2020 New York City

Community Health Survey

(NYC CHS)

Contact information:
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Contents

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.

INTERVIEWER: Read if needed: You don't have to provide any personal information such as your full name or address.
IF **ATTEMPT = 3, 7 or 11, DISPLAY THE FOLLOWING TEXT (RED FONT COLOR):**
''If answering machine, leave message''

DIAL_OUTCOME
1: PROCEED TO SCREENING/INTERVIEW [VERIFY DISPO]
2: Answering Machine / VOICEMAIL
9: NO ANSWER (5 Rings)
11: HARD CALLBACK (Specified Date/Time) [REQUIRE APPT] [ADD COMMENT]
13: SOFT CALLBACK (Unspecified) [ALLOW APPT] [ADD COMMENT]
14: SPANISH Callback [ALLOW APPT] [ADD COMMENT]
50: CHINESE Callback [ALLOW APPT] [ADD COMMENT]
51: RUSSIAN Callback [ALLOW APPT] [ADD COMMENT]
56: HAITIAN CREOLE Callback [ALLOW APPT] [ADD COMMENT]
59: BENGALI Callback [ALLOW APPT] [ADD COMMENT]
15: OTHER Language [VERIFY DISPO] [FINALIZE RECORD]
16: Call Blocking - CALLBACK
19: CELL SAMPLE NUMBER REACHED ON LL [VERIFY DISPO] [FINALIZE RECORD]

21: HUNG UP [ADD COMMENT]
22: SOFT REFUSAL [ALLOW APPT] [ADD COMMENT]
24: HARD REFUSAL (Do Not Call Back) [VERIFY DISPO] [ADD COMMENT] [FINALIZE RECORD]
26: Call Blocking - REFUSAL [VERIFY DISPO] [FINALIZE RECORD]
34: SHORT TERM HEALTH PROBLEM (Cold, Flu, Etc. - Can be called back) [ALLOW APPT] [ADD COMMENT]
35: LONG TERM HEALTH PROBLEM (Entire Field Period) [VERIFY DISPO] [ADD COMMENT] [FINALIZE RECORD]
36: HEARING PROBLEM (Hard of Hearing, Deaf) [VERIFY DISPO] [FINALIZE RECORD]
37: DURATION (Resp Not Available Entire Field Period) [VERIFY DISPO] [ADD COMMENT] [FINALIZE RECORD]
38: BUSINESS/Government/Non-Residential (Confirmed via Person) [FINALIZE RECORD]
41: BUSY SIGNAL/TONE
42: INCOMPLETE CALL /LINE PROBLEMS /TEMPORARY (HEARD: Circuits Busy, Try Again Later) FINALIZE RECORD IF THIS DISP IS ASSIGNED 3 TIMES]
43: CHILD/TEEN PHONE [VERIFY DISPO] [ADD COMMENT] [FINALIZE RECORD]
44: FAX/MODEM TONE [FINALIZE RECORD]
46: NOT IN SERVICE/DISCONNECTED [FINALIZE RECORD]

STOP MENU/TERMINATE INTERVIEW
11: HARD CALLBACK (Specified Date/Time) [REQUIRE APPT] [ADD COMMENT]
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43: CHILD/TEEN PHONE[ADD COMMENT] [FINALIZE RECORD]

ID DIAL_OUTCOME OR STOPMENU= 14, SET LANGUAGE TO 10
ID DIAL_OUTCOME OR STOPMENU= 51, SET LANGUAGE TO 25
ID DIAL_OUTCOME OR STOPMENU= 50, SET LANGUAGE TO 4
ID DIAL_OUTCOME OR STOPMENU= 56, SET LANGUAGE TO 12
ID DIAL_OUTCOME OR STOPMENU= 59, SET LANGUAGE TO 69

IF DIAL_OUTCOME = 2 AND ATTEMPT = 3, 7 or 11, GO TO VOICEMAIL SCRIPT BASED ON LANG. IF NO LANGUAGE SELECTED, SHOW VOICEMAIL SCRIPTS IN ALL LANGUAGES

ENGLISH:
"Hello, I'm calling on behalf of the New York City Health Department from Abt Associates. We are conducting an important study to learn more about the health of New Yorkers and your phone number was randomly chosen. I am not selling anything; this is a scientific study called the Community Health Survey. If you qualify for this study, we'll give you $10 as a thank you.

We will call you back in a few days or you can call us at [ExtensionNumber]."

SPANISH:
"Hola, le llamo de parte del Departamento de Salud e Higiene Mental de la Ciudad de Nueva York, de Abt-Associates. Estamos llevando a cabo un estudio importante para aprender más acerca de la salud de los neoyorquinos. No estoy pidiendo dinero, este es un estudio científico llamado el Estudio de la Salud Comunitaria. Si califica para el estudio, le daremos $10 como agradecimiento.

Le volveremos a llamar en algunos días."

RUSSIAN:
"Здравствуйте, я звоню вам из Abt Associates Департамента здравоохранения и психогигиены города Нью-Йорка. Мы проводим важное исследование, чтобы побольше узнать о здоровье жителей Нью-Йорка. Я не прошу денег – это научное исследование, которое называется «Здоровье жителей районов». Если Вы соответствуете критериям для участия в исследовании, в качестве благодарности Вы получите 10 долларов.

Мы вам перезвоним вам через несколько дней."

CHINESE:
Simplified Chinese:

"您好，我是代表纽约市卫生局从 Abt Associates打电话来。我们正在进行一项重要调查，以便进一步认识纽约市民的健康状况，我们随机选中了您的手机号码。我不是推销任何东西，这是一项称为"社区健康调查"的科学研究。 如果您符合参加调查的资格，我们将付给您十美元作为谢礼。
我们会过几天再打电话给您 "

BENGALI:

"নমস্কার/আদাব, আমি Abt Associates থেকে নিউ ইয়র্ক সিটি ডিপার্টমেন্ট অব হেলথ এর পক্ষে টেলিফোন করছি| আমরা নিউ ইয়র্ক এর অধিবাসীদের স্বাস্থ্য সম্পর্কে আরও জানতে একটি গুরুত্বপূর্ণ অধ্যয়ন পরিচালনা করছি এবং আপনার সেল ফোনটি এলোপাথাড়িভাবে নির্বাচিত হয়েছে| আমি কিছু বিক্রি করছি না; এটি একটি বৈজ্ঞানিক অধ্যয়ন যা কমিউনিটি হেলথ সার্ভে নামে পরিচিত| আপনি যদি এই অধ্যয়নের জন্য যোগ্য হন, তাহলে আপনাকে ধন্যবাদ জানানোর জন্য আমরা $10 দেব|

আমরা কয়েকদিনের মধ্যেই আপনাকে আবার টেলিফোন করব|"

HAITIAN CREOLE:
"Alo, m ap rele nan non Depatman Sante Vil Nouyòk nan Abt Associates.
N ap fè yon etid enpòtan pou nou aprann plis bagay sou sante moun k ap viv nan Nouyòk yo e nou te chwazi nimewo telefòn selilè w la pa aza. Mwen pa p vann anyen; sa a se yon etid syantifik ki rele Sondaj sou Sante Kominote a. Si ou kalifye pou etid sa a, n ap ba ou $10 pou nou di w mèsi pou patisipasyon w.

N ap rele w ankò nan kèlke jou."

LANG. Select a language:
9: English (inglés)
10: Spanish (español)
25: Russian
4: Chinese - Mandarin
69: Bengali
12: Hatian Creole
ID LANG= 14, SET LANGUAGE TO 10
ID LANG = 51, SET LANGUAGE TO 25
ID LANG = 50, SET LANGUAGE TO 4
ID LANG = 56, SET LANGUAGE TO 12
ID LANG = 59, SET LANGUAGE TO 69

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.

CATI: IF QUOTA OUT ZIP CODE, THANK AND END

CATI: IF Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST (APPENDIX B)

Q Confirm. Just to confirm, is your zip code_____?

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

CATI: 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 (APPENDIX B), 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?

      INTERVIEWER: 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 QBORO = 6, , SET DISPO TO 192: S/O - QBORO: DO NOT LIVE IN NYCIF QBORO = 7 OR 9, SET DISPO TO 143: Hard Refusal - QBORO: DK / REF

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**

CATI: 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.

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 QHH.

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 QHH.

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

SET QUALIFIED LEVEL = 1 [LIVE IN NYC]
81: Qualified Callback - Before QHH (Landline) / After QCONF_NYC (Cell)
121: Qualified Soft Refusal - Before QHH (Landline) / After QCONF_NYC (Cell)
161: Qualified Hard Refusal - Before QHH (Landline) / After QCONF_NYC (Cell)

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

INTERVIEWER: Read if needed:: Household members are those who spend a majority of their time living in the household.

INTERVIEWER: Record 88 for Not a Private Residence and record 99 for Refused/DK

_____ Number of adults [RANGE 1-20]

IF QHH = 99, THEN SET DISPO TO 146: Hard Refusal - QHH: REFUSED/DK

IF REFUSED/DK (QHH= 99):
Those are all the questions I have for you. Thank you for your time.
TERMINATE INTERVIEW.

IF QHH = 88 THEN GO TO Q9.12_13

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. [IF LANGUAGE = BENGALI OR HAITIAN CREOLE, DO NOT DISPLAY: In addition to questions about your general health we will also ask questions about the novel coronavirus also referred to as COVID-19.] 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 [IF LANGUAGE = BENGALI OR HAITIAN CREOLE, DISPLAY: 25] 35

minutes. [**READ ONLY IF AN INTERVIEW IS IN RUSSIAN, CHINESE, HAITIAN CREOLE, OR BENGALI: This call may be recorded for quality control purposes.**] 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 s6B = 9, SET DISPO TO 101:Soft Refusal - S6B-CHS/ QPICK-CHS: 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 NUMMEN or NUMWOMEN = 99, THEN SET DISPO TO 146: Hard Refusal - QHH: REFUSED/DK
[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 QPICK = 9, SET DISPO TO 122: Qualified Soft Refusal – Before QWHICH (Interview Language)

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 (DON'T KNOW – (THANKS AND TERMINATE)
9 REFUSED – (THANK AND TERMINATE)

If S6b1 = 7 or 9, THEN SET DISPO TO 122: Qualified Soft Refusal – Before QWHICH (Interview Language)
IF S6b1 = 1, POPULATE CALLBACK FOR FIELD AT DIAL_OUTCOME BANNER WITH RESPONDENT NAME
IF S6B = 1, SET DISPO TO 81 Qualified Callback - Before QHH (Landline) / After QCONF_NYC (Cell)

SET QUALIFIED LEVEL = 2 [QUALIFIED NYC ADULT]
82: Qualified Callback - Before QWHICH (Interview Language)
122: Qualified Soft Refusal – Before QWHICH (Interview Language)162: Qualified Hard Refusal – Before QWHICH (Interview Language)
Q WHICH INTERVIEWER: SELECT LANGUAGE

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

ASK IF QWHICH= 4
QCHINESE [INTERVIEWER: IS THAT MANDARIN OR CANTONESE?]

1 MANDARIN
2 CANTONESE
ID QWHICH = 14, SET LANGUAGE TO 10
ID QWHICH = 51, SET LANGUAGE TO 25
ID QWHICH = 50, SET LANGUAGE TO 4
ID QWHICH = 56, SET LANGUAGE TO 12
ID QWHICH = 59, SET LANGUAGE TO 69

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.]

[IF LANGUAGE = BENGALI OR HAITIAN CREOLE, DO NOT DISPLAY: In addition to questions about your general health we will also ask questions about the novel coronavirus also referred to as COVID-19.] 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 [IF LANGUAGE = BENGALI OR HAITIAN CREOLE, DISPLAY: 25] 35 minutes. [**READ ONLY IF AN INTERVIEW IS IN RUSSIAN, CHINESE, HAITIAN CREOLE, OR BENGALI: This call may be recorded for quality control purposes.**] 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

INSERT TIMESTAMP: TLL_Sum

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.
IF ATTEMPT = 1, 3 or 9, DISPLAY THE FOLLOWING TEXT (RED FONT COLOR):
"If answering machine, leave message"

DIAL_OUTCOME
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2: Answering Machine / VOICEMAIL
4: Answering Machine / Voicemail - Confirmed Residence (HEARD: Household, Home, Residence, Family)
9: NO ANSWER (5 Rings)
11: HARD CALLBACK (Specified Date/Time) [REQUIRE APPT] [ADD COMMENT]
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18: LL SAMPLE REACHED ON CELL[VERIFY DISPO] [FINALIZE RECORD]
21: HUNG UP [ADD COMMENT]
22: SOFT REFUSAL [ALLOW APPT] [ADD COMMENT]
24: HARD REFUSAL (Do Not Call Back) [VERIFY DISPO] [ADD COMMENT] [FINALIZE RECORD]
26: Call Blocking - REFUSAL [VERIFY DISPO] FINALIZE RECORD]
28: Updated Phone Number Provided [ALLOW APPT] [ADD COMMENT]
34: SHORT TERM HEALTH PROBLEM (Cold, Flu, Etc. - Can be called back) [ALLOW APPT] [ADD COMMENT]
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44: FAX/MODEM TONE [FINALIZE RECORD]
45: Customer Not Available (HEARD: Customer Is Not Available)
46: NOT IN SERVICE/DISCONNECTED [VERIFY DISPO] [FINALIZE RECORD]
196: S/O INTRO (VOL) DO NOT LIVE IN NYC [VERIFY DISPO] [FINALIZE RECORD]

STOP MENU/TERMINATE INTERVIEW
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IF DIAL_OUTCOME = 2 OR 4 AND ATTEMPT = 1, 3 or 9, GO TO VOICEMAIL SCRIPT BASED ON LANG.

ENGLISH:
"Hello, I'm calling on behalf of the New York City Health Department from Abt Associates. We are conducting an important study to learn more about the health of New Yorkers and your phone number was randomly chosen. I am not selling anything; this is a scientific study called the Community Health Survey. If you qualify for this study, we'll give you $10 as a thank you.

We will call you back in a few days or you can call us at [ExtensionNumber]."

SPANISH:
"Hola, le llamo de parte del Departamento de Salud e Higiene Mental de la Ciudad de Nueva York, de Abt-Associates. Estamos llevando a cabo un estudio importante para aprender más acerca de la salud de los neoyorquinos. No estoy pidiendo dinero, este es un estudio científico llamado el Estudio de la Salud Comunitaria. Si califica para el estudio, le daremos $10 como agradecimiento.

Le volveremos a llamar en algunos días."

RUSSIAN:
"Здравствуйте, я звоню вам из Abt Associates Департамента здравоохранения и психогигиены города Нью-Йорка. Мы проводим важное исследование, чтобы побольше узнать о здоровье жителей Нью-Йорка. Я не прошу денег – это научное исследование, которое называется «Здоровье жителей районов». Если Вы соответствуете критериям для участия в исследовании, в качестве благодарности Вы получите 10 долларов.

Мы вам перезвоним вам через несколько дней."

CHINESE:
Simplified Chinese:

"您好，我是代表纽约市卫生局从 Abt Associates 打电话来。我们正在进行一项重要调查，以便进一步认识纽约市民的健康状况，我们随机选中了您的手机号码。我不是推销任何东西，这是一项称为"社区健康调查"的科学研究。 如果您符合参加调查的资格，我们将付给您十美元作为谢礼。
我们会过几天再打电话给您 "

BENGALI:
"নমস্কার/আদাব, আমি Abt Associates থেকে নিউ ইয়র্ক সিটি ডিপার্টমেন্ট অব হেলথ এর পক্ষে টেলিফোন করছি। আমরা নিউ ইয়র্ক এর অধিবাসীদের স্বাস্থ্য সম্পর্কে আরও জানতে একটি গুরুত্বপূর্ণ অধ্যয়ন পরিচালনা করছি এবং আপনার সেল ফোনটি এলোপাথাড়িভাবে নির্বাচিত হয়েছে। আমি কিছু বিক্রি করছি না; এটি একটি বৈজ্ঞানিক অধ্যয়ন যা কমিউনিটি হেলথ সার্ভে নামে পরিচিত। আপনি যদি এই অধ্যয়নের জন্য যোগ্য হন, তাহলে আপনাকে ধন্যবাদ জানানোর জন্য আমরা $10 দেব।

আমরা কয়েকদিনের মধ্যেই আপনাকে আবার টেলিফোন করব।"

HAITIAN CREOLE:
"Alo, m ap rele nan non Depatman Sante Vil Nouyòk nan Abt Associates.
N ap fè yon etid enpòtan pou nou aprann plis bagay sou sante moun k ap viv nan Nouyòk yo e nou te chwazi nimewo telefòn selilè w la pa aza. Mwen pa p vann anyen; sa a se yon etid syantifik ki rele Sondaj sou Sante Kominote a. Si ou kalifye pou etid sa a, n ap ba ou $10 pou nou di w mèsi pou patisipasyon w.

N ap rele w ankò nan kèlke jou."

LANG. Select a language:
 9: English (inglés)
 10: Spanish (español)
 25: Russian
 4: Chinese - Mandarin

 69: Bengali
 12: Hatian Creole

ID LANG= 14, SET LANGUAGE TO 10
ID LANG = 51, SET LANGUAGE TO 25
ID LANG = 50, SET LANGUAGE TO 4
ID LANG = 56, SET LANGUAGE TO 12
ID LANG = 59, SET LANGUAGE TO 69

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

IF QDRIVING = 7 OR 9, SET DISPO TO 141: Hard Refusal - Q DRIVING: DK / REF

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

_____Day   _____Time

IF QDRIVING = 1, SET DISPO TO 61: Callback - Q DRIVING
IF 7 DON'T KNOW OR 9 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?

INTERVIEWER: Read if needed:: 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 QCONF_NYC = 6, THEN SET DISPO TO 191: S/O Q CONF_NYC: DO NOT LIVE IN NYC
IF QCONF_NYC = 7 OR 9, SET DISPO 142: Hard Refusal - Q CONF_NYC: DK / REF

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**

SET QUALIFIED LEVEL = 1 [LIVES IN NYC]
81: Qualified Callback - Before QHH (Landline) / After QCONF_NYC (Cell)

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

RECORD 77777 FOR DK
RECORD 99999 FOR Ref.

IF QUOTA OUT ZIP CODE,THANK AND END

IF Q ZIP DOES NOT FALL IN PREDEFINED CATI ZIP CODE LIST (APPENDIX B)

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 QCONF_ADULT2 = 1, SET DISPO TO 193: vS/O Q CONF_ADULT2: CELL PHONE BELONGS TO MINOR
IF QCONF_ADULT2=2, SET DISPO TO 62: Callback - Q CONF_ADULT2
IF QCONF_ADULT2 = 7 OR 9, SET DISPO TO 144: Hard Refusal - Q CONF2: DK / REF

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 7 DON'T KNOW OR 9 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 QCONF_CELL = 7 OR 9, SET DISPO TO 145: Hard Refusal - Q CONF_CELL: DK / REF
IF DON'T KNOW OR REFUSED: Thank you very much for your time. **END SURVEY**

CATI: UPDATE '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?

INTERVIEWER: Read if needed:: 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, PRIVATE HOME /APARTMENT [GO TO INTRO1]
　　　　2 NO, INSTITUTIONAL/GROUP HOUSING
　　　　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**

INTRO1 FOR PTYPE=1 (CELL PHONES)
INTRO1 Thank you. I would like to ask some further questions about your health and health practices. [IF LANGUAGE = BENGALI OR HAITIAN CREOLE, DO NOT DISPLAY: I will also ask questions about the novel coronavirus also referred to as COVID-19]

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 35 minutes. . [**READ ONLY IF AN INTERVIEW IS IN RUSSIAN, CHINESE, HAITIAN CREOLE, OR BENGALI: This call may be recorded for quality control purposes.**] 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 QHH.

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 QHH.

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

SET QUALIFIED LEVEL = 2 [QUALIFIED NYC ADULT]
82: Qualified Callback - Before QWHICH (Interview Language)

Q WHICH INTERVIEWER: SELECT LANGUAGE
1 English
2 Spanish
3 Russian
4 Chinese
5 Bengali
6 Haitian Creole

ASK IF QWHICH= 4

QCHINESE [INTERVIEWER: IS THAT MANDARIN OR CANTONESE?]

1 MANDARIN
2 CANTONESE

ID QWHICH = 14, SET LANGUAGE TO 10
ID QWHICH = 51, SET LANGUAGE TO 25
ID QWHICH = 50, SET LANGUAGE TO 4
ID QWHICH = 56, SET LANGUAGE TO 12
ID QWHICH = 59, SET LANGUAGE TO 69

CATI: CREATE VARIABLE QXVERS.

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

CATI: USE RANDOMIZATION VARIABLE QXVERSNUM FROM SAMPLE FILE.

ASSIGN RANDOM NUMBER (QXVERSNUM) BETWEEN 1 AND 99,999, WHERE:

QXVERSNUM <= 50,000 IS ASSIGNED QXVERS = 1 (LONG VERSION) AND
QXVERSNUM > 50,000 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.

INSERT TIMESTAMP: TCell_Sum

HEALTH STATUS

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

IF LANGUAGE = BENGALI OR HAITIAN CREOLE, SKIP TO Q2.1Q1.1a – Thinking back to [CURRENT MONTH], 2019, would you say that in general your health at that time was 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

INSERT TIMESTAMP: T1_Sum

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?

INTERVIEWER: Read if needed: Medicare is a health insurance program for people 65 and older or persons with disabilities.

INTERVIEWER: 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:

INTERVIEWER: Begin reading answer choices.

INTERVIEWER: Code "Qualified Plan" as 03

INTERVIEWER: Read if needed: The Essential Plan offers health insurance to working adults with lower incomes who do not qualify for Medicaid.

       01 Your employer,

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

       02 Someone else's employer,
       03 A plan that you or someone else buys on your own,
       04 Medicare,
       05 Medicaid including Medicaid Managed Care, or the Essential Plan
       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
Q2.3a - Do you have a person you think of as your personal doctor or health care provider?

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

ASK ALL
Q2.7- When you see a doctor, nurse or other health professional, where do you usually go? Would you say...

       [INTERVIEWER: read all choices and select only one]

       01 A doctor's private office
       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 CVS Minute-Clinic
       07 Some other place (SPECIFY: What is the other place where you usually go when you see a
           doctor, nurse or other health professional?_____)
       88 [VOL] NO USUAL PLACE
       77 DON'T KNOW/NOT SURE
       99 REFUSED

ASK ALL
Q2.5 - Was there a time in the past 12 months when you needed medical care but did <u>not</u> 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 Q2.5 = 1
       Q2.5A - In the past 30 days, was there a time when you did not get needed medical care for any of the following reasons? You were afraid of getting infected with the coronavirus or COVID-19 while seeking care from a provider?

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

       ASK IF Q2.5 = 1
       Q2.5B – (In the past 30 days, was there a time you did not get needed medical care because) You were following guidance to seek medical care only in the case of an emergency ?

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

       ASK IF Q2.5 = 1
       Q2.5C - (In the past 30 days, was there a time you did not get needed medical care because) You thought you might have coronavirus or COVID-19 and were worried about the costs of getting treatment?

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

Q2.8 – In the past 12 months, has a health care provider given you a prescription or refills for medicine you take on a regular basis?

INTERVIEWER: Read if needed: Do not include over the counter medicines or vitamins.

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

ASK IF Q2.8 = 1
Q2.9 – In the past 12 months, have you put off filling a prescription, skipped taking a prescription, or reduced the amount of the prescription you took because of cost?

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

INSERT TIMESTAMP: T2_Sum

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 IF QXVERS=1.
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

INSERT TIMESTAMP: T3_Sum

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
Q4.6 – How old were you when you were first told you have diabetes?

> _____ YEARS (RANGE 0 to 98)
> 777 DON'T KNOW/NOT SURE
> 999 REFUSED

ASK IF Q4.1 = 1
Q4.7 – Are you currently doing any of the following to control your diabetes: taking insulin, taking pills to lower your blood sugar, or taking injectable drugs other than insulin to lower your blood sugar?

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

ASK IF Q4.1 = 1
Q4.8 – How often do you feel you <u>cannot</u> keep your blood sugar from going too high? Would you say…

> INTERVIEWER: Read all responses
>
> 1 None of the time
> 2 Some of the time
> 3 Most of the time, or
> 4 All of the time
> 5 VOL – RESPONDENT DOES NOT CHECK BLOOD SUGAR REGULARLY
> 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]
Q4.9 – How old were you when you were first told you had asthma?

_____ YEARS (RANGE 0 to 98)
   777 DON'T KNOW/NOT SURE
   999 REFUSED

ASK IF Q4.2 = 1 [ASK IF DIAGNOSED WITH ASTHMA]
Q4.3 – Do you still have asthma?

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

ASK IF Q4.2 = 1 [ASK IF DIAGNOSED WITH ASTHMA]
Q4.4 - 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

INSERT TIMESTAMP: T4_Sum

MENTAL HEALTH

READ: The next few questions are about your mental health.

ASK ALL
Q5.1 –. During the past 30 days, how often did you feel…

So sad that nothing could cheer you up?

All of the time, most of the time, some of the time,a little of the time, <u>or </u>none of the time?

INTERVIEWER: If asked for help with mental health problem: The number is 1-888-NYC-WELL, text "well" to 65173, or online chat at "nyc.gov/nycwell"

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

ASK ALL
Q5.2 – During the past 30 days, how often did you feel…

Nervous?

All of the time, most of the time, some of the time, a little of the time, <u>or</u> none of the time?

INTERVIEWER: If asked for help with mental health problem: The number is 1-888-NYC-WELL, text "well" to 65173, or online chat at "nyc.gov/nycwell"

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

ASK ALL
Q5.3 – (During the past 30 days), how often did you feel…

Restless or fidgety?

(All of the time, most of the time, some of the time, a little of the time, <u>or</u> none of the time?)

INTERVIEWER: If asked for help with mental health problem: The number is 1-888-NYC-WELL, text "well" to 65173, or online chat at "nyc.gov/nycwell"

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

ASK ALL
Q5.4 - (During the past 30 days), how often did you feel

Hopeless?

(All of the time, most of the time, some of the time, a little of the time, <u>or</u> none of the time?)

INTERVIEWER: If asked for help with mental health problem: The number is 1-888-NYC-WELL, text "well" to 65173, or online chat at "nyc.gov/nycwell"

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

ASK ALL
Q5.5 - (During the past 30 days), how often did you feel

That everything was an effort?

(All of the time, most of the time, some of the time, a little of the time, <u>or</u> none of the time?)

INTERVIEWER: If asked for help with mental health problem: The number is 1-888-NYC-WELL, text "well" to 65173, or online chat at "nyc.gov/nycwell"

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

ASK ALL
Q5.6 - (During the past 30 days), how often did you feel

Worthless?

(All of the time, most of the time, some of the time, a little of the time, <u>or</u> none of the time?)

INTERVIEWER: If asked for help with mental health problem: The number is 1-888-NYC-WELL, text "well" to 65173, or online chat at "nyc.gov/nycwell"

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

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

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


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

ASK ALL
Q5.8- 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

Q5.9- 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
Q5.10 - Was there a time in the past 12 months when you needed treatment for a mental health problem, but did not get it?

INTERVIEWER: If asked for help with mental health problem: The number is 1-888-NYC-WELL, text "well" to 65173, or online chat at "nyc.gov/nycwell"

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

COVIDST   Given the coronavirus pandemic, we know this is a difficult time and some questions may increase distress. If you are feeling distressed we encourage you to contact NYC Well at 888-NYC-WELL (888-692-9355). Counselors are available 24 hours a day, every day; and it is free and confidential in multiple languages. I can also transfer you to NYC Well directly at any point. Shall we continue?

      1 YES
      2 NO [IF NO: END AND SCHEDULE CB FOR 1 WEEK]

INSERT TIMESTAMP: T5_Sum

HOUSING

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

ASK IF QXVERS=1
Q6.7 – How many living units or apartments are in your building? Would you say…

INTERVIEWER: 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 ALL
Q6.1 - 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 Q6.1 NE 1
Q6.2a – Which of the following four statements best describes where you live? Are you…

INTERVIEWER: Please say the number before the text response. Respondent can answer with either the number or the text/word.

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

ASK ALL
Q6.5 – During the <u>past 12 months,</u> 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

ASK IF QXVERS=1
Q6.8 - Do you have working air conditioning in any room of your home?

        INTERVIEWER: if asked – DO NOT include fans

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

ASK ALL
Q6.9 - At any time in the last 90 days have you seen any mice or rats or signs of mice or rats <u>on the street where you live?</u>

    [INTERVIEWER: Read if necessary: Signs of mice or rats include droppings, burrows, and chewed food packaging.]

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

ASK IF QXVERS = 1
Q6.10 – How many dogs, if any, does your household have?

        ____ [RANGE 0 – 70]
            77 DON'T KNOW/NOT SURE
            99 REFUSED

INSERT TIMESTAMP: T6_Sum

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 how much you agree or disagree with the following statements.

IF QXVERS = 1
Q7.1 – People in your neighborhood are willing to help their neighbors. Would you say…

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

IF QXVERS = 2
Q7.1a – People in your neighborhood are willing to help their neighbors. Would you say…

    1 Strongly agree
    2 Somewhat agree
    3 Somewhat disagree, or
    4 Strongly disagree?
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK ALL
Q7.2a – I get together with people in my neighborhood to discuss common political and social issues happening in my community. Would you say…

    1 Strongly agree
    2 Somewhat agree
    3 Somewhat disagree, or
    4 Strongly disagree?
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK ALL
Q7.3b – I contribute to community projects or events such as organizing block parties, helping at a community center, garden, or school fundraisers.

    INTERVIEWER: Read if needed:

    1 STRONGLY AGREE
    2 SOMEWHAT AGREE
    3 SOMEWHAT DISAGREE
    4 STRONGLY DISAGREE
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK ALL
Q7.4c – If I saw someone walking their dog in my neighborhood and they didn't clean up after their dog, I'd say something to them about it.

INTERVIEWER: Read if needed:

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q7.5d – I can trust at least one of my neighbors with a key to my home in case of an emergency, such as being locked out.

INTERVIEWER: Read if needed:

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK ALL
Q7.6 – I'm proud to live in my neighborhood.

INTERVIEWER: Read if needed:

1 STRONGLY AGREE
2 SOMEWHAT AGREE
3 SOMEWHAT DISAGREE
4 STRONGLY DISAGREE
7 DON'T KNOW/NOT SURE
9 REFUSED

INSERT TIMESTAMP: T7_Sum

TOBACCO

The next few questions are about tobacco.

ASK ALL
Q8.1 - Have you smoked at least 100 cigarettes in your entire life?

> INTERVIEWER: Read if needed: 100 cigarettes=5 packs.

> INTERVIEWER: Read if needed: "Do not include: electronic cigarettes, herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, water pipes or hookahs or marijuana."

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

ASK IF Q8.1 = 1, ELSE SKIP TO Q8.11 [ASK IF SMOKED AT LEAST 100 CIGS]
Q8.2 - 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 Q8.2 = 1 [ASK IF SMOKE EVERY DAY]
Q8.3 - 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 Q8.2 = 2 [ASK IF SMOKE SOME DAYS]
Q8.3a - 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 Q8.2 = 2 AND Q8.3a ≠ 777 OR 999 [ASK IF SMOKE SOME DAYS]
Q8.3b - 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 Q8.2 = 1 OR 2 [ASK IF CURRENT SMOKER]
Q8.4 – Thinking about the type of cigarettes you usually smoke, are they menthol or non-menthol?

> 1 Menthol
> 2 Non-menthol
> 3 NO USUAL TYPE OF CIGARETTE
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

ASK IF Q8.2 = 1 OR 2 [ASK IF CURRENT SMOKER]
Q8.5 - 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 Q8.5 = 1, 2 OR 3 [ASK IF LAST CIG FROM A CARTON, PACK, OR SINGLE]
Q8.6 How much did you pay for that [ANSWER TO Q8.5]?

INTERVIEWER: Do not round – put in exact dollars/cents.

Q8.6A 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

Q8.6B 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

Q8.6C 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 Q8.5 = 1, 2, OR 3 AND Q8.5 NE 8888 [LAST CIG. FROM CARTON, PACK OR SINGLE]
Q8.7 – 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

ASK IF QXVERS = 1, ELSE SKIP TO Q8.8a
Q8.11 – 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 IF QXVERS = 1
Q8.8a - In the past 12 months, have you tried an electronic cigarette, also known as an e-cigarette or a vape product?

> INTERVIEWER: If asked, include "JUUL" and include "nicotine or non-nicotine products."

> 1 YES
> 2 NO
> 3 DO NOT KNOW WHAT ELECTRONIC/E-CIGARETTES OR VAPING PRODUCTS ARE
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

ASK IF Q8.8a = 1
Q8.9a – In the past 30 days, did you use an e-cigarette or vape product 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 Q8.8a = 1 [ASK IF USED E-CIG PAST 12 MONTHS]
Q8.12a – The last time you used an e-cigarette or vape product, what flavor did you use?

> INTERVIEWER: Read only if needed:
> 1   TOBACCO OR NO FLAVOR
> 2   MINT OR MENTHOL
> 3   CHOCOLOATE, CANDY, FRUIT, CINNAMON, ALCOHOL OR OTHER FLAVOR
> 7   DON'T KNOW/NOT SURE
> 9   REFUSED

ASK IF Q8.2 = 1 OR 2 AND Q8.8a = 1 [CURRENT SMOKERS WHO USED AN E-CIG]
Q8.12b – In the past 12 months have you used an e-cigarette or vape product to quit or cut back on regular cigarettes?

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

ASK IF Q8.8a = 1 [ASK IF USED E-CIG PAST 12 MONTHS]
Q8.12c – In the past 12 months have you used an e-cigarette or vape product because you liked the variety of flavors available?

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

ASK IF QXVERS = 1
Q8.10 – In the past 12 months, have you smoked a hookah, also called a water pipe?

       INTERVIEWER: 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 - IE], Arghila [ar – ge – la], Kalian [kal – E – yan], or Shisha [shE – shuh] are other names for a hookah.

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

ASK IF QXVERS=1
Q8.13- How often do you smell cigarette smoke inside your home or apartment that comes from another home or apartment or from outside? Would you say…
       1 Every day
       2 A few times per week
       3 A few times per month
       4 A few times per year, or
       5 Never?
       7 DON'T KNOW/NOT SURE
       9 REFUSED

INSERT TIMESTAMP: T8_Sum

DEMOGRAPHICS

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

ASK ALL
Q9.1 - What is your age?

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

ASK IF Q9.1 = 07 OR 09, ELSE SKIP TO Q9.3 [ASK IF AGE REFUSED]
Q9.1a - 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...?

>   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

ASK ALL
Q9.3 – I want to ask you about your gender identity and your sex assigned at birth. Gender identity refers to how you identify yourself, which may or may not be the same as the sex you were assigned at birth. How do you currently identify your gender? Do you identify as …

INTERVIEWER: Read answer choices. If respondent firmly gives one response, stop reading answer choices and accept that response. Multiple responses allowed. Do not probe.

INTERVIEWER: Please say the number before the text response. Respondent can answer with either the number or the text/word.

>   1 1) a man,
>   2 2) a woman,
>   3 3) a transgender man (TRANS MAN, TRANS MASCULINE, TRANS FEMALE-TO-MALE, MAN
>   OF TRANSGENDER EXPERIENCE),
>   4 4) a transgender woman (TRANS WOMAN, TRANS FEMINIME, TRANS MALE-TO-FEMALE,
>   WOMAN OF TRANSGENDER EXPERIENCE),
>   5 5) a non-binary person (GENDERQUEER PERSON, GENDER NONCONFORMING PERSON,
>   TWO-SPIRIT, NEITHER WOMAN OR MAN), or
>   6 6) or, a gender not mentioned?
>   7 DON'T KNOW/NOT SURE
>   9 REFUSED

>   **ASK IF Q9.3 = 6**
>   **Q9.3a –** How do you identify your gender?(SPECIFY)_____

ASK ALL
Q9.2 – What was your sex assigned at birth? Male or female?

INTERVIEWER: If respondent says "Don't Know," probe: When you were born, were you labeled as a boy or a girl?

INTERVIEWER: If the respondent says they were born with intersex traits, probe: What was the sex listed on your original birth certificate? Male or female?

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

ASK IF (Q9.2 = 1 AND Q9.3 = 2) OR IF (Q9.2 = 2 AND Q9.3 = 1) [ASK IF IDENTIFY DIFFERENTLY FROM SEX AT BIRTH BUT DOES NOT CHOOSE TRANSGENDER IN Q9.3] SKIP IF RESPONDENT PROVIDED MULTIPLE RESPONSES TO Q9.3
Q9.3b – To confirm, you identify as [Q9.3 FILL] and your sex assigned at birth was [Q9.2 FILL], correct?

1 YES; RESPONDENT HAS A GENDER IDENTITY DIFFERENT THAN THEIR SEX AT BIRTH
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.3b = 2

Q9.3b2 – We have your identity as [Q9.3 FILL] and your sex assigned at birth as [Q9.2 FILL]. Should we update your identity or your assigned sex at birth?

1 UPDATE IDENTITY [Q9.3 UPDATE TO EQUAL Q9.2]
2 UPDATE ASSIGNED SEX AT BIRTH [Q9.2 UPDATE TO EQUAL Q9.3]
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.3 = 7 AND Q9.2 = 1 OR 2
Q9.3c – Are you exploring your gender identity and are not sure how you identify, do you not understand the question, or do you identify as [Q9.2 FILL]?

1 You are exploring your gender identity and not sure how you identify,
2 You do not understand the question,
3 You identify as [Q9.2 fill]
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.3 = 3 AND Q9.2 = 1
Q9.3d: Transgender men are often persons who identify as men and were assigned <u>female</u> sex at birth. To confirm, you identify as a transgender man and were assigned <u>male</u> sex at birth?
1 YES: RESPONDENT IDENTIFIES AS TRANSGENDER MAN AND WAS ASSIGNED MALE
   SEX AT BIRTH
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.3d = 2
Q9.3d2 – Do you identify as a transgender man and were assigned <u>female</u> sex at birth, do you identify as a woman or transgender woman and were assigned <u>male</u> sex at birth, or do you identify as a man and were assigned <u>male</u> sex at birth?

1 Identify as a transgender man and were assigned female sex at birth
2 Identify as a woman or transgender woman and were assigned male sex at birth
3 Identify as a man and were assigned male sex at birth
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.3 = 4 AND Q9.2 = 2
Q9.3e: Transgender women are often persons who identify as women and were assigned <u>male</u> sex at birth. To confirm, you identify as a transgender woman and were assigned female sex at birth?
1 YES: RESPONDENT IDENTIFIES AS A TRANSGENDER WOMAN AND WAS ASSIGNED
   FEMALE SEX AT BIRTH
2 NO
7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF Q9.3e = 2

Q9.3e2 – Do you identify as a transgender woman and were assigned <u>male</u> sex at birth, do you identify as a man or transgender man and were assigned <u>female</u> sex at birth, or do you identify as a woman and were assigned <u>female</u> sex at birth?

1 Identify as a transgender woman and were assigned male sex at birth
2 Identify as a man or transgender man and were assigned female sex at birth
3 Identify as a woman and were assigned female sex at birth
7 DON'T KNOW/NOT SURE
9 REFUSED

IF Q9.2 = 1 AND Q9.3 = 1 THEN GENDERID=1 [CIS-MALE]
IF Q9.2 = 1 AND Q9.3 = 2 AND Q9.3B2=1 THEN GENDERID=1 [CIS-MALE]
IF Q9.2 = 2 AND Q9.3 = 1 AND Q9.3B2=2 THEN GENDERID=1 [CIS-MALE]
IF Q9.2 = 1 AND Q9.3 = 7 AND Q9.3C=3 THEN GENDERID=1 [CIS-MALE]
IF Q9.2 = 1 AND Q9.3 = 7 AND Q9.3C = 2 THEN GENDERID=1 [CIS-MALE]
IF Q9.2 = 1 AND Q9.3 = 3 AND Q9.3D2 = 3 THEN GENDERID=1 [CIS-MALE]

IF Q9.2 = 2 AND Q9.3 = 2 THEN GENDERID=2 [CIS-FEMALE]
IF Q9.2 = 2 AND Q9.3 = 1 AND Q9.3B2=1 THEN GENDERID=2 [CIS-FEMALE]
IF Q9.2 = 1 AND Q9.3 = 2 AND Q9.3B2=2 THEN GENDERID=2 [CIS-FEMALE]
IF Q9.2 = 2 AND Q9.3 = 7 AND Q9.3C=3 THEN GENDERID=2 [CIS-FEMALE]
IF Q9.2 = 2 AND Q9.3 = 7 AND Q9.3C =2 THEN GENDERID=2 [CIS-FEMALE]
IF Q9.2 = 2 AND Q9.3 = 4 AND Q9.3E2 = 3 THEN GENDERID = 2 [CIS-FEMALE]

IF Q9.3 = 4 THEN GENDERID=3 [TRANS-WOMAN]
IF Q9.2 = 1 AND Q9.3 = 2 AND Q9.3B=1 THEN GENDERID=3 [TRANS-WOMAN]
IF Q9.2 = (7 OR 9) AND Q9.3 = 4 THEN GENDERID=3 [TRANS-WOMAN]
IF Q9.2 = 1 AND Q9.3 = 3 AND Q9.3D2 = 2 THEN GENDERID=3 [TRANS-WOMAN]
IF Q9.2 = 2 AND Q9.3 = 4 AND (Q9.3E = 1 OR Q9.3E2 = 1) THEN GENDERID = 3 [TRANS-WOMAN]

IF Q9.3 = 3 THEN GENDERID=4 [TRANS-MAN]

IF Q9.2 = 2 AND Q9.3 = 1 AND Q9.3B=1 THEN GENDERID=4 [TRANS-MAN]
IF Q9.2 = 7 OR 9 AND Q9.3 = 3 THEN GENDERID=4 [TRANS-MAN]
IF Q9.2 = 1 AND Q9.3 = 3 AND (Q9.3D = 1 OR Q9.3D2 = 1) THEN GENDERID=4 [TRANS-MAN]
IF Q9.2 = 2 AND Q9.3 = 4 AND Q9.3E2 = 2 THEN GENDERID = 4 [TRANS-MAN]

IF Q9.2 = 1 AND Q9.3 =(5 OR 6) THEN GENDERID=5 [NON-BINARY MALE]
IF Q9.2 = 1 AND Q9.3 = 7 AND Q9.3C=1 THEN GENDERID=5 [NON-BINARY MALE]

IF Q9.2 = 2 AND Q9.3 = (5 OR 6) THEN GENDERID=6 [NON-BINARY FEMALE]
IF Q9.2 = 2 AND Q9.3 = 7 AND Q9.3C=1 THEN GENDERID=6 [NON-BINARY FEMALE]

IF Q9.2 = (7 OR 9) AND Q9.3 = 1 THEN GENDERID=7 [UNSPECIFIED MALE]
IF Q9.2 = 1 AND Q9.3 = 9 THEN GENDERID=7 [UNSPECIFIED MALE]

IF Q9.2 = (7 OR 9) AND Q9.3 = 2 THEN GENDERID=8 [UNSPECIFIED FEMALE]
IF Q9.2 = 2 AND Q9.3 = 9 THEN GENDERID=8 [UNSPECIFIED FEMALE]

IF Q9.2 = (7 OR 9) AND Q9.3 = 5 THEN GENDERID=9 [UNASSIGNED]
IF Q9.2 = (7 OR 9) AND Q9.3 = 6 THEN GENDERID=9 [UNASSIGNED]
IF Q9.2 = (7 OR 9) AND Q9.3 = 7 OR 9 THEN GENDERID=9 [UNASSIGNED]
IF Q9.2 = 1 AND Q9.3 = 2 AND Q9.3B= (7 OR 9) THEN GENDERID=9 [UNASSIGNED]
IF Q9.2 = 2 AND Q9.3 = 1 AND Q9.3B= (7 OR 9) THEN GENDERID=9 [UNASSIGNED]
IF Q9.3C = (7 OR 9) THEN GENDERID=9 [UNASSIGNED]
IF MORE THAN ONE RESPONSE TO Q9.3 THEN GENDERID=9 [UNASSIGNED]

ASK ALL
Q9.4 - Are you Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q9.2 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 Q9.4 = 1, ELSE SKIP TO Q9.5 [ASK IF HISPANIC/LATINO]
Q9.4a2 - Please tell me which group best represents your Hispanic or (IF GENDERID EQ 1,4,5,7,9 OR Q9.2 EQ 7,9: Latino / IF GENDERID EQ 2,3,6,8: Latina) origin or ancestry:

    INTERVIEWER: Read answer choices, accept first response.

        01 Puerto Rican,
        02 Dominican,
        03 Mexican,
        04 Ecuadorian,
        05 Colombian,
        06 Cuban,
        07 other Central American,
        08 other South American, or
        88 something else (Please specify: What other group best represents your Hispanic or
        Latino origin or ancestry)_____?
        09 SPANISH
        77 DON'T KNOW
        99 REFUSED

ASK ALL
Q9.5a - Which one or more of the following would you use to describe yourself? Would you describe yourself as….

CODE ALL THAT APPLY

INTERVIEWER: Read answer choices, multiple response. If respondent says "African-American," code as "02 Black."

01 White,
02 Black or Black American,
03 Asian,
04 Middle Eastern or North African,
05 Native Hawaiian or Other Pacific Islander,
06 American Indian, Native, First Nations, Indigenous Peoples of the Americas, or Alaska Native, or
07 Something else? (SPECIFY: How do you describe yourself?) _____
08 HISPANIC/LATINO
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK IF Q9.5a = 3 [ASK IF ASIAN]
Q9.6 – Please tell me which group best represents your Asian heritage or ancestry?

INTERVIEWER: Read answer choices, accept first response.

01 Chinese,
02 Asian Indian,
03 Filipino,
04 Korean,
05 Japanese,
06 Vietnamese, or
07 Something else? (SPECIFY: What other group best represents your Asian heritage or ancestry? _____)
77 DON'T KNOW/NOT SURE
99 REFUSED

ASK IF Q9.5a = 2 [ASK IF BLACK]
Q9.8 – Some people in addition to being Black, have a certain heritage or ancestry. Do you identify with any of these?

INTERVIEWER: READ ANSWER CHOICES, MULTIPLE RESPONSE:
1 African American (READ ONLY IF NEEDED: Descended from people who were enslaved in the US),
2 Caribbean or West Indian (READ ONLY IF NEEDED: Descended from people who were enslaved in Caribbean and West Indian countries),
3 A recent immigrant or the child of recent immigrants from Africa, or
4 Another group? (SPECIFY: What other heritage or ancestry do you identify with?)_____
5 DOES NOT IDENTIFY WITH ANY OF THESE
7 DON'T KNOW/NOT SURE
9 REFUSED

Q9.7 – Where were you born? Please tell me the country or US territory .

INTERVIEWER: Code either USA or outside USA based on response. Puerto Rico and other US territories are considered outside USA.

        1 USA
        2 OUTSIDE USA (GO TO Q9.7a)
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK IF Q9.7 = 2 [ASK IF BORN OUTSIDE U.S.]
Q9.7a

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
228. CENTRAL AFRICA
10. CHILE
11. CHINA
12. COLOMBIA
13. COSTA RICA
14. CUBA
227. CZECH REPUBLIC
73. CZECHOSLOVAKIA
15. DOMINICAN REPUBLIC
127. 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
79. 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
135. LIBERIA
87. MALAYSIA
137. MALI
36. MEXICO
37. NICARAGUA
38. NIGERIA
229. NORTHERN AFRICA
39. PAKISTAN
40. PANAMA
41. PERU
42. PHILIPPINES
43. POLAND
44. PUERTO RICO
45. ROMANIA
46. RUSSIA
97. SENEGAL
47. SIERRA LEONE
166. SLOVAKIA
48. SOUTH AMERICAN
49. SPAIN
230. SOUTHERN AFRICA
102. ST. LUCIA
103. ST. VINCENT
104. SURINAME
105. SWEDEN
50. TAIWAN
107. THAILAND
51. TRINIDAD AND TOBAGO
52. TURKEY
53. UKRAINE
54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)
108. URUGUAY
109. UZBEKISTAN
55. VENEZUELA
56. VIETNAM
110. VIRGIN ISLANDS
111. WESTERN AFRICA
57. WEST INDIAN
58. YUGOSLAVIA
66. OTHER (SPECIFY)_____
77. DON'T KNOW/NOT SURE
99. REFUSE

ASK ALL
Q9.9 - Are you. . .

        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
Q9.10 - Now I'll read a list of terms people sometimes use to describe themselves:

INTERVIEWER: Please say the number before the text response. Respondent can answer with either the number or the text/word.

[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.

        INTERVIEWER: 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 Q9.10 = 7 [ASK IF DON'T KNOW TO Q9.10]
        Q9.10a – 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 Q9.10 = 4 OR Q9.10a = 3 [ASK IF 'SOMETHING ELSE' TO Q9.10 OR Q9.10a]
        Q9.10b –What do you mean by something else? (SPECIFY)_____
READ: Now a few more questions about yourself and your household.

ASK ALL
Q9.11 - What is the highest grade or year of school you completed?

INTERVIEWER: 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)
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, <u>including yourself</u>, are 18 years of age or older?

INTERVIEWER: 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
Q9.12 - How many children 17 years old or younger usually live or stay with you?

INTERVIEWER: 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
Q9.13 - Are you currently. . .

01 Employed for wages or salary,

INTERVIEWER: If respondent does not pick 01, read off 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.
ASK IF Q9.13 = 8 (UNEMPLOYED LESS THAN 1 YEAR)
Q9.13A – Did you lose your job recently because of the Coronavirus or COVI-19 outbreak?

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

9 REFUSED

ASK IF Q9.13 = 1 OR 2 (EMPLOYED FOR WAGES OR SELF-EMPLOYED) OR Q9.13A = 1
Q9.13B – Because of the Coronavirus or COVID-19 outbreak, (IF Q9.13 = 1 or 2: have you been working /IF Q9.13A = 1: and before you lost your job, were you working) mostly from home or working at a job that requires you to work outside your home?

      1 Working from home
      2 Working outside of home
      7 DON'T KNOW/NOT SURE
      9 REFUSED

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If Q9.12 or CQHH = 77 or 99, skip to Q9.15
Create new field NHOUSE = QHH/CQHH (Number of adults) + Q9.12(Number of Children)
USE NHOUSE to create a field (PVTYLVL) to populate the fill for Q9.14

IF NHOUSE = 1 THEN PVTYLVL = 12,760
IF NHOUSE = 2 THEN PVTYLVL = 17,240
IF NHOUSE = 3 THEN PVTYLVL = 21,720
IF NHOUSE = 4 THEN PVTYLVL = 26,200
IF NHOUSE = 5 THEN PVTYLVL = 30,680
IF NHOUSE = 6 THEN PVTYLVL = 35,160
IF NHOUSE = 7 THEN PVTYLVL = 39,640
IF NHOUSE = 8 THEN PVTYLVL = 44,120
IF NHOUSE = 9 THEN PVTYLVL = 48,600
IF NHOUSE = 10 THEN PVTYLVL = 53,080
IF NHOUSE = 11 THEN PVTYLVL = 57,560
IF NHOUSE = 12 THEN PVTYLVL = 62,040
IF NHOUSE = 13 THEN PVTYLVL = 66,520
IF NHOUSE = 14 THEN PVTYLVL = 71,000
IF NHOUSE = 15 THEN PVTYLVL = 75,480
IF NHOUSE GT 15 THEN PVTYLVL = 44,120 + (NHOUSE-8 * 4,480)

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
Q9.14 - Is your household's annual income from all sources:

> 02 Less than $ (**PVTYLVL***2) IF "NO," ASK 05; IF "YES," ASK 01
> 01 Less than (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," ASK 07 (>700%); IF "YES," CODE 06 (500-599%)
> 04 Less than $ (**PVTYLVL***4) IF "NO," CODE 05; IF "YES," ASK 03 (200-299%)
> 07 Is it $ (**PVTYLVL***7 or more? (IF "YES", CODE 08 (700%+), IF NO, CODE 07 600-699%)
>
> 08 $ (PVTYLVL*8)
> 03 Less than $ (**PVTYLVL***3) IF "NO," CODE 04; IF "YES," CODE 03
> 77 DON'T KNOW/NOT SURE
> 99 REFUSED

ASK IF Q9.14_02 = 77 OR 99, ELSE SKIP TO Q9.15 [ASK IF INCOME REFUSED]
Q9.14a - 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 Q9.14 IS 100%-199% FPL [Q9.14=2 OR Q9.14a=2]
Q9.14b – 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 Q9.14 = 01 OR Q9.14a = 1 OR Q9.14b = 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.

READ: Now I will ask you about your height and weight

ASK ALL
Q9.15 - About how tall are you without shoes?

INTERVIEWER: Read if needed: You can answer in either feet and inches <u>or</u> in centimeters.

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
Q9.16 - About how much do you weigh without shoes?

INTERVIEWER: Read if needed: You can answer in either pounds <u>or</u> kilograms.

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.

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BMI FOLLOW-UP QUESTIONS

IF Q9.16 (WEIGHT) = 9999 OR 7777 AND Q9.15 (HEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT HEIGHT INTO BMI CALCULATOR AND ASK Q9.17a, Q9.17b, Q9.17c, Q9.17d (OR ASK Q9.17e, Q9.17f, Q9.17g, Q9.17h FOR METRIC).

IF Q9.15 (HEIGHT) = 9999 OR 7777 AND Q9.16 (WEIGHT) ≠ 9999 OR 7777 (IS NOT MISSING), THEN PUT WEIGHT INTO BMI CALCULATOR AND ASK Q9.18a, Q9.18b, Q9.18c, Q9.18d (OR ASK Q9.18e, Q9.18f, Q9.18g, Q9.18h FOR METRIC).

BMI = 703 * LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH OBESE 2: =
.049 * (Q9.15 height IN) * (Q9.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: =
.0427 * (Q9.15 height IN) * (Q9.15 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: =
.0356*(Q9.15 height IN)*(Q9.15 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: =
.0263*(Q9.15 height IN)*(Q9.15 height IN)

ASK IF Q9.16 = 9999 OR 7777 AND Q9.15 ≠ 9999 OR 7777, ELSE SKIP TO Q14.1
[ASK IF EITHER WEIGHT OR HEIGHT IS DON'T KNOW OR REFUSED]
Q9.17a - Do you weigh less than [critical weight for **OBESE**]?

> 1 YES, WEIGH LESS **[SKIP TO Q9.17c]**
> 2 NO, DON'T WEIGH LESS **[SKIP TO Q9.17b]**
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

ASK IF Q9.17a = 2, ELSE SKIP TO Q9.17c
Q9.17b – Do you weigh less than [critical weight for **OBESE 2**]?

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

ASK IF Q9.17a = 1, *ELSE SKIP TO Q14.1*
Q9.17C – Do you weigh less than [critical weight for **OVERWEIGHT**]?

> 1 YES, WEIGH LESS **[SKIP TO Q9.17d]**
> 2 NO, DON'T WEIGHT LESS
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

ASK IF 9.17c = 1, *ELSE SKIP TO Q14.1*
Q9.17d – Do you weigh less than [critical weight for **UNDERWEIGHT**]?

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

CRITICAL WEIGHT FOR METRIC OBESE 2 =
.0035 * (Q9.15 height CM)*(Q9.15 height CM)

CRITICAL WEIGHT FOR METRIC OBESE
= .003 * (Q9.15 height CM)*(Q9.15 height CM)

CRITICAL WEIGHT FOR METRIC OVERWEIGHT
= .0025* (Q9.15 height CM)*(Q9.15 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT
= .00185* (Q9.15 height CM)*(Q9.15 height CM)

ASK IF Q9.16 = 9999 OR 7777 AND Q9.15 ≠ 9999 OR 7777, ELSE SKIP TO Q14.1
Q9.17e - Do you weigh less than [critical weight for **METRIC OBESE**]?

    1 YES, WEIGH LESS**[SKIP TO Q9.17g]**
    2 NO, DON'T WEIGH LESS**[SKIP TO Q9.17f]**
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK IF Q9.17e = 2, ELSE SKIP TO Q9.17g
Q9.17f – Do you weigh less than [critical weight for **METRIC OBESE 2**]?

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

ASK IF Q9.17e = 1, *ELSE SKIP TO Q14.1*
Q9.17g – Do you weigh less than [critical weight for **METRIC OVERWEIGHT**]?

    1 YES, WEIGH LESS **[SKIP TO Q9.17h]**
    2 NO, DON'T WEIGHT LESS
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK IF Q9.17g = 1, *ELSE SKIP TO Q14.1*
Q9.17h – Do you weigh less than [critical weight for **METRIC UNDERWEIGHT**]?

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

CRITICAL HEIGHT IN INCHES FOR OBESE 2 =
SQUARE ROOT OF (20.09 * Q9.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE:
= SQUARE ROOT OF (23.43 * Q9.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT:
= SQUARE ROOT OF (28.12 * Q9.16 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT:
= SQUARE ROOT OF (38 * Q9.16 weight LB)

THEN CONVERT TO FEET, INCHES

ASK IF Q9.15 = 9999 OR 7777 AND Q9.16 ≠ 9999 OR 7777, ELSE SKIP TO Q14.1
Q9.18a- Is your height less than [critical height for **OBESE**]?

    1 YES, LESS **[SKIP TO Q9.18b]**
    2 NO, NOT LESS **[SKIP TO Q9.18c]**
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK IF Q9.18a = 1, *ELSE SKIP TO Q9.18c*
Q9.18b- Is your height less than [critical height for **OBESE 2**]?

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

ASK IF Q9.18a = 2, *ELSE SKIP TO Q14.1*
Q9.18c - Is your height less than [critical height for **OVERWEIGHT**]?

    1 YES, LESS
    2 NO, NOT LESS **[SKIP TO Q9.18d]**
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK IF Q9.18c = 2, *ELSE SKIP TO Q14.1*
Q9.18d - 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 OBESE 2 =
SQUARE ROOT OF (286 * Q9.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE
= SQUARE ROOT OF (333 * Q9.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT
= SQUARE ROOT OF (400 * Q9.16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT
= SQUARE ROOT OF (540.5 * Q9.16 weight KILOS)

ASK IF Q9.15 = 9999 OR 7777 AND Q9.16 ≠ 9999 OR 7777, ELSE SKIP TO Q14.1
Q9.18e - Is your height less than [critical height for **METRICOBESE**]?

      1 YES, LESS **[SKIP TO Q9.18f]**
      2 NO, NOT LESS **[SKIP TO Q9.18g]**
      7 DON'T KNOW/NOT SURE
      9 REFUSED

ASK IF Q9.18e = 1, *ELSE SKIP TO Q9.18g*
Q9.18f - Is your height less than [critical height for **METRIC OBESE 2**]?

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

ASK IF Q9.18e = 2, *ELSE SKIP TO Q14.1*
Q9.18g - Is your height less than [critical height for **METRICOVERWEIGHT**]?

      1 YES, LESS
      2 NO, NOT LESS **[SKIP TO Q9.18h]**
      7 DON'T KNOW/NOT SURE
      9 REFUSED

ASK IF Q9.18g = 2, *ELSE SKIP TO Q14.1*
Q9.18h - Is your height less than [critical height for **METRICUNDERWEIGHT**]?

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

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IMMUNIZATIONS

The next questions are about vaccinations

ASK ALL
Q14.1 - 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 Q14.1 = 1
Q14.4 - Where did you get your most recent flu shot or vaccine?
> Interviewer: 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, such as a Community Health Center
> 5 A Senior, Recreation, or Community Center
> 6 A pharmacy or other store
> 7 At an emergency room
> 8   Workplace
> 9   Some other place (SPECIFY: What is the other place where you got your most recent flu shot or vaccine? _____)
> 77 DON'T KNOW
> 99 REFUSED

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[IF LANGUAGE = BENGALI OR HAITIAN CREOLE, SKIP TO NEXT SECTION (11.6)]

CORONAVIRUS MODULE

COVID-19 Population Survey Module to be added on to the 2020 NYC Community Health Survey

CATI – IF Q9.12 GE 1 AND LESS THAN 77/99 THEN CHILDREN = 1 ELSE CHILDREN = 2

[IF CHILDREN=2 GO TO COVID_OPEN_SCRIPT]

[IF CHILDREN = 1 (THERE ARE CHILDREN IN THE HOUSEHOLD), THE INTERVIEWER WILL ASK THE COVID MODULE OF THE ADULT RESPONDENT FIRST AND A RANDOMLY SELECTED CHILD SECOND – GO TO COVID_OPEN_SCRIPT]

COVID_OPEN_SCRIPT:
To get a better understanding of how coronavirus or COVID-19 is affecting New Yorkers I'd like to ask you some questions regarding this outbreak and your experiences. [IF CHILDREN=1 : Then I will ask you some questions about one of the children aged 17 years or younger in your household].

I know there may be other people in your household who are also affected by the Coronavirus, but asking about you [IF CHILDREN = 1: and a randomly chosen child] will help the Health Department get a more accurate picture of how the outbreak is affecting all New Yorkers.

Survey Questions:

COVID_HEADER: We will start by asking about medical conditions that you may or may not have. I will read out loud several conditions. For each one, please tell me if you have the condition.

Have you been told by a healthcare provider that you have….(GO TO COV1D)

ASK ALL (COV1D-COV1I)

COV1D: Heart disease, such as a heart attack, angina, heart failure

COV1E: Chronic obstructive pulmonary disease, also called COPD, chronic bronchitis, or emphysema

COV1F: Chronic kidney disease

COV1G: Chronic liver disease, such as cirrhosis

COV1H: A weakened immune system [INTERVIEWER: Read if needed: such as having cancer, HIV infection, chronic corticosteroid therapy, being an organ transplant recipient, or on a medication that weakens the immune system]

COV1I: Other chronic conditions

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

9 REFUSED

ASK IF COV1I = 1
COV1J: Please tell me what other chronic conditions you have

_____

[IF RESPONDENT ASKS WHAT KINDS OF CONDITIONS THEY SHOULD REPORT: We are referring to any chronic conditions that impact your physical health.]

[IF Q9.2=1 AND Q9.3=2 AND Q9.3B=2] OR [IF Q9.2 = 2 OR Q9.3 = 1 AND Q9.3B = 2 AND Q9.1 GREATER THAN 45 (OR Q9.1A = 1 OR 2 PROCEED TO COV3]
[IF ASSIGNED MALE SEX AT BIRTH OR FEMALE SEX AT BIRTH AND OVER 45 YEARS OLD]

[IF Q9.2 = 2 OR Q9.3 = 1 AND Q9.3B = 2 AND Q9.1 EQUALS 18 TO 45 (Q9.1A = 4,5,6)
[ASK IF ASSIGNED FEMALE SEX AT BIRTH, AGED 45 OR YOUNGER]
COV2: Are you currently pregnant?
> 1 YES
> 2 NO
> 7 DON'T KNOW
> 9 REFUSED

Information about being sick in the past 30 days:

ASK ALL
READ: The next few questions are about whether you were sick in the past 30 days. Some questions are about specific dates, so it will be helpful to use a calendar.

ASK ALL
COV3: During the last 30 days, at any point since (IMPUTE DATE 30 DAYS BEFORE INTERVIEW DATE), did you feel like you had a fever?
> 1 YES
> 2 NO
> 7 DON'T KNOW
> 9 REFUSED

ASK IF COV3 = 1 [FELT FEVERISH PAST 30 DAYS]
COV3A: Was the fever measured with a thermometer and at least 100.4 Fahrenheit or 38.0 Celsius?

> 1   YES
> 2 NO
> 3 VOL – Respondent did not have a thermometer available
> 7 DON'T KNOW
> 9 REFUSED

Next, I am going to ask you about symptoms that are associated with Coronavirus or COVID-19 that you might have. We are only asking about new symptoms that are associated with Coronavirus or COVID-19 during the last 30 days. We are not asking about symptoms that you usually have such normal aches and pains, seasonal allergies, or other chronic conditions.

During the last 30 days, at any point since (CATI FILL FOR DATE 30 DAYS BEFORE INTERVIEW DATE), did you have any of the following symptoms?

>INTERVIEWER NOTE: Do not probe if Don't Know/Refused
>INTERVIEWER: If respondent reports having any symptoms 'all the time', read: Please only consider new symptoms besides your normal aches and pains, seasonal allergies, or other chronic conditions

ASK ALL
COV4A: Dry Cough with no phlegm or mucus
COV4B: Cough with phlegm or mucus
COV4C: Shortness of breath or difficulty breathing
COV4D: Muscle Aches
COV4E: Chills

READ: The next group of symptoms are about new digestive symptoms in the past 30 days, please do not include symptoms from chronic conditions. Since (CATI FILL FOR DATE 30 DAYS BEFORE INTERVIEW DATE), have you had

COV4F: Diarrhea
COV4G: Vomiting
COV4H: Abdominal pain [READ ONLY IF THE RESPONDENT ASKS ABOUT ABDOMINAL PAINS RELATED TO A MENSTRUAL CYCLE: This would not include abdominal pain associated with a menstrual cycle.]

READ: For the last group of symptoms I'll ask about, only include new symptoms. Since (CATI FILL FOR DATE 30 DAYS BEFORE INTERVIEW DATE) have you had

COV4I: Nasal congestion that is not from a chronic condition or seasonal allergies
COV4J: Sore throat that is not from a chronic condition or seasonal allergies
COV4K: Headache that is not from a chronic condition or seasonal allergies
COV4N: Loss of taste
COV4O: Loss of sense of smell
COV4L: Did you have any other symptoms during the last 30 days, at any point since (IMPUTE DATE 30 DAYS BEFORE INTERVIEW DATE)?

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

ASK IF COV4L = 1
COV4M: What other symptoms did you have during the past 30 days, at any point since (IMPUTE DATE 30 DAYS BEFORE INTERVIEW DATE)? _____

ASK IF COV3 =1 or COV4A-COV4O = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A-COV4O]
IF COV3 is not 1 AND COV4A-COV4O is all not = 1 PROCEED TO COV26
COV5: When was the first day that you began to feel any of these symptoms? Please give me the day and month. I would recommend using a calendar here if you can. Your best estimate is fine.

_____/ _____
(Day)   (Month)
>88 RESPONDENT CLEARLY STATES THAT THEIR SYMPTOMS ARE NOT RELATED TO CORONAVIRUS (**SKIP TO COV26)**
>77 DON'T KNOW
>99 REFUSED

>**ASK IF COV5 = 77 OR 99**
>**COV5A:** Today's date is (CATI FILL CURRENT DATE). Thinking back from today, can you tell me roughly how many days ago you first started to feel any of these symptoms? Your best estimate is fine.
>
>_____(RANGE 1-30)
>88 RESPONDENT CLEARLY STATES THAT THEIR SYMPTOMS ARE NOT RELATED TO CORONAVIRUS (**SKIP TO COV26)**
>77 DON'T KNOW
>99 REFUSED
>
>CATI – CALCULATE COV5A_CALCULATED_ONSET_DATE (CURRENT DATE – COV5A)

ASK IF COV3 =1 or COV4A-COV4O = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A-COV4O]
COV6: Are you still feeling any of these symptoms?
>1 YES
>2 NO
>8 RESPONDENT CLEARLY STATES THAT THEIR SYMPTOMS ARE NOT RELATED TO CORONAVIRUS (**SKIP TO COV26)**
>7 DON'T KNOW
>9 REFUSED

IF COV6 = 1 SKIP TO COV8A
IF COV6 = 2, 7, 9, ASK COV6A
COV6A: When was the first day you no longer felt any of these symptoms. Please tell me the day and month.

>___day ___Month
>88 RESPONDENT CLEARLY STATES THAT THEIR SYMPTOMS ARE NOT RELATED TO CORONAVIRUS (**SKIP TO COV26)**
>77 DON'T KNOW
>99 REFUSED
>
>CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5 OR COV5A_CALCULATED_ONSET_DATE
>
>CATI – DISPLAY ONSET DATE FROM COV5 OR COV5A_CALCULATED_ONSET_DATE
>
>**ASK IF COV6A = 77 OR 99**
>COV6B: Today's date is (CATI FILL CURRENT DATE). Thinking back from today, can you tell me roughly how many days ago you no longer felt any of these symptoms? Your best estimate is fine.

_____(RANGE 1-30)
88 RESPONDENT CLEARLY STATES THAT THEIR SYMPTOMS ARE NOT RELATED TO CORONAVIRUS (**SKIP TO COV26)**
77 DON'T KNOW
99 REFUSED

CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5 OR CALCULATED DATE FOR COV5A

CATI – DISPLAY ONSET DATE FROM COV5 OR COV5A_CALCULATED_ONSET_DATE

ASK IF COV3 =1 or COV4A-COV4O = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A-COV4O] UNLESS ANY OF COV5, COV5A, COV6, COV6A, OR COV6B = 88
COV8A: During the past 30 days, since [CATI CALCULATE AND FILL 30 DAYS BEFORE INTERVIEW DATE] until now, do you think you had the Coronavirus or COVID-19? Would you say…

INTERVIEWER: DO NOT PROBE FOR THIS QUESTION

IF RESPONDENT ASKS IF WERE ARE ASSUMING THEY HAVE CORONAVIRUS: We are not presuming that you have novel coronavirus or COVID-19. This question is asked of any person that reported experiencing symptoms in the previous section.
1 Yes
2 No, or
3 Possibly, but not sure
7 DON'T KNOW
9 REFUSED

ASK IF COV8A= 1 (YES) OR 3 (POSSIBLY)
COV8B: If someone thinks they have the Coronavirus or COVID-19, the current guidance is to stay home and to separate from other people in the household. Were you aware of this guidance?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF NHOUSE GREATER THAN 1 AND COV8B=1
COV8C: How well do you think you (IF COV6 =1: are/ IF COV6 = 2,7,9: were) able to follow this guidance? Would you say…

1 Very well
2 Somewhat well
3 Not well at all, or
4 You did not follow this guidance.
7 DON'T KNOW
9 REFUSED

ASK IF COV3 , COV4A, COV4B, COV4C, COV4J, COV4N, AND COV4O = 2 [NO FEVER, COUGH, SOB, SORE THROAT, LOSS OF TASTE OR LOSS OF SMELL]
OR COV8A NE 1 OR 3

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COV26: Since February 2020 until now, do you remember experiencing any of the following? A fever, cough, shortness of breath, sore throat, or loss of taste or loss of smell?
> 1 Yes
> 2 No, or
> 3 Possibly, but not sure
> 7 DON'T KNOW
> 9 REFUSED

ASK IF COV3, COV4A, COV4B, COV4C, COV4J, COV4N, AND COV4O = 2 [NO FEVER, COUGH, SOB, SORE THROAT, LOSS OF TASTE OR LOSS OF SMELL]
OR COV8A NE 1 OR 3
COV25: Since February 2020 until now, do you think you may have had the Coronavirus or COVID-19? Would you say…

> INTERVIEWER: DO NOT PROBE FOR THIS QUESTION

> IF RESPONDENT ASKS IF WE'RE ARE ASSUMING THEY HAVE CORONAVIRUS: We are not presuming that you have novel coronavirus or COVID-19. This question is asked of any person that reported experiencing symptoms like fever, cough, shortness of breath, sore throat, or loss of taste or loss of smell since February 2020.
> > 1 Yes
> > 2 No, or
> > 3 Possibly, but not sure
> > 7 DON'T KNOW
> > 9 REFUSED

IF COV3 is not 1 AND COV4A-COV4O is all not = 1 SKIP TO COV17aa
ASK IF COV3 =1 or COV4A-COV4O = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A-COV4O]
UNLESS ANY OF COV5, COV5A, COV6, COV6A, OR COV6B = 88
IF COV5, COV5A, COV6 COV6A, OR COV6B = 88 SKIP TO COV17aa

COV11: While you were sick, did you seek care from a healthcare professional:
> 1 YES
> 2 NO
> 7 DON'T KNOW
> 9 REFUSED

IF COV11 NE 1 THEN SKIP TO COV17aa
ASK IF COV11 = 1
Where did you seek medical care? For each option, please tell me yes or no.

COV12A Visited your primary care provider's office or another doctor's office
COV12B Telephone call to your primary care provider's office or doctor's office
COV12C Telemedicine such as an electronic consultation or video call with a health care provider
COV12D Retail clinic or pharmacy
COV12E Urgent care such as City MD
COV12F Emergency room
COV12G Hospital, not in the emergency room
COV12H Some other place
> 1 YES
> 2 NO
> 7 DON'T KNOW
> 9 REFUSED

ASK IF COV12H = 1
COV12I: Where else did you seek care when you were sick?_____

ASK IF ANY OF COV12A, OR COV12D-COV12H=1
COV12J: As a reminder, we are looking for your honest answers and all of your answers are confidential. When you first went to seek medical care, what was the main way you got there? Did you…

READ ONLY IF THE RESPONDENT ASKS WHICH TIME THEY SOUGHT MEDICAL CARE THIS QUESTION IS ASKING ABOUT: If you sought care multiple times, please answer for the FIRST time you sought medical care

1. Use public transportation (Subway, Bus, etc.)
2. Use a ride-sharing company like Uber or Lyft, or a car service or taxi
3. Use a personal vehicle
4. Walk or bike
5. Go by ambulance, or
6. Did you get there some other way?

ASK IF COV12J = 6 Other
COV12K: If you traveled to medical care by some other means, what was it: _____ _

ASK IF ANY OF COV12A-COV12I = 1
COV13: What date after you first started feeling sick did you first seek care from a health professional?

_____/ _____
(Day)   (Month)
    77 DON'T KNOW
    99 REFUSED

    CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5 OR CALCULATED DATE FOR COV5A

    CATI – DISPLAY ONSET DATE FROM COV5 OR COV5A_CALCULATED_ONSET_DATE

ASK IF COV13 = 77 OR 99 [IF THEY DON'T KNOW OR REFUSED]
COV14: Can you tell us roughly, how many days after your symptoms started did you first seek care?

_____ DAYS (RANGE 1-30)
    77 DON'T KNOW
    99 REFUSED

    CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5 OR CALCULATED DATE FOR COV5A

    CATI – DISPLAY ONSET DATE FROM COV5 OR COV5A_CALCULATED_ONSET_DATE

ASK IF ANY OF COV12A-COV12I = 1
COV15: Did you ask your healthcare provider for a test for novel coronavirus or COVID-19?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF ANY OF COV12A-COV12I = 1
COV16: Did your healthcare provider take a nose or throat swab for testing?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF ANY OF COV12A-COV12I = 1
COV17: Were you tested for novel coronavirus or COVID-19?
1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF ANY OF COV12A-COV12I = 1
IF COV17=2, NO, SKIP TO COV21 (SPENT ONE NIGHT IN HOSPITAL)
COV18: Did your healthcare provider tell you that you tested positive for novel coronavirus or COVID-19?

(INTERVIEWER: DO NOT READ, BUT MARK 'YES' IF RESPONDENT VOLUNTEERS: COVID-19 OR SARS-COV-2 OR CORONAFLU)
1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF ANY OF COV12A-COV12I = 1
COV21: Did you spend at least one night in a hospital while you were sick?
1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF COV17 = MISSING, IF COV17 NE MISSING SKIP TO COV17ff
COV17aa: Have you ever been tested for COVID-19 by either saliva, a nasal swab or throat swab?

1 Yes
2 No
7 DON'T KNOW
9 REFUSED

IF COV17aa = 1

COV18aa: Did you get a positive test for this novel coronavirus or COVID-19?

(INTERVIEWER: DO NOT READ, BUT MARK 'YES' IF RESPONDENT VOLUNTEERS: COVID-19 OR SARS-COV-2 OR CORONAFLU)
  1 YES
  2 NO
  7 DON'T KNOW
  9 REFUSED

ASK ALL
COV17ff: There is a test to detect antibodies to the virus that causes COVID-19. The test is usually done with a blood sample. Have you ever had an antibody test for COVID-19?

  1 Yes
  2 No
  7 DON'T KNOW
  9 REFUSED

ASK IF COV17ff=1
COV17gg: What was the result of the test to detect antibodies to COVID-19? Was it….

  1   Positive or detected
  1   Negative or not detected
  3   Indeterminate or equivocal, meaning the test could not tell if you had antibodies for COVID-19
  7   DON'T KNOW
  9   REFUSED

ASK ALL
COV8: During the past 14 days, since [CATI CALCULATE AND FILL 14 DAYS BEFORE INTERVIEW DATE] until now, how often have you been staying at home and avoiding interacting with others outside your household aside from getting essential needs? Would you say….

[INTERVIEWER NOTE: essential needs include getting groceries, prescriptions filled, doing laundry, etc.]
INTERVIEWER: If respondent answers 4) 'all of the time', PROBE: "You answered 'all of the time', did you mean 'all of the time' over the past 14 days?" IF YES, CONTINUE. IF NO, RE-ASK COV8 RE-EMPHASIZING TIME PERIOD OF PAST 14 DAYS

  1 None of the time
  2 Some of the time
  3 Most of the time
  4 All of the time
  7 DON'T KNOW
  9 REFUSED

ASK ALL
COV24: Have you experienced any bias or discrimination in connection with Coronavirus or COVID-19?
  1 YES
  2 NO

       7 DON'T KNOW
       9 REFUSED

[IF CHILDREN = 2 THEN GO TO COVEND
[IF CHILDREN = 1, GO TO CHILD SCRIPT]

Child Script:
Now I would like to ask you some questions about one of the children 17 years old or under living in your household. You mentioned earlier there [IF 9.12 = 1: is/ IF 9.12 GT 1:are] [INSERT NUMBER OF CHILDREN IN HOUSEHOLD – Q9.12 FILL] [IF 9.12 =1: child/ IF 9.12 GT 1: children] living in your home. [IF MULTIPLE CHILDREN IN HOUSEHOLD: We will just   ask about one of them. I'd like to ask you about the child in the household who will have the next birthday.]

      E1: Are you able to answer questions on behalf of this child?

      1   YES
      2   NO
      7   DON'T KNOW
      9   REFUSED

      DISPLAY IF E1=1: Just to reiterate, all of the questions I will now ask will be about the child, aged 17 years or under, whose birthday is next, and these will not be questions about you.

      [IF E1= 2, 7 or 9 (NO, DK, REF), PROCEED TO COVEND]
      Okay, thank you. We'll move on to the next topic.

CHILD COVID Questions:

COVID_HEADER_K: We will start by asking about medical conditions that the child may or may not have. I will read out loud several conditions. For each one, please tell me if they have the condition.

ASK ALL (COV1C_K-COV1i_K)

Have you been told by a healthcare provider that this child has….(GO TO COV1C_K)

COV1C_K: Asthma
COV1CC_K: Obesity
COV1I_K: Other chronic conditions

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

ASK IF COV1I_K = 1
COV1J_K: Please tell me what other chronic conditions they have:
_____

[IF RESPONDENT ASKS WHAT KINDS OF CONDITIONS THEY SHOULD REPORT: We are referring to any chronic conditions that impact their physical health.]

Information about being sick in the past 30 days:

ASK ALL
READ: The next few questions are about whether they were sick in the past 30 days. Some questions are about specific dates, so it will be helpful to use a calendar.

ASK ALL
COV3_K: During the last 30 days, at any point since (IMPUTE DATE 30 DAYS BEFORE INTERVIEW DATE), did they feel like they had a fever?
        1 YES
        2 NO
        7 DON'T KNOW
        9 REFUSED

ASK IF COV3_K = 1 [FELT FEVERISH PAST 30 DAYS]
COV3A_K: Was the fever measured with a thermometer and at least 100.4 Fahrenheit or 38.0 Celsius?

        1   YES
        2   NO
        3 VOL – Respondent did not have a thermometer available
        7 DON'T KNOW
        9 REFUSED

Next, I am going to ask you about symptoms that are associated with Coronavirus or COVID-19 that they might have.

During the last 30 days, at any point since (CATI FILL FOR DATE 30 DAYS BEFORE INTERVIEW DATE), did they have any of the following symptoms? Don't include any symptoms associated with seasonal allergies or a chronic illness, like asthma, they might have.

        INTERVIEWER NOTE: Do not probe if Don't Know/Refused
        INTERVIEWER: If respondent reports having any symptoms 'all the time', read: Please only consider new symptoms besides   normal aches and pains, seasonal allergies, or other chronic conditions

ASK ALL
COV4A_K: Dry Cough with no phlegm or mucus
COV4B_K: Cough with phlegm or mucus
COV4C_K: Shortness of breath or difficulty breathing
COV4D_K: Muscle Aches
COV4E_K: Chills

READ: The next group of symptoms are about new digestive symptoms in the past 30 days. Please only include new symptoms and not symptoms from chronic conditions Since (CATI FILL FOR DATE 30 DAYS BEFORE INTERVIEW DATE), have they had

COV4F_K: Diarrhea
COV4G_K: Vomiting
COV4H_K: Abdominal pain [READ ONLY IF THE RESPONDENT ASKS ABOUT ABDOMINAL PAINS RELATED TO A MENSTRUAL CYCLE: This would not include abdominal pain associated with a menstrual cycle.]

READ: For the last group of symptoms I'll ask about, don't include symptoms from seasonal allergies or any chronic conditions, only include new symptoms. Since (CATI FILL FOR DATE 30 DAYS BEFORE INTERVIEW DATE) have they had

COV4I_K: Nasal congestion that is not from a chronic condition or seasonal allergies
COV4J_K: Sore throat that is not from a chronic condition or seasonal allergies
COV4K_K: Headache that is not from a chronic condition or seasonal allergies
COV4N_K: Loss of taste
COV4O_K: Loss of sense of smell
COV4L_K: Did they have any other symptoms during the last 30 days, at any point since (IMPUTE DATE 30 DAYS BEFORE INTERVIEW DATE)?

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

ASK IF COV4L_K = 1
COV4M_K: What other symptoms did they have during the past 30 days, at any point since (IMPUTE DATE 30 DAYS BEFORE INTERVIEW DATE)? _____

ASK IF COV3_K =1 or COV4A_K -COV4O_K = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A_K - COV4O_K]
IF COV3_K is not 1 AND COV4A_K -COV4O_K is all not = 1 PROCEED TO COV26_K
COV5_K: When was the first day that they began to feel any of these symptoms? Please give me the day and month. I would recommend using a calendar here if you can. Your best estimate is fine.

> _____/ _____
> (Day)   (Month)
> 88 RESPONDENT CLEARLY STATES THAT THE CHILD'S SYMPTOMS ARE NOT RELATED   TO CORONAVIRUS (**SKIP TO COV26_K**)
> 77 DON'T KNOW
> 99 REFUSED

> **ASK IF COV5_K = 77 OR 99**
> **COV5A_K:** Today's date is (CATI FILL CURRENT DATE). Thinking back from today, can you tell me roughly how many days ago they first started to feel any of these symptoms? Your best estimate is fine.

> _____(RANGE 1-30)
> 88 RESPONDENT CLEARLY STATES THAT THE CHILD'S SYMPTOMS ARE NOT RELATED   TO CORONAVIRUS (**SKIP TO COV26_K**)
> 77 DON'T KNOW
> 99 REFUSED

> CATI – CALCULATE COV5A_**K** _CALCULATED_ONSET_DATE (CURRENT DATE – COV5A_**K**)

ASK IF COV3_K =1 or COV4A_K -COV4O_K = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A_K - COV4O_K]
COV6_K: Are they still feeling any of these symptoms?
> 1 YES
> 2 NO

8 RESPONDENT CLEARLY STATES THAT THE CHILD'S SYMPTOMS ARE NOT RELATED   TO CORONAVIRUS (**SKIP TO COV26_K)**
7 DON'T KNOW
9 REFUSED

IF COV6_K = 1 SKIP TO COV8A_K
IF COV6_K = 2, 7, 9, ASK COV6A_K
COV6A_K: When was the first day they no longer felt any of these symptoms. Please tell me the day and month.

___day ___Month
88 RESPONDENT CLEARLY STATES THAT THE CHILD'S SYMPTOMS ARE NOT RELATED   TO CORONAVIRUS (**SKIP TO COV26_K)**
77 DON'T KNOW
99 REFUSED

CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5_K OR CALCULATED DATE FOR COV5A_K

CATI – DISPLAY ONSET DATE FROM COV5_K OR COV5A_K_CALCULATED_ONSET_DATE

ASK IF COV6A_K = 77 OR 99
COV6B_K: Today's date is (CATI FILL CURRENT DATE). Thinking back from today, can you tell me roughly how many days ago they no longer felt any of these symptoms? Your best estimate is fine.

_____(RANGE 1-30)
88 RESPONDENT CLEARLY STATES THAT THE CHILD'S SYMPTOMS ARE NOT RELATED   TO CORONAVIRUS (**SKIP TO COV26_K)**
77 DON'T KNOW
99 REFUSED

CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5_K OR CALCULATED DATE FOR COV5A_K

CATI – DISPLAY ONSET DATE FROM COV5_K OR COV5A_K_CALCULATED_ONSET_DATE

ASK IF COV3_K =1 or COV4A_K -COV4O_K = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A_K - COV4O_K] UNLESS ANY OF COV5_K, COV5A_K, COV6_K, COV6A_K, OR COV6B_K = 88
COV8A_K: During the past 30 days, since [CATI CALCULATE AND FILL 30 DAYS BEFORE INTERVIEW DATE] until now, do you think they had the Coronavirus or COVID-19? Would you say…

INTERVIEWER: DO NOT PROBE FOR THIS QUESTION

IF RESPONDENT ASKS IF WERE ARE ASSUMING THEY HAVE CORONAVIRUS: We are not presuming that they have novel coronavirus or COVID-19. This question is asked of any person that reported experiencing symptoms in the previous section.
1 Yes
2 No, or
3 Possibly, but not sure
7 DON'T KNOW
9 REFUSED

ASK IF COV8A_K = 1 (YES) OR 3 (POSSIBLY)

COV8B_K: If someone thinks they have the Coronavirus or COVID-19, the current guidance is to stay home and to separate from other people in the household. Were you aware of this guidance?

    1 YES
    2 NO
    7 DON'T KNOW
    9 REFUSED

ASK IF NHOUSE GREATER THAN 1 AND COV8B_K =1
COV8C_K: How well do you think you (IF COV6_K =1: are/ IF COV6_K = 2,7,9: were) able to follow this guidance for the child? Would you say…

    1 Very well
    2 Somewhat well
    3 Not well at all, or
    4 You did not follow this guidance.
    7 DON'T KNOW
    9 REFUSED

ASK IF COV3_K , COV4A_K, COV4B_K, COV4C_K, COV4J_K, COV4N_K, AND COV4O_K = 2 [NO FEVER, COUGH, SOB, SORE THROAT, LOSS OF TASTE OR LOSS OF SMELL]
OR COV8A_K NE 1 OR 3
COV26_K: Since February 2020 until now, do you remember if the child experienced any of the following? A fever, cough, shortness of breath, sore throat, or loss of taste or loss of smell?
    1 Yes
    2 No, or
    3 Possibly, but not sure
    7 DON'T KNOW
    9 REFUSED

ASK IF COV3_K , COV4A_K, COV4B_K, COV4C_K, COV4J_K, COV4N_K, AND COV4O_K = 2 [NO FEVER, COUGH, SOB, SORE THROAT, LOSS OF TASTE OR LOSS OF SMELL]
OR COV8A_K NE 1 OR 3

COV25_K: Since February 2020 until now, do you think they may have had the Coronavirus or COVID-19? Would you say…

    INTERVIEWER: DO NOT PROBE FOR THIS QUESTION

    IF RESPONDENT ASKS IF WE'RE ARE ASSUMING THEY HAVE CORONAVIRUS: We are not presuming that they have novel coronavirus or COVID-19. This question is asked of any person that reported experiencing symptoms like fever, cough, shortness of breath, sore throat, or loss of taste or loss of smell since February 2020.
    1 Yes
    2 No, or
    3 Possibly, but not sure
    7 DON'T KNOW
    9 REFUSED

IF COV3_K is not 1 AND COV4A_K -COV4O_K is all not = 1 SKIP TO COV17aa_K
ASK IF COV3_K =1 or COV4A_K -COV4O_K = 1 [IF FEVER OR ANY SYMPTOMS FROM COV4A_K - COV4O_K] UNLESS ANY OF COV5_K, COV5A_K, COV6_K, COV6A_K, OR COV6B_K = 88
IF COV5_K, COV5A_K, COV6_K COV6A_K, OR COV6B_K = 88 SKIP TO COV17aa_K

COV11_K: While they were sick, did you seek care for them from a healthcare professional:
> 1 YES
> 2 NO
> 7 DON'T KNOW
> 9 REFUSED

IF COV11_K NE 1 THEN SKIP TO COV17aa_K
ASK IF COV11_K = 1
Where did you seek medical care for them? For each option, please tell me yes or no.

COV12A_K Visited your primary care provider's office or another doctor's office
COV12B_K Telephone call to your primary care provider's office or doctor's office
COV12C_K Telemedicine such as an electronic consultation or video call with a health care provider
COV12D_K Retail clinic or pharmacy
COV12E_K Urgent care such as City MD
COV12F_K Emergency room
COV12G_K Hospital, not in the emergency room
COV12H_K Some other place
> 1 YES
> 2 NO
> 7 DON'T KNOW
> 9 REFUSED

ASK IF COV12H_K = 1
COV12I_K: Where else did they seek care when they were sick?_____

ASK IF ANY OF COV12A_K, OR COV12D_K -COV12H_K =1
COV12J_K: As a reminder, we are looking for your honest answers and all of your answers are confidential. When you first went to seek medical care for the child, what was the main way they got there? Did you…

READ ONLY IF THE RESPONDENT ASKS WHICH TIME THEY SOUGHT MEDICAL CARE THIS QUESTION IS ASKING ABOUT: If they sought care multiple times, please answer for the FIRST time they sought medical care

> 7. Use public transportation (Subway, Bus, etc.)
> 8. Use a ride-sharing company like Uber or Lyft, or a car service or taxi
> 9. Use a personal vehicle
> 10. Walk or bike
> 11. Go by ambulance, or
> 12. Did you get there some other way?

ASK IF COV12J_K = 6 Other
COV12K_K: If you traveled to medical care by some other means, what was it: _____ _

ASK IF ANY OF COV12A_K -COV12I_K = 1
COV13_K: What date after they first started feeling sick did you first seek care for them from a health professional?

> _____/ _____
> (Day)   (Month)

77 DON'T KNOW
99 REFUSED

CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5_K OR CALCULATED DATE FOR COV5A_K

CATI – DISPLAY ONSET DATE FROM COV5_K OR COV5A_K _CALCULATED_ONSET_DATE

ASK IF COV13_K = 77 OR 99 [IF THEY DON'T KNOW OR REFUSED]
COV14_K: Can you tell us roughly, how many days after their symptoms started did you first seek care for them?

_____ DAYS (RANGE 1-30)
77 DON'T KNOW
99 REFUSED

CATI - RESTRICT DATE SO THAT IT CANNOT OCCUR BEFORE DATE GIVEN IN COV5_K OR CALCULATED DATE FOR COV5A_K

CATI – DISPLAY ONSET DATE FROM COV5_K OR COV5A_K _CALCULATED_ONSET_DATE

ASK IF ANY OF COV12A_K -COV12I_K = 1
COV15_K: Did you ask their healthcare provider for a test for novel coronavirus or COVID-19?
1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF ANY OF COV12A_K -COV12I_K = 1
COV16_K: Did their healthcare provider take a nose or throat swab for testing?

1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF ANY OF COV12A_K -COV12I_K = 1
COV17_K: Were they tested for novel coronavirus or COVID-19?
1 YES
2 NO
7 DON'T KNOW
9 REFUSED

ASK IF ANY OF COV12A_K -COV12I_K = 1
IF COV17_K =2, NO, SKIP TO COV21_K (SPENT ONE NIGHT IN HOSPITAL)
COV18_K: Did their healthcare provider tell you that they tested positive for novel coronavirus or COVID-19?

(INTERVIEWER: DO NOT READ, BUT MARK 'YES' IF RESPONDENT VOLUNTEERS: COVID-19 OR SARS-COV-2 OR CORONAFLU)

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

ASK IF ANY OF COV12A_K -COV12I_K = 1
COV21_K: Did they spend at least one night in a hospital while they were sick?

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

ASK IF COV17_K = MISSING, IF COV17_K NE MISSING SKIP TO COV17ff_K
COV17aa_K: Have they ever been tested for COVID-19 by either saliva, a nasal swab or throat swab?

> 1 Yes
> 2 No
> 7 DON'T KNOW
> 9 REFUSED

IF COV17aa_k = 1
COV18aa_K: Did they get a positive test for this novel coronavirus or COVID-19?

(INTERVIEWER: DO NOT READ, BUT MARK 'YES' IF RESPONDENT VOLUNTEERS: COVID-19 OR SARS-COV-2 OR CORONAFLU)

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

ASK ALL
COV17ff_K: There is a test to detect antibodies to the virus that causes COVID-19. The test is usually done with a blood sample. Have they ever had an antibody test for COVID-19?

> 1 Yes
> 2 No
> 7 DON'T KNOW
> 9 REFUSED

ASK IF COV17ff_K =1
COV17gg_K: What was the result of the test to detect antibodies to COVID-19? Was it….

> 1   Positive or detected
> 2   Negative or not detected
> 3   Indeterminate or equivocal, meaning the test could not tell if they had antibodies for COVID-19
> 7   DON'T KNOW
> 9   REFUSED

ASK ALL
COV8_K: During the past 14 days, since [CATI CALCULATE AND FILL 14 DAYS BEFORE INTERVIEW DATE] until now, how often have they been staying at home and avoiding interacting with others outside their household? Would you say….

[INTERVIEWER NOTE: essential needs include getting groceries, prescriptions filled, doing laundry, etc.]
INTERVIEWER: If respondent answers 4) 'all of the time', PROBE: "You answered 'all of the time', did you mean 'all of the time' over the past 14 days?" IF YES, CONTINUE. IF NO, RE-ASK COV8 RE-EMPHASIZING TIME PERIOD OF PAST 14 DAYS

        1 None of the time
        2 Some of the time
        3 Most of the time
        4 All of the time
        7 DON'T KNOW
        9 REFUSED

ASK ALL
COV24_K: Have they experienced any bias or discrimination in connection with Coronavirus or COVID-19?
        1 YES
        2 NO
        7 DON'T KNOW
        9 REFUSED

READ: Now we would just like to ask a few more background questions about this child.

COVKID1: How old is this child?
        INTERVIEWER: For children 1 year old or older, please enter 0 (zero) for AGE IN MONTHS.___AGE IN MONTHS [RANGE 0-12]
        ___ AGE IN YEARS [RANGE 0-17]
        88 CHILD LESS THAN 12 MONTHS
        77 DON'T KNOW/NOT SURE
        99 REFUSED

ASK IF COVKID1 = 77/99
COVKID2 : 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 this person is ...?

        1 Are they less than 5 years old, or
        2 between 5 and 17 years old?
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK OF ALL CHILDREN
COVKID3: What was their sex assigned at birth? Male or female?
        1 MALE
        2 FEMALE
        7 DON'T KNOW/NOT SURE
        9 REFUSED

ASK OF ALL CHILDREN
COVKID4: Is this child Hispanic or Latino [IF ANSWERED COVKID3 = male], or Latina [IF ANSWERED COVKID3 = 2]?
    1 YES
    2 NO
    7 DON'T KNOW/NOT SURE
    9 REFUSED

ASK OF ALL CHILDREN
COVKID5: I'm going to read a list of six race categories. Please choose one or more races that you consider this child to be:
    [CODE ALL THAT APPLY]
    01 White,
    02 Black or Black American,
    03 Asian,
    04 Middle Eastern or North African,
    05 Native Hawaiian or Other Pacific Islander,
    06 American Indian, Native, First Nations, Indigenous Peoples of the Americas, or Alaska Native, or
    07 Something else? (SPECIFY: How do you or how do they describe themselves]?) _____
    08 HISPANIC/LATINO
    77 DON'T KNOW/NOT SURE
    99 REFUSED

ASK OF ALL CHILDREN
COVKID6: Please tell me the country or U.S. territory where this child was born.
    [CODE EITHER USA OR OUTSIDE USA BASED ON RESPONSE. PUERTO RICO AND OTHER US TERRITORIES ARE CONSIDERED OUTSIDE USA]
    1 USA
    2 OUTSIDE USA
    7 DON'T KNOW/NOT SURE
    9 REFUSED

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
228. CENTRAL AFRICA
10. CHILE
11. CHINA
12. COLOMBIA
13. COSTA RICA
14. CUBA
227. CZECH REPUBLIC
73. CZECHOSLOVAKIA
15. DOMINICAN REPUBLIC
127. 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
79. 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
135. LIBERIA
87. MALAYSIA
137. MALI
36. MEXICO
37. NICARAGUA
38. NIGERIA
229. NORTHERN AFRICA

39. PAKISTAN
40. PANAMA
41. PERU
42. PHILIPPINES
43. POLAND
44. PUERTO RICO
45. ROMANIA
46. RUSSIA
97. SENEGAL
47. SIERRA LEONE
166. SLOVAKIA
48. SOUTH AMERICAN
49. SPAIN
230. SOUTHERN AFRICA
102. ST. LUCIA
103. ST. VINCENT
104. SURINAME
105. SWEDEN
50. TAIWAN
107. THAILAND
51. TRINIDAD AND TOBAGO
52. TURKEY
53. UKRAINE
54. UNITED KINGDOM (INCLUDES ENGLAND, N. IRELAND, SCOTLAND, WALES)
108. URUGUAY
109. UZBEKISTAN
55. VENEZUELA
56. VIETNAM
110. VIRGIN ISLANDS
111. WESTERN AFRICA
57. WEST INDIAN
58. YUGOSLAVIA
66. OTHER (SPECIFY)_____
77. DON'T KNOW/NOT SURE
99. REFUSE

ASK OF ALL CHILDREN
COVKID7: Is this child insured by Medicaid or Child Health Plus?
INTERVIEWER: Read if needed: Medicaid and Child Health Plus are state health insurance programs available for low income families.

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

ASK IF COVKID7 NE 1
COVKID8: Is this child covered by any kind of health insurance?

    1 YES
    2 NO
    7 DON'T KNOW
    9 REFUSED

[IF CHILDREN=1, DISPLAY:]
Thank you for answering the questions about the child that lives with you, now we will continue the survey asking questions about you.

COVEND:
DISPLAY: [IF CHILDREN=2, DISPLAY: Thank you.] I still have important questions to ask, but at the end of the survey, I will also tell you about the chance to get tested to see if you have antibodies for the virus that causes Coronavirus at no cost to you. The test would involve a trained technician coming to your home to take a blood sample.

You can still take part in this test even if you have already been tested for COVID-19 or antibodies or participated in other serosurveys.

By taking this test you will help the Health Department estimate how many people have been infected with the virus in New York. As a thank you for your time participating, you will be provided with a $30 gift card.

Would you be interested in taking part in the antibody testing?

    1 YES
    2 NO
    7 DON'T KNOW
    9 REFUSED

IF COVEND = YES, DISPLAY: Thank you. We will ask more about the antibody testing at the end of the survey.

NUTRITION

And now some questions about food and drinks.

ASK ALL
Q11.6 - 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
Q11.3 – How often do you drink sugar sweetened soda? Do <u>not</u> include diet soda or seltzer. You can answer per day, per week, or per month.

INTERVIEWER: Read if needed: How many sodas do you drink per day, per week or per month?

INTERVIEWER: Read if needed: One drink of soda would equal a 12 ounce can, bottle or glass.

INTERVIEWER: 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 <u>not</u> include diet soda, sugar free drinks, or 100% juice.

INTERVIEWER: Read if needed: How many sweetened drinks do you drink per day, per week or per month?

INTERVIEWER: Read if needed: One drink of sweetened drinks would equal a 12 ounce can, bottle or glass.
INTERVIEWER: 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.

INSERT TIMESTAMP: T13_Sum

PHYSICAL ACTIVITY

Now I will ask you some questions about physical activity.

ASK ALL
Q12.1 - 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
Q12.2 – 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?

INTERVIEW: 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

ASKIF Q9.1 <26 OR Q9.1a = 6 [ASK ONLY OF THOSE 18 TO 25]
Q12.3 – This next question is about swimming. How would you describe your swimming ability? Would you say..

　　　　INTERVIEWER: Please say the number before the text response. Respondent can answer with either the number or the text/word.

　　　　1 1) You do not know how to swim
　　　　2 2) You can swim a little and can float in shallow water
　　　　3 3) You can swim somewhat well but cannot swim the entire length of a standard size pool, which is
　　　　　　about 80 feet, or
　　　　4 4) You can swim the entire length of a standard size pool
　　　　7 DON'T KNOW/NOT SURE
　　　　9 REFUSED

INSERT TIMESTAMP: T14_Sum

DISABILITIES

The next questions ask about physical and mental disabilities.

ASK ALL
Q13.1 – Do you have any difficulty performing your daily activities because of any physical, mental, or emotional problems?

INTERVIEWER: If asked: This includes things like bathing, climbing stairs, or doing errands alone.

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

ASK ALL
Q13.2 – Do you use any assistive devices, such as a cane, a wheelchair, an adapted bed, or a hearing assistive telephone because of a health condition?

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

INSERT TIMESTAMP: T15_Sum

CANCER

DISPLAY SCREEN IF (Q9.1>=45) OR (Q9.1a=1,2,3)

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

IF Q9.1 >=45 (OR Q9.1a = 1 OR 2 OR 3), ELSE SKIP TO Q16.1 [ASK IF 45 OR OLDER]
Q15.3 - 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?

INTERVIEWER: 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 Q15.3 = 1 [ASK IF EVER RECEIVED COLONOSCOPY]
Q15.4 - When was your most recent colonoscopy [kO-luh-nos-kuh-pE] performed?

INTERVIEWER: 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

INSERT TIMESTAMP: T17_Sum
HIV TESTING

Now I am going to ask you about HIV testing. Do <u>not</u> count any test you might have had as a part of a blood donation.

ASK ALL
Q16.1 - 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 Q16.1 NE 1 [ASK IF NO HIV TEST IN PAST 12 MONTHS]
Q16.2 - Have you ever had an HIV test?

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

INSERT TIMESTAMP: T18_Sum

SEXUAL BEHAVIOR

WOMEN ONLY: IF Q9.2=2 AND Q9.3=1 AND Q9.3B=2, SKIP TO Q17.1m
ASK IF Q9.2=2 OR (IF Q9.2=1 AND Q9.3=2 AND Q9.3B=2), ELSE SKIP TO Q17.1m [ASK ALL ASSIGNED FEMALE AT BIRTH]

READ: The next few questions are about your (Q9.1≤45 (OR Q9.1a = 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 Q9.2=2 AND Q9.3=1 AND Q9.3B=2, SKIP TO Q17.1m
ASK IF Q9.2=2 OR (IF Q9.2=1 AND Q9.3=2 AND Q9.3B=2), ELSE SKIP TO Q17.1m [ASSIGNED FEMALE AT BIRTH]
Q17.1f - 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 Q17.1f > 0 AND NOT 777 OR 999, ELSE SKIP TO Q17.3f [ASK IF HAD AT LEAST ONE MALE SEXUAL PARTNER IN PAST 12 MONTHS]
Q17.2f - The last time you had sex, did you use a condom?
  INTERVIEWER: If asked: This includes the female condom

  INTERVIEWER: 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 Q9.2=2 OR (IF Q9.2=1 AND Q9.3=2 AND Q9.3B=2)AND Q9.1≤45 (OR Q9.1a = 4,5,6) AND Q17.1f > 0 AND NOT 777,999
[ASK IF 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]
Q17.3f – 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 DID NOT HAVE VAGINAL SEX
  4 DON'T NEED/NOT AT RISK OF PREGNANCY
  7 DON'T KNOW/NOT SURE
  9 REFUSED

ASK IF QXVERS=1 AND Q17.3f = 1, ELSE SKIP TO Q17.5f
[ASK IF 45 YEARS AND UNDER WITH AT LEAST ONE MALE SEXUAL PARTNER]
Q17.4f – What method or methods did you use?

INTERVIEWER: Read list if needed.

CODE ALL THAT APPLY

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 Q17.1f > 0 AND NOT 777 OR 999 [ASK IF SEXUALLY ACTIVE]
Q17.6f - In the past 12 months, have you had anal sex?

INTERVIEWER: 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 Q17.6f = 1 [ASK IF HAD ANAL SEX PAST 12 MONTHS]
Q17.7f – 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 Q17.6f = 1 [ASK IF HAD ANAL SEX PAST 12 MONTHS]
Q17.8f – In the past 12 months, did you have an anal or rectal STD test?

INTERVIEWER: Read if needed: STD stands for sexually transmitted disease.

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

ASK IF Q9.2=2 OR (IF Q9.2=1 AND Q9.3=2 AND Q9.3B=2) [ASK ALL ASSIGNED FEMALE AT BIRTH]
Q17.9f - During the past 12 months, with how many women have you had sex?

INTERVIEWER: 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 Q9.2=2 OR (IF Q9.2=1 AND Q9.3=2 AND Q9.3B=2)AND Q9.1≤45 (OR Q9.1a = 4,5,6) AND Q17.1f > 0 AND NOT 777,999
Q17.10f – Reproductive health care includes services such as access to contraception and abortion services. Was there a time in the past 12 months when you needed contraception or abortion services but did not get it?

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

ASK IF Q17.1f > 0 AND NOT 777, 999 OR Q17.9f > 0 AND NOT 777, 999 [ASK IF SEXUALLY ACTIVE]
Q17.11f - 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 <u>not</u> probe if Don't Know/Not Sure.

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

ASK IF Q17.11f = 1 [ASK IF R HEARD OF PrEP]
Q17.12f – 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 Q9.2=1 AND Q9.3=2 AND Q9.3B=2, SKIP TO Q18.1
ASK IF Q9.2=1 OR (IF Q9.2=2 AND Q9.3=1 AND Q9.3B=2), ELSE SKIP TO Q18.1 [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 Q9.2=1 AND Q9.3=2 AND Q9.3B=2, SKIP TO Q18.1
ASK IF Q9.2=1 OR (IF Q9.2=2 AND Q9.3=1 AND Q9.3B=2), ELSE SKIP TO Q18.1 [ASSIGNED MALE AT BIRTH]
Q17.1m - 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 Q9.2=1 OR (IF Q9.2=2 AND Q9.3=1 AND Q9.3B=2) [ASK ALL ASSIGNED MALE AT BIRTH]
Q17.2m - During the past 12 months, with how many men have you had sex?

INTERVIEWER: 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 Q17.2m >0 and NOT 777,999 , ELSE SKIP TO Q17.4m [ASK ONLY OF MEN WHO HAD SEX WITH MEN IN PAST 12 MONTHS],
Q17.3m - The last time you had sex with a man, did you or your partner use a condom?

  INTERVIEWER: If asked: This includes the female condom

  1 YES
  2 NO
  3 DIDN'T HAVE ANAL SEX

  7 DON'T KNOW/ NOT SURE
  9 REFUSED

ASK IF (Q17.1m >0 AND Q17.1m <500, AND (Q17.2m = 0)) OR ((Q17.1m >0 AND Q17.1m <500) AND (Q17.2m = 777 OR Q17.2m = 999)), ELSE SKIP TO Q17.5m [MEN WHO ONLY HAD SEX WITH WOMEN IN PAST 12 MONTHS]
Q17.4m - The last time you had sex, did you use a condom?

  INTERVIEWER: If asked: This includes the female condom

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

ASK IF Q17.1m > 0 AND NOT 777 OR 999, AND Q17.2m > 0 AND NOT 777 OR 999). [ASK ONLY OF MEN WHO HAD SEX WITH MEN AND WOMEN IN PAST 12 MONTHS) ELSE SKIP TO Q17.6m

Q17.5m - The last time you had sex with a woman, did you use a condom?

INTERVIEWER: If asked: This includes the female condom

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

ASK IF Q9.2=1 OR (IF Q9.2=2 AND Q9.3=1 AND Q9.3B=2) AND Q9.1 ≤65 (OR Q9.1a = 3,4,5,6) AND Q17.1m > 0 AND NOT 777,999
[ASK IF 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER]
Q17.6m – The last time you had vaginal sex, did you or your partner use any other method of birth control <u>besides condoms</u> to prevent a pregnancy?

1 YES
2 NO
3 DID NOT HAVE VAGINAL SEX
4 DON'T NEED/NOT AT RISK OF GETTING SOMEONE PREGNANT

7 DON'T KNOW/NOT SURE
9 REFUSED

ASK IF QXVERS=1 AND IF Q17.6m = 1, ELSE SKIP TO Q17.8m
[ASK IF 65 YEARS AND UNDER WITH AT LEAST ONE FEMALE SEXUAL PARTNER
AND USED B.C. BESIDES CONDOMS]
Q17.7m – What method or methods did you or your partner use?

INTERVIEWER: Read list if needed

CODE ALL THAT APPLY

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 Q17.1m OR Q17.2m > 0 AND NOT 777 OR 999 [ASK IF SEXUALLY ACTIVE]
Q17.8m - In the past 12 months, have you had anal sex?

INTERVIEWER: Read if needed: (IF Q17.1m>0 AND Q17.2m=0) By anal sex, we mean putting your penis in your partner's rectum.

(IF Q17.2m>0 AND Q17.1m>=0 OR IF Q17.2m>0 AND Q17.1m = 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 Q17.8m = 1 [ASK IF HAD ANAL SEX PAST 12 MONTH]
Q17.9m - 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 Q17.8m = 1 [ASK IF HAD ANAL SEX PAST 12 MONTHS]
Q17.10m – In the past 12 months, did you have an anal or rectal STD test?

> INTERVIEWER: Read if needed: STD stands for sexually transmitted disease.

> 1 YES
> 2 NO
> 3 DID NOT HAVE RECEPTIVE ANAL SEX
> 7 DON'T KNOW/NOT SURE
> 9 REFUSED

ASK IF Q17.1m > 0 AND NOT 777,999 OR Q17.2m > 0 AND NOT 777,999 [ASK IF SEXUALLY ACTIVE]
Q17.11m – 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 Q17.11m = 1 [ASK IF HEARD OF PrEP]
Q17.12m – Have you ever used PrEP to prevent getting infected with HIV?

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

INSERT TIMESTAMP: T19_Sum

ALCOHOL USE

SCREEN: Now a few questions about alcohol.

ASK ALL
Q18.1 - 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 Q18.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]
Q18.2 - 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 Q18.1 > 0 BUT NOT 888, 777 OR 999 [ASK IF AT LEAST ONE DAY OF DRINKING IN PAST 30 DAYS]
Q18.3 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have
      [IF Q9.2 = 1 OR (IF Q9.2=2 AND Q9.3=1 AND Q9.3B=2) READ: 5 or more drinks on one occasion?]
      [IF Q9.2 = 2 OR IF Q9.2 = 7|9 OR (IF Q9.2=1 AND Q9.3=2 AND Q9.3B=2) READ: 4 or more drinks on one occasion?]

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

INSERT TIMESTAMP: T20_Sum

IPV AND SUICIDE

READ: The next questions are about sensitive topics and they might make some people uncomfortable. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Remember that all of your answers are kept private and if a question upsets you, you don't have to answer it.

ASK ALL
Q23.1 – 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
Q23.2 – 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

ASK ALL
Q23.3 – At any time in the past 12 months, that is from [date fill] up to and including today, did you seriously think about trying to kill yourself?

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

ASK IF Q23.3 = 1
Q23.4 – During the past 12 months, have you tried to kill yourself?

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

PROTOCOL FOR FOLLOW-UP FOR THOSE ANSWERING YES TO Q23.3 OR Q23.4
Q23.4.1 - We realize that this topic may bring up past experiences that some people may wish to talk about. If you would like to talk to a trained counselor, NYC Well is a free service offered to all New Yorkers that has mental health professionals available to help. Would you like me to give you information on how you can contact NYC Well or would you like me to transfer you to NYC Well right now?

> 1 YES, PROVIDE NYC WELL CONTACT INFORMATION **GO TO Q23.4.2**
> 2 YES, TRANSFER TO NYC WELL RIGHT NOW **INITIATE TRANSFER, GO TO Q23.4.4**
> 3 NO **GO TO Q21.1 IF PTYPE=2 OR GO TO QLANDLINE IF PTYPE=1**

Q23.4.2 - The number is 1-888-NYC-WELL (1-888-692-9355), text "well" to 65173, or online chat at "nyc.gov/nycwell" Would you like to contact NYC Well on your own right now or would you like to finish our interview?

INTERVIEWER: The number for NYC WELL is 1-888-692-9355. [For Spanish speakers the number is 888-692-9355 & press 3; For Chinese speakers the number is 888-692-9355 & press 4].

> 1 RESPONDENT TO CONTACT NYC WELL RIGHT NOW **GO TO Q23.4.3**
> 2 CONTINUE AND FINISH INTERVIEW NOW **GO TO Q20.1 PTYPE=2 OR GO TO QLANDLINE IF PTYPE=1**

Q23.4.3 – INTERVIEWER: CALLBACK SET FOR 1 WEEK AND COMPLETE CASE REPORT FORM

Q23.4.4 – INTERVIEWER: INITIATE TRANSFER TO NYC WELL:

1. **SIGNAL A CALL CENTER SUPERVISOR TO IMMEDIATLEY MONITOR THE CALL AND HELP DETERMINE HOW TO PROCEED.**
2. **CLICK THE "EXTERNAL CALL TRANSFER" BUTTON *INCLUDE SCREEN SHOT OF BUTTON***
3. **SELECT SELECT TRANSFER TO NYC WELL AND CLICK START.**
4. **HOLD ON THE LINE FOR NYC WELL. INFORM NYC WELL THAT YOU WORK FOR ABT ASSOCIATES, ARE CONDUCTING A SURVEY ON BEHALF OF THE NYC DEPARTMENT OF HEALTH AND MENTAL HYGIENE AND THAT YOU HAVE A RESPONDENT ON THE LINE WHO WOULD LIKE TO SPEAK WITH A COUNSELOR.**
5. **COMPLETE TRANSFER. AND READ THE FOLLOWING:** The transfer may take a few moments to connect you with a counselor at NYC WELL, so please hold while I contact them.
6. **CALLBACK SET FOR 1 WEEK.**
7. **COMPLETE CASE REPORT FORM.**

FOLLOW-UP FOR THOSE ANSWERING NO/DK/REF TO Q23.3 (2/7/9)

READ: We realize that these topics may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor you can call the domestic violence hotline at 1-800-621-4673 or NYC WELL at 1-888-692-9355.

ASK ALL
Q24.1 - Would you like me to repeat either of these numbers?

      1 YES, PROVIDE HOTLINE NUMBERS AND **GO TO Q21.1 IF PTYPE=2 OR GO TO QLANDLINE IF PTYPE=1**
      2 NO, **GO TO Q21.1 IF PTYPE=2 OR GO TO QLANDLINE IF PTYPE=1**

INSERT TIMESTAMP: T22_Sum

TELEPHONE MODULE

<u>LANDLINE TELEPHONE MODULE QUESTIONS</u> (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
Q21.1 - 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
Q21.2 - 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 Q21.2=2 [ASK IF DOES NOT HAVE CELL PHONE]
Q21.3 - Do you share a cell phone for personal use with other adults?

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

<u>END LANDLINE TELEPHONE MODULE QUESTIONS</u>

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

END CELL PHONE TELEPHONE MODULE QUESTIONS

INSERT TIMESTAMP: T23_Sum

ADD GCARDFLG (0=off, 1=on)

ADDRESS COLLECTION FOR INCENTIVE -
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 your (check GCARDFLG=1: gift card), 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

INSERT TIMESTAMP: T24_Sum

GEOCODING

GEOCODING QUESTIONS (INSERT BEFORE CLOSING, AFTER ADDRESS FOR CHECK)

CATI: CREATE VARIABLE CDZA (Community District ZIP Assignment).
IF (FXZIP=10002, 10004, 10005, 10006, 10012, 10014, 10021, 10024, 10028, 10029, 10031, 10033, 10034, 10035, 10039, 10040, 10044, 10065, 10075, 10128, 10280, 10282, 10302, 10303, 10307, 10309, 10310, 10454, 10465, 10466, 10470, 10471, 10472, 10473, 10474, 11001, 11004, 11005, 11040, 11102, 11103, 11104, 11105, 11106, 11109, 11209, 11211, 11222, 11224, 11225, 11231, 11239, 11354, 11355, 11356, 11357, 11361, 11362, 11363, 11366, 11369, 11372, 11375, 11412, 11414, 11416, 11417, 11421, 11422, 11426, 11428, 11429, 11430, 11433, 11436, 11691, 11692, 11693, 11694, OR 11697), CDZA=1; ELSE CDZA=2.

IF RESPONDENT DECLINED THE INCENTIVE, READ: To help us better understand the neighborhood you live in and how it may affect your health we'd like to know where study participants live so that we can add information about their neighborhood. The best way to do this is to collect your building number and street name, or the streets of the nearest intersection to your home.   **GO TO G1: BUILDING NUMBER AND STREET NAME REQUEST**

IF GAVE ADDRESS FOR THE COMPENSATION CHECK, ASK INCENT1.

INCENT1 – Is this the address for your home where you live?

DISPLAY ADDRESS JUST GIVEN

1 YES [GO TO GINCENT]
2 NO [GO TO INTRO BEFORE G1]
9 (VOL) REFUSED [GO TO INTRO BEFORE G1]

GINCENT – To help us better understand the neighborhood you live in and how it may affect your health we'd like to know where study participants live so that we can add information about their neighborhood. The best way to do this is by address. Can I use the mailing address you just provided for this?

1 YES [SEND INCENTIVE ADDRESS TO GEOLOCATOR]
2 NO [GO TO G6]
9 (VOL) REFUSED [GO TO G6]

READ: To help us better understand the neighborhood you live in and how it may affect your health we'd like to know where study participants live so that we can add information about their neighborhood. The best way to do this is to collect your building number and street name, or the streets of the nearest intersection to your home.
. **GO TO G1: BUILDING NUMBER AND STREET NAME REQUEST**

BUILDING NUMBER AND STREET NAME REQUEST
G1 - Can you tell me your building address? (IF NEEDED: That is, your building number and the name of your street. I don't need an apartment number.) What is your building number?

    1. Gave building number   CONTINUE
    9. (VOL) DON'T KNOW/REFUSED   GO TO **G6**: CROSS STREET REQUEST

G2 - What is the name of the street you live on? IF NEEDED: What type of street is that – Street, Avenue, Boulevard?

    1. Gave street name   CONTINUE

9. (VOL) DON'T KNOW/REFUSED   GO TO CLOSING

SUBMIT NUMBER AND STREET TO GEOLOCATOR. IF VALID, GO TO CLOSING. IF NOT, ASK:

G3 - Unfortunately, our system is not accepting that address. Please let me confirm the address and spelling. The address I have is (READ BACK ADDRESS FROM G1, G2). Is this correct?

    1 = Yes GO TO G4
    2 = No, (NUMBER) is incorrect   RE-ASK G1 AND SKIP G2, GO TO GELOCATOR
    3 = No, (STREET) is incorrect   RE-ASK G2 ONLY, GO TO GELOCATOR
    4 = No, both (NUMBER AND STREET) are incorrect   RE-ASK G1 & G2, GO TO GELOCATOR
    9. (VOL) DON'T KNOW/REFUSED   GO TO CLOSING

SUBMIT NUMBER AND STREET TO GEOLOCATOR. IF VALID, GO TO CLOSING. ELSE ASK:

G4 - Our system still does not recognize that address. Could you just tell me the name of the nearest street that crosses [INSERT NAME OF STREET FROM G2]? IF NEEDED: What type of street is that – Street, Avenue, Boulevard?

    1. Gave cross street name.   TO GEOLOCATOR
    9. (VOL) DON'T KNOW/REFUSED   GO TO CLOSING

SUBMIT CROSS STREETS TO GEOLOCATOR. IF VALID, GO TO CLOSING. ELSE ASK:

G5 - Unfortunately, our system does not recognize that intersection. Please let me confirm the street names and spellings one more time. The streets I have are (FILL FROM G2 and G4). Is this correct?

    1 = Yes CONTINUE TO CLOSING
    2 = No, (FILL G2) is incorrect   RE-ASK G2 AND SKIP G4
    3 = No, (FILL G4) is incorrect   RE-ASK G4 ONLY
    4 = No, both (FILL G2 AND G4) are incorrect   RE-ASK G2 & G4
    9. (VOL) DON'T KNOW/REFUSED   GO TO CLOSING

CROSS STREET REQUEST AND CHECK

G6 – [IF GINCENT=2 OR 9: We don't have to use your home address, but it would be helpful if you could provide the cross streets nearest to your home.] Can you tell me the name of the street you live on? IF NEEDED, ASK: And what type of street is that – Street, Avenue, Boulevard?

    1. Gave street name   CONTINUE
    9. (VOL) DON'T KNOW/REFUSED   GO TO CLOSING

G7 - What is the name of the nearest street that crosses [INSERT NAME OF STREET FROM G6]? IF NEEDED, ASK: And what type of street is that – Street, Avenue, Boulevard?

    1. Gave cross street name   GO TO GEOLOCATOR
    9. (VOL) DON'T KNOW/REFUSED   GO TO CLOSING

SUBMIT CROSS STREETS TO GEOLOCATOR. IF VALID, GO TO CLOSING. ELSE ASK:

G8 - Unfortunately, our system does not recognize that intersection. Please let me confirm the street names and spellings one more time. The streets I have are (FILL FROM G6 and G7). Is this correct?

    1 = Yes CONTINUE TO CLOSING
    2 = No, (FILL G6) is incorrect   RE-ASK G6 AND SKIP G7
    3 = No, (FILL G7) is incorrect   RE-ASK G7 ONLY
    4 = No, both (FILL G6 AND G7) are incorrect   RE-ASK G6 & G7
    7 = (VOL) Don't know/Not sure   CONTINUE TO CLOSING
    9 = (VOL) Refused   CONTINUE TO CLOSING

INSERT TIMESTAMP: T25_Sum

ASK IF GCARDFLG=1 AND ADDRESS COLLECTED FOR INCENTIVE
ELECCARD   We can also send you your $10 gift card electronically. You could receive your gift card faster electronically through email than us sending it to you in the mail. Would you like to receive your gift card electronically via email?

INTERVIEWER: If asked: You should receive your gift card electronically through email in 7-10 days. You should receive your card in the mail in 2 to 3 weeks but sometimes it takes 4 to 6 weeks.

1 YES	**GO TO ELCEMAIL**
2 NO	**GO TO CLOSING**
7 DON'T KNOW	**GO TO CLOSING**
9 REFUSED	**GO TO CLOSING**

ELCEMAIL   Can you provide me with the email address where you'd like your electronic gift card to be sent?

_____
7 Does not have an email address
9 REFUSED (Does not want to provide an email address)   **GO TO CLOSING**

IF EMAIL PROVIDED IN ELCEMAIL
CNFEMAIL   To confirm, the email address I have is [ELCEMAIL]. Is that right?

ASK IF ELCEMAIL = 7
NOEMAIL   If you do not have an email address then we will mail you your gift card using the mailing address you already provided.

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 XXX-XXX-XXXX.

2 INFORMATION ABOUT PARTICIPANTS RIGHTS
READ: You can call the Institutional Review Board Chairperson at XXX-XXX-XXXX.

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

DISPLAY: I'd like to ask you about a potential future survey.

Q WHICH2 INTERVIEWER: RECORD LANGUAGE SURVEY COMPLETED IN

1 English
2 Spanish
3 Russian
4 Chinese

5 Bengali
6 Haitian Creole

QCHINESE2 [INTERVIEWER: WAS THIS MANDARIN OR CANTONESE?]

1 MANDARIN
2 CANTONESE

INSERT TIMESTAMP: T26_Sum
INSERT TIMESTAMP: TotalCHS_Sum

RECRUITMENT FOR OTHER FOLLOW-UP STUDIES

PANEL1 – Are you willing to be re-contacted by the NYC Health Department or its contractors to participate in this survey next year? If you agree, your contact information will be securely stored and paired with the information you provided in this survey. You can withdraw your consent at any time by contacting the Health Department at survey@health.nyc.gov.

    1 YES
    2 NO   [READ: Thank you again for participating in the Community Health Survey]
    9 REFUSED [READ: Thank you again for participating in the Community Health Survey]

IF PANEL1=1 AND NAME GIVEN FOR INCENTIVE CHECK
PANEL_NAME1 – So that we know who to ask for if you are recontacted for next year's survey, may I use the name you provided earlier for the incentive (check IF GCARDFLG=1: gift card)?

    1 YES
    2 NO
    9 REFUSED

IF PANEL1=1 OR 2 AND NAME NOT GIVEN FOR INCENTIVE CHECK
PANEL_NAME2 – So that we know who to ask for if you are re-contacted for next year's survey, can I have your full name?

    _____
    9 REFUSED (Does not want to provide a name)

IF ADDRESS WAS GIVEN FOR INCENTIVE CHECK
PANEL4 – We are planning to send survey information for next year's survey through the mail. Can I use the mailing address you previously provided for this?

    1 YES
    2 NO
    9 REFUSED

IF ADDRESS WAS NOT GIVEN FOR INCENTIVE CHECK
PANEL4b – We are planning to send survey information for next year's survey through the mail. Can you please provide me your mailing address?

    _____
    9 REFUSED

IF PANEL4 = NO
PANEL4c – What is the best mailing address to use?

    _____
    9 REFUSED

IF EMAIL PROVIDED IN ELCEMAIL
PANEL2_1 - We can also contact you via email. Can I use the email address you previously provided for this?

    1 YES   **GO TO IF PANEL5 IF PTYPE = 1. PANEL6 IF PTYPE=2.**
    2 NO   **GO TO PANEL2**
    9 REFUSED   **GO TO PANEL2**

PANEL2 – (IF EMAIL PROVIDED IN ELCEMAIL DO NOT DISPLAY: We can also contact you via email.) Can you provide me with an email address where you'd like to be contacted for next year's survey?

_____
7 Does not have an email address
9 REFUSED (Does not want to provide an email address)

IF EMAIL PROVIDED IN PANEL2
PANEL3 – To confirm, the email address I have is [FILL FROM PANEL2]. Is that right?

IF PTYPE = 1 (IF ON A CELL PHONE)
PANEL5 – We can also send you survey requests through text messages. Can the NYC Health Department text you using the cell phone number of the phone you are talking to me on now?

> 1 YES
> 2 NO
> 9 REFUSED

IF PTYPE = 2 (IF ON A LANDLINE TELEPHONE)
PANEL6 – We can also send you survey requests through text messages. Can you please provide me with a cell phone number that the NYC Health Department can use to text you?

> _____
> 7   Does not have a cell phone
> 9 REFUSED (Does not want to provide cell phone number)

IF MORE THAN ONE METHOD OF CONTACT PROVIDED:
PANEL9 – Do you have a preferred way to be contacted from the following:

> **INTERVIEWER:** READ LIST

> **DISPLAY BASED ON INFORMATION PROVIDED ABOVE:**

> 3 MAIL
> 1 EMAIL
> 2 TEXT MESSAGE

> 7 (VOL) Does not know or No preference
> 9 (VOL) REFUSED

IF (PANEL2 = 7 OR 9) AND (PANEL4 OR PANEL4b = 9 OR PANEL4c=9) AND (PANEL5 OR PANEL6 = 2 OR 9)
I'm sorry, we're only able to enroll people through their mailing address, email address, or text messages at this time. Thank you for your interest.

ASK ONLY IF RESPONDENT AGREES TO 'OVERLAP'
PANEL10 – In addition to the CHS next year, may we use your contact information to contact you for other future public health surveys?

> 1 YES
> 2 NO   [READ: Thank you again for participating in the Community Health Survey]
> 9 REFUSED [READ: Thank you again for participating in the Community Health Survey]

IF HAITAIN CREOLE OR BENGALI OR IF COVEND = 2, 7, 9 DISPLAY AND END INTERVIEW, ELSE GO TO RECRUITMENT FOR SEROSURVEY:
Thank you again for your participation.

INSERT TIMESTAMP: T27_Sum

RECRUITMENT FOR SEROSURVEY
Lastly, the Health Department also wants to know how many people in the city have been exposed to the virus which causes COVID-19. As I mentioned earlier in the survey, at no cost to you - you can have your blood tested to see if you have antibodies against the virus, meaning you have been exposed to the virus. By asking a random group of New Yorkers to participate in this special study, it will help the Health Department understand more fully how many people have been exposed to COVID-19. Even if you have already had an antibody test for COVID-19, your participation is important.

As part of the testing, in the next 3 days a medical technician will call and schedule a time to come to your home to take a blood sample. Results will be mailed to you in two to three weeks after the blood test. However, the results should not be used to guide any health-related decisions. Participating in this is completely voluntary. As a thank you for your time participating, the medical technician will provide you with a $30 gift card. (**IF GAVE ADDRESS FOR THE COMPENSATION CHECK:** This is in addition to the $10 (check GCARDFLF=1: gift card), which will be (mailed GCARDFLF=1: delivered) to you separately.)

IF COVEND = 1
SS1a – Can I confirm you are interested in having this blood test?
    1 Yes
    2 No
    9 REFUSED

IF COVEND NE 1
SS1b – Will you reconsider having this blood test?
    1 Yes
    9 REFUSED

IF SS1a NE = 1 OR SS1b NE = 1
SS1c - We are interested to know why you are not interested in having this blood test. Please tell us the main reason you would not like this blood test:

_____

[INTERVIEWER NOTE: If respondent mentions several reasons, prompt them to please name one main reason.]

[READ: Thank you again for participating in the Community Health Survey]

IF SS1a OR SS1b = 1
SS2 – Are you currently staying in NYC or are you temporarily staying outside of the city?

    01 Yes – STAYING IN NYC
    02 No – NOT CURRENTLY IN NYC
    7 DON'T KNOW/NOT SURE

9 REFUSED

IF SS2 NE 1: Unfortunately we are only able to include those who are currently living in NYC. Thank you again for participating in the Community Health Survey.
[THANK AND END SURVEY]

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

INTERVIEWER: Read if needed:

1 The Bronx,
2 Brooklyn,
3 Manhattan,
4 Queens, or
5 Staten Island?
7 DON'T KNOW/NOT SURE
9 REFUSED

READ: Thank you. I need to confirm a couple of things so a medical technician can call and schedule an appointment with you. This information will only be used to schedule the appointment.

IF NAME NOT PROVIDED in PANEL_NAME1 or PANEL_NAME2:
SS_NAME – So that we know who to ask for when someone calls you to schedule the blood test, can I have your full name?

_____
9 REFUSED (Does not want to provide a name)

[**IF SS_NAME = 9, READ**: Unfortunately, we need this information to contact you and schedule you for the blood test. Thank you again for participating in the Community Health Survey. – TERMINATE]

IF SS2 = 1
SS_PHONE – Can the medical technican contact you at the telephone number we are talking on now in order to schedule the blood test?

1 YES (USE CURRENT CHS PHONE)
3 WANTS TO PROVIDE A DIFFERENT PHONE NUMBER
9 REFUSED (Does not want to use this number or provide any number)

IF SS_PHONE = 3
SS_PHONE2 – Can you please provide me with the phone number that we can use to reach you to schedule the test?

_____
9 REFUSED (Does not want to provide phone number)

[**IF SS_PHONE = 9 OR SS_PHONE2 = 9**,READ: Unfortunately, we need a phone number to contact you and schedule you for the blood test. Thank you again for participating in the Community Health Survey. – TERMINATE]

IF SS2 = 1 AND IF PANEL4 OR PANEL4B OR PANEL4C NOT MISSING (PROVIDED A MAILING ADDRESS FOR INCENTIVE OR OVERLAP RECRUITMENT)
SS_ADDRESS - I'd also like to confirm the address you gave earlier is where you are currently staying and where the medical technician should come for the appointment?

CATI: SHOW ADDRESS FROM PANEL4/PANEL4B/PANEL4C

1 YES
2 NO (USE A DIFFERENT ADDRESS)
9 REFUSED

IF SS_ADDRESS = 2
SS_ADDRESS2 – What address would you like to use for the appointment?

_____What is your street Address
_____Is there an apartment number (Apartment)
_____ What is your zip code?

IF NO ADDRESS PROVIDED AT PANEL4/4B/4C:
SS_ADDRESS3 – Finally, will you provide your home address so the medical technician will know where to go for the appointment?

_____What is your street Address
_____Is there an apartment number (Apartment)
_____ What is your zip code?

[IF SS_ADDRESS = 9 OR SS_ADDRESS2/3 = NOT COMPLETE, READ: Unfortunately, we need this information to contact you and schedule you for the blood test. Thank you again for participating in the Community Health Survey. – TERMINATE]

IF EMAIL PROVIDED IN ELCEMAIL OR PANEL2
SS_EMAIL – When you are called to schedule an appointment can we also send you some information about the study to the email address you provided earlier?

1 YES
2 NO

IF EMAIL NOT PROVIDED IN ELCEMAIL OR PANEL2
SS_EMAIL2 – When you are called to schedule an appointment we'd like to also send you some information about the study over email. Will you provide an email address where we can send information?

_____
7 Does not have an email address
9 REFUSED (Does not want to provide an email address)

IF EMAIL PROVIDED IN SS_EMAIL2
SS_EMAIL3 – To confirm, the email address I have is [FILL FROM SS_EMAIL2]. Is that right?

IF SS_NAME = 9, (SS_PHONE OR SS_PHONE2 = 9), OR (SS_ADDRESS = 9 or SS_ADDRESS2/3 = NOT COMPLETED): I'm sorry, but the only way people can provide a blood sample for this part of the study is if we have their name, phone number, and home address. Thank you again for participating in the Community Health Survey.

READ: Thank you. Someone from a blood testing company called "MyOnSite" will contact you in the next 3 days to schedule the blood test. If you do not hear back in 3 days, you can call XXX-XXX-XXXX to schedule the appointment. Thank you again for participating in the Community Health Survey.