVE]****Q19.8m** - In the past 12 months, have you had anal sex?

READ IF NEEDED:

(IF Q19.1m&gt;0 AND Q19.2m=0) By anal sex, we mean putting your penis in your partner's rectum.

(IF Q19.2m&gt;0 AND Q19.1m&gt;=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 Q19.8m = 1 [ASK IF HAD ANAL SEX PAST 12 MONTH]****Q19.9m** - 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 Q10.2=1 OR (IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2), [ASK ALL ASSIGNED MALE AT BIRTH]****Q19.10m** - 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 Q19.1m > 0 AND NOT 777,999 OR Q19.2m > 0 AND NOT 777,999 [ASK IF SEXUALLY ACTIVE]****Q19.11m** - 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 [PRO-fuh-LAX-ISS]. Have you ever heard of PrEP?

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

**ASK IF Q19.11m = 1 [ASK IF HEARD OF PrEP]****Q19.12m** - Have you ever used PrEP to prevent getting 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**

**Q20.1** - 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 Q20.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]**

**Q20.2** - 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 Q20.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]**

**Q20.3** - Considering all types of alcoholic beverages, how many times during the past 30 days did you have

[IF Q10.2 = 1 OR (IF Q10.2=2 AND Q10.3=1 AND Q10.3C=2) READ: 5 or more drinks on one occasion?]

[IF Q10.2 = 2 OR IF Q10.2 = 7|9 OR (IF Q10.2=1 AND Q10.3=2 AND Q10.3C=2) READ: 4 or more drinks on one occasion?]

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

**POISON CONTROL****ASK ALL**

**Q21.1** - I'm going to ask about a situation that could happen. Suppose a young child swallowed several adult vitamin pills. Where would you call or go for help FIRST?

[DO NOT READ ANSWER CHOICES]

- 1 Poison control center
- 2 911 (police, ambulance)
- 3 Emergency room/urgent care/hospital
- 4 Doctor/nurse/pharmacist/health care professional
- 5 Internet (Google, webMD)
- 6 Family/friend
- 7 Other
- 8 Would not seek help
- 77 Don't know
- 99 Refused



**INTIMATE PARTNER VIOLENCE**

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

**ASK ALL**

**Q22.1** – 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 ALL**

**Q22.2** – Has a current or former intimate partner ever insulted you, or called you names repeatedly, or controlled your behavior?

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

**JUSTICE INVOLVEMENT**

**READ:** The next questions ask about encounters with police and the courts. Your answers are private and we are only asking for health related purposes.

**ASK ALL**

**Q24.1** – Have you ever in your life, spent any amount of time in a juvenile or adult correctional facility, jail, prison, or detention center?

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

**ASK ALL**

**Q24.1b** – Have you ever been under probation or parole supervision?

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

**ASK ALL**

**Q24.2** – Has an immediate family member such as a spouse or partner, child, sibling, or parent ever spent any amount of time in a juvenile or adult correctional facility, jail, prison, or detention center?

INTERVIEWER: IF ASKED INCLUDES STEP-RELATIVES

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

**ASK ALL**

**Q24.2b** – Has an immediate family member ever been under probation or parole supervision?

INTERVIEWER: IF ASKED INCLUDES STEP-RELATIVES

IF NEEDED: Immediate family includes a spouse or partner, child, sibling, or parent.

- 1 YES
- 2 NO
- 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.**

**ASK ALL**

**Q25.1** - Do you have more than one landline 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**

**Q25.2** - 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 Q25.2=2 [ASK IF DOES NOT HAVE CELL PHONE]**

**Q25.3** - 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 Q25.2 OR Q25.3 = 1 [ASK IF HAVE CELL PHONE]**

**Q25.4** - 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

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

**READ:** And now, because this is a cell phone survey I'd like to ask you about your cell phone usage.

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

READ ONLY IF NEEDED: "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."

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

IF Q LANDLINE GE 2, SKIP TO NEXT SECTION

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

**CQ25.1** 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

END CELL PHONE TELEPHONE MODULE QUESTIONS

**ADDRESS COLLECTION FOR INCENTIVE -  
PLEASE READ:**

We have just a few more questions. When we are done, I will be telling you about another important study the Health Department is conducting. 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 your check, 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 previous 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.

**Q WHICH2 INTERVIEWER: RECORD LANGUAGE SURVEY COMPLETED IN**

1 English

2 Spanish

3 Russian Paper

4 Chinese Paper

5 Bengali Paper

6 Haitian Creole Paper

**QCHINESE2 [INTERVIEWER: WAS THIS MANDARIN OR CANTONESE?]**

1 MANDARIN

2 CANTONESE