

NYC Community Health Survey 2003

(LAST UPDATE: March 26, 2003)

Hello, I'm _____, calling for the New York City Department of Health. We're conducting an important survey to guide our efforts to prevent disease and help save lives in our city. To do this, we need to know more about health and health behaviors. Your household has been selected at random to represent your neighborhood.

REASONS TO CALL-BACK

01 No answer
 02 Busy
 03 Call-back
 04 Answering machine
 05 Spanish interviewer needed
 06 Other language needed
 07 END OF SHIFT/NUMBER NEVER TRIED

REASONS NOT TO CALL-BACK

11 Refused
 12 Non-working/disconnected number
 13 Non-residential number
 14 Number-change
 15 Fax machine
 16 Beeper/Cell phone
 17 Other phone problem
 18 Physically/mentally unable

Q ZIP To verify that your neighborhood is included in our survey, could I please have your five-digit zip code?

INTERVIEWER: RECORD 99999 FOR DK/RF

Q HH I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

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

_____ Number of adults

IF NO ADULTS (HH=0) OR NOT A PRIVATE RESIDENCE (HH=88)

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

IF ONLY 1 ADULT (HH=1)

s5 Are you the adult?

1 Yes
 2 No
 9 Refused

IF: (S5 is Yes)

s6a Then you are the person I need to speak with.

I won't ask for your name, address, or other personal information that can identify you. All answers are anonymous and confidential. Some questions might make you feel a little uncomfortable, but you don't have to answer any question you don't want to. The interview only takes a short time.

If you have any questions about this survey, I will provide a number for you to call to get more information.

IF S5=NO (NOT THE ADULT)

s6b May I speak with the adult?

- 1 Yes - available (SKIP TO WHICH)
- 2 No - not available - callback
- 9 Refused

CALLBACK IF PICKED ADULT IS NOT AVAILABLE

May I please have the adult's name so we can ask for them when we call back?

INTERVIEWER: ENTER RESPONDENTS NAME OR 'RF' IF REFUSES

Q NUMADULT How many of these adults are men and how many are women?

INTERVIEWER: RECORD 99 FOR REFUSED

- ___ Men:
- ___ Women:

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

- 1 Yes - available (SKIPTO WHICH)
- 2 No - not available - callback
- 9 Refused

IF PICKED PERSON IS NOT AVAILABLE:

May we please have (PICKED PERSON'S) _____ name so that we can speak with [them] when we call back?

ENTER RESPONDENTS NAME OR 'RF' IF REFUSES

Q WHICH INTERVIEWER: SELECT LANGUAGE

- 1 English
- 2 Spanish

Q HELLO

Hello, I'm _____, calling for the New York City Department of Health. We're conducting an important survey to guide our efforts to prevent disease and help save lives in our city. To do this, we need to know more about health and health behaviors. Your household has been selected at random to represent your neighborhood.

I won't ask for your name, address, or other personal information that can identify you. All answers are anonymous and confidential. Some questions might make you feel uncomfortable, but you don't have to answer any question you don't want to. The interview only takes a short time.

If you have any questions about this survey, I will provide a number for you to call to get more information.

HEALTH STATUS

Q 1.1 Would you say that in general your health is: Excellent, Very Good, Good, Fair or Poor? [BRFSS]

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know/Not sure
- 9 Refused

Q 1.2 Thinking about your physical health, which includes physical illness and injury, for about how many days during the past 30 days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation? [BRFSS- modified]

- _ _ Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

Q 1.3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for about how many days during the past 30 days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation? [BRFSS- modified]

- _ _ Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

ACCESS

2.1 Now I would like to ask you about any health insurance you CURRENTLY have that helps pay for the cost of health care. I'm going to read a list of a few types of health insurance, and I'd like you to tell me which of these you have, if any.

First, are you now PERSONALLY covered by...Private health insurance offered through a job or union? **IF ANSWERS "no" PROBE:** This could be insurance through a current job, a former job, your job or someone else's job.

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

INTERVIEWER NOTES:

IF RESPONDENT NOT SURE WHICH INSURANCE IS INCLUDED, SAY: Please think about insurance plans that cover the costs of doctor and hospital bills IN GENERAL, and NOT those that cover ONLY dental or eye care or the costs of caring for specific diseases. IF RESPONDENTS TRY TO TELL TYPE THEY HAVE INSTEAD OF GOING THROUGH THE LIST, SAY: I'm sorry but I have to ask about each type of insurance for the survey. Just tell me 'no' if you don't have this type.

2.2 Are you now PERSONALLY covered by... A private health insurance plan that you bought yourself

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

2.3 Are you now PERSONALLY covered by... Medicaid, Family Health Plus or some other type of state medical assistance for low-income people

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

2.4 Are you now PERSONALLY covered by... Medicare, the government program that pays health care bills for people over age 65 and for some disabled people

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

ASK IF NO TO ALL OTHER TYPES [Q2.1-2.4=2,7,9]

2.5 Are you now PERSONALLY covered by... Health insurance through ANY other source, including military or veteran's coverage

- 1 Yes

- 2 No
- 7 Don't know/Not Sure
- 9 Refused

ASK IF NOT COVERED BY ANY TYPE OF HEALTH INSURANCE (ALL Q2.1-2.5=2,7,9)

2.6 Does this mean you personally have NO health insurance now that would cover your doctor or hospital bills?

- 1 Yes, do NOT have health insurance (**SKIP TO 2.9A**)
- 2 No, do HAVE some kind of health insurance
- 7 Don't know/Not Sure
- 9 Refused

If 2.6=1 then skip to 2.9a

ASK IF (YES) IN ANY Q.2.1-2.6 OR Q.2.6 = 2):

2.7 Many people today have health insurance coverage through an H-M-O, P-P-O, or other MANAGED CARE plan. These plans have a list of doctors and hospitals, and pay all or nearly all of your costs if you use a doctor or hospital on the list. But if you use some other doctor or hospital, you have to pay extra or get special permission from the plan. As far as you know, is this how YOUR health insurance plan works?

- 1) Yes, in managed care
- 2) No, not in managed care
- 7 Don't know
- 9 Refused

ASK IF ANY Q2.1-2.6=1 (some type of insurance)

2.8 During the last 12 months, did you have health insurance ALL the time, or was there a time during the year when you DID NOT have any health coverage?

- 1 Health insurance all the time/Always covered
- 2 Had a time without insurance
- 7 Don't know/Not Sure
- 9 Refused

ASK IF 2.8=2

2.9 How long did you go without insurance then?

- 1 Less than one month
- 2 One to three months
- 3 Four to six months
- 4 Seven to 11 months
- 5 One year to less than two years
- 6 Two to three years
- 7 More than three years
- 77 Don't know (**DO NOT READ**)
- 99 Refused (**DO NOT READ**)

ASK IF 2.2=1

2.9a How long have you been going without insurance?

READ CATEGORIES ONLY IF NECESSARY INTERVIEWER NOTE: IF MORE THAN ONE PERIOD IN THE LAST 12 MONTHS WITHOUT INSURANCE, ASK ABOUT PERIOD THAT LASTED THE LONGEST

- 1 Less than one month
- 2 One to three months
- 3 Four to six months
- 4 Seven to 11 months
- 5 One year to less than two years
- 6 Two to three years
- 7 More than three years
- 77 Don't know (**DO NOT READ**)
- 99 Refused (**DO NOT READ**)

ASK ALL

Q 2.10 In the last 12 months, was there any time when you did NOT fill a prescription for medicine because of the COST?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

Q 2.11 In the last 12 months, was there any time when you had a medical problem but DID NOT go to a doctor or clinic because of the COST?

- 1 Yes
- 2 No
- 7 Don't know/Not Sure
- 9 Refused

Q 2.12 When you are sick or need advice about your health, to which one of the following places do you usually go? (select one)

- 1. A private doctor
- 2. Community health center
- 3. A hospital outpatient clinic
- 4. A hospital emergency room or urgent care center
- 5. An alternative health care provider (such as acupuncturist, chiropractor, traditional healer, or herbalist)
- 6. Other (specify)_____
- 7. Don't know/Not sure
- 9. Refused

Q 2.13 Do you have one person you think of as your personal doctor or health care provider?

IF NO, ASK: "IS THERE MORE THAN ONE, OR IS THERE NO PERSON WHO YOU THINK OF?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know/Not sure
- 9 Refused

PHYSICAL ACTIVITY

Q 3.1 When you are at work, which of the following best describes what you do? Would you say: **PLEASE READ**

- 1 Mostly sitting or standing
- 2 Mostly walking, or
- 3 Mostly heavy labor or physically demanding work
- Do not read
- 7 Don't know/Not sure
- 9 Refused

Q 3.2 During the past 30 days, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics (KAL-es-THEN-icks), golf, gardening, or walking for exercise?

- 1 Yes
- 2 No (SKIP TO 3.4)
- 7 Don't know/Not Sure (SKIP TO 3.4)
- 9 Refused (SKIP TO 3.4)

ASK ONLY IF EXERCISE (Q3.2 = 1 "Yes")

Q 3.3 On average, how many days per week do you exercise for at least 30 minutes?

- ___ ___ days/week
- 77 Don't know/Not sure
- 99 Refused

Q 3.4 Over the past 30 days, have you walked or bicycled more than 10 blocks as part of getting to and from work, or school, or to do errands?

- 1 Yes
- 2 No
- 3 Unable To Do Activity
- 7 Don't Know/Not Sure
- 9 Refused

ASK ONLY IF Q3.4 = 1 "Yes"

Q 3.5 Over the past 30 days, how often did you do this?

PROBE: How many times per day, per week, or per month did you do these activities?

INTERVIEWER: USE ONLY ONE FIELD TO ANSWER, LEAVE OTHERS BLANK

|___|___| Enter Number Of Times Per Day

|___|___| Enter Number Of Times Per Week

|___|___| Enter Number Of Times Per Month

- 77 Don't Know
- 99 Refused

ASTHMA

Q 7.1 Have you ever been told by a doctor, nurse or other health professional that you had asthma? [BRFSS]

- 1 Yes
- 2 No (SKIP TO NEXT SECTION)
- 7 Don't know/Not Sure (SKIP TO NEXT SECTION)
- 9 Refused (SKIP TO NEXT SECTION)

Q 7.2 During the past 12 months, have you had an episode of asthma or an asthma attack? [BRFSS]

- 1 Yes
- 2 No (SKIP TO NEXT SECTION)
- 7 Don't know/Not Sure (SKIP TO NEXT SECTION)
- 9 Refused (SKIP TO NEXT SECTION)

ASK IF HAD EPISODE OF ASTHMA/ATTACK (Q7.2 is Yes)

Q 7.3 During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma? [BRFSS]

INTERVIEWER: RECORD 88 FOR NONE
RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

_____ Number of visits [76 = 76 or more]

Q 7.4 An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room. Has a doctor or other health professional EVER given you an asthma management plan? [National Asthma Survey]

[READ IF NECESSARY: Include nurses and asthma educators]

- 1 Yes
- 2 No (SKIP TO NEXT SECTION)
- 7 Don't know/Not Sure (SKIP TO NEXT SECTION)
- 9 Refused (SKIP TO NEXT SECTION)

IF Q.7.4 = 1 "Yes" ASK:

How long has it been since a doctor or health professional gave you an asthma management plan?

[INTERVIEWER: READ ONLY IF NECESSARY]

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

CHILDREN AND ASTHMA

ASK ALL

Q 13.1 How many children less than 18 years of age live in your household? [BRFSS]

_____ Number of children

- 88 None
- 77 Don't know/Not sure
- 99 Refused

IF NONE/DON'T KNOW/NOT SURE/RESUFED # OF CHILDREN, SKIP TO NEXT SECTION

Q 13.2 How many of these children have ever been diagnosed with asthma?

INTERVIEWER: TOTAL MUST NOT BE GREATER THAN Q 13.1

_____ Number of children

- 88 None
- 77 Don't know/Not sure
- 99 Refused

Q 13.3 During the past 12 months, how many of these children had an episode of asthma or an asthma attack?

_____ Number of children

- 88 None
- 77 Don't know/Not sure
- 99 Refused

Q 13.4 [READ ONLY IF NOT ASKED Q 7.4: An asthma management plan is a printed form that tells when to change the amount or type of medicine, when to call the doctor for advice, and when to go to the emergency room.] How many of these children have ever been given an asthma management plan?

[READ IF NECESSARY: Include nurses and asthma educators]

INTERVIEWER: TOTAL MUST NOT BE GREATER THAN Q13.7b

_____ Number of children

- 88 None
- 77 Don't know/Not sure
- 99 Refused

DIABETES

Q 8.1 Have you ever been told by a doctor that you have diabetes?
[BRFSS]

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

- 1 Yes
- 2 Yes, but female told only during pregnancy
- 3 No
- 7 Don't know/Not sure
- 9 Refused

IMMUNIZATIONS

Q 10.1 During the past 12 months, have you had a flu shot?

- 1 Yes Go to 10.3
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ASK ONLY IF Q 10.1 = 1 "YES", ELSE GO TO Q 10.4

Q 10.3 At what kind of place did you get your last flu shot?
[READ ONLY IF NECESSARY]

- 01 A doctor's office or health maintenance organization
- 02 A health department
- 03 Another type of clinic or health center [Example: a community health center]
- 04 A senior, recreation, or community center
- 05 A store [Examples: supermarket, drug store]
- 06 A hospital or emergency room
- 07 Workplace
- 08 Some other kind of place
- 77 Don't know
- 99 Refused

ASK ALL

Q 10.4 Have you ever had a pneumonia shot? This shot is usually given only once or twice in a person's lifetime and is different from the flu shot. It is also called the pneumococcal [NEW-MOE-COCKEL] vaccine.

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

TOBACCO

Q 11.1 Have you smoked at least 100 cigarettes in your entire life?

- 1 Yes
- 2 No (SKIP TO **SECONDHAND SMOKE**)
- 7 Don't know/Not sure (SKIP TO **SECONDHAND SMOKE**)
- 9 Refused (SKIP TO **SECONDHAND SMOKE**)

Q 11.2 Do you now smoke cigarettes every day, some days, or not at all?
[BRFSS]

- 1 Every day
- 2 Some days
- 3 Not at all (SKIP TO Q 11.9)
- 9 Refused (SKIP TO Q 11.9)

Q 11.3 How many cigarettes on average do you smoke per day? [HIS]

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

— per day

Q 11.4 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? [BRFSS]

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

Q 11.9 About how long has it been since you last smoked cigarettes regularly? [BRFSS]

INTERVIEWER: READ ONLY IF NECESSARY

- 01 Within the past month
- 02 Within the past three months (1 to 3 months)
- 03 Within the past six months (3 to 6 months)
- 04 Within the past year (6 to 12 months)
- 05 Within the past 5 years (1 to 5 years)
- 06 Within the past 10 years (5 to 10 years)
- 08 10 or more years ago.
- 88 Never Smoked Regularly
- 77 Don't Know/Not sure
- 99 Refused

ASK ONLY IF QUIT IN THE LAST YEAR (Q11.9=1-4)

Q 11.5 How many cigarettes on average did you smoke per day before you quit?

INTERVIEWER:RECORD 777 FOR DON'T KNOW/NOT SURE

RECORD 999 FOR REFUSED

___ per day

ONLY IF SMOKED IN LAST YEAR [(Q 11.2= Every day, Some days) OR (Q 11.9=1-4)], else skip to next section SECONDHAND SMOKE

Q 11.6 **How** has the increase in cigarette prices (in the past year) affected the **amount** you smoke?

- 1 No impact
- 2 Reduced the number of cigarettes smoked per day
- 3 Thought about quitting
- 4 Tried to quit
- 5 Quit
- 6 Increased number of cigarettes smoked
- 8 Other (SPECIFY) _____
- 7 Don't know/Not sure
- 9 Refuse

Q 11.7 Has the increase in cigarette prices affected your smoking in **any other way**?

- 1 Bought less expensive brands
- 2 Bought from other sources (bootleg, on the street, internet)
- 3 Bought loosies
- 4 Bought by the carton
- 5 Bummed more
- 6 Rolled my own
- 7 Used other forms of tobacco (like cigars, chewing tobacco)
- 8 Other (specify) _____
- 9 No other effect
- 77 Don't know/Not sure
- 99 Refused

ONLY IF CURRENT SMOKER [Q 11.2 = Every day, Some days]

Q 11.8 Was the last cigarette you smoked from a carton, a pack, a single or loosie, bummed, or did you roll your own?

- 1- Carton
- 2- Pack
- 3- Single/loosie
- 4- Bummed
- 5- Or did you roll your own?
- 7 Don't know/Not sure
- 9 Refused

If Q11.8 = 1 OR 2 THEN ASK 11.8a

Q 11.8a How much did you pay for that [ANSWER TO Q8.8]?

INTERVIEW: IF RESPONSE NOT IN WHOLE DOLLAR AMOUNT, ROUND TO NEAREST DOLLAR AS FOLLOWS: 50 cents or more ROUNDS UP TO NEXT WHOLE DOLLAR, 49 or less ROUND DOWN TO DOLLAR FIGURE.

\$ ___ per carton
\$ ___ per pack

888 Did not pay for cigarettes
777 Don't know
999 Refused

If Q11.8 = 3 ASK 11.8b

Q 11.8b How much did you pay for that LOOSIE/SINGLE?

INTERVIEW: FOR LOOSIE ENTER EXACT AMOUNT GIVEN IN CENTS.

_____ per single (loosie)
888 Did not pay for cigarettes
777 Don't know
999 Refused

ONLY IF Q11.8 = 1,2,3 then

Q 11.10 Where did you get that [Answer to Q11.8]?

INTERVIEWER: READ ONLY IF NECESSARY

1 A store in NYC
2 Outside New York City but in New York State
3 In a different state
4 Outside the US
5 Through the Internet or mail
6 Indian reservation
7 From another person
8 Other (SPECIFY) _____
77 Don't know/Not sure
99 Refused

Q 11.12 How has the recent ban on smoking in bars, restaurants, and workplaces affected the **amount** you smoke?

1 No impact
2 Reduced the number of cigarettes smoked per day
3 Thought about quitting
4 Tried to quit
5 Quit
6 Increased number of cigarettes smoked
8 Other (SPECIFY) _____
7 Don't know/Not sure
9 Refuse

SECOND-HAND SMOKE

IF HHNUM = 1 THEN SKIP TO 9.1.

IF HHNUM GT 1 THEN ASK:

Q9.0 Does anyone else in the household smoke?

- 1 yes
- 2 no
- 7 DK
- 9 Refused

Q 9.1 How often are you around people who smoke in your home -- all the time, most of the time, only occasionally, or never?

- 1 All of the time
- 2 Most of the time
- 3 Only occasionally
- 4 Never
- 7 Don't Know/Not sure
- 9 Refused

Q 9.2 Which statement best describes the rules about smoking inside your home?

INTERVIEWER: PLEASE READ RESPONSES

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside the home, OR
- 4 There are no rules about smoking inside the home.
- 7 Don't Know/Not sure
- 9 Refused

Q 9.3: Now I'd like to ask you about smoking at work. In the past 12 months, have you worked for pay outside your home?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

If Q 9.3 = 1, then ask Q 9.4. Else SKIP to Q 9.7

Q 9.4 How often are you around people who smoke at your workplace -- all the time, most of the time, only occasionally, or never?

- 1 All of the time
- 2 Most of the time
- 3 Only occasionally
- 4 Never
- 7 Don't Know/Not sure
- 9 Refused

If Q 9.4 = 1 (all of the time), then ask Q 9.4a. Else, SKIP to Q 9.5

Q. 9.4a What is your Occupation/What industry do you work in?
(free text _____)

Q 9.5 While working at your job, are you indoors most of the time?

INTERVIEWER: For Workers who visit clients "place of work" means their base location

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

If Q 9.5 = 1 (yes), then ask 9.6. Else SKIP to Q 9.7.

Q 9.6 Which of the following best describes your place of work's official smoking policy for work areas?

INTERVIEWER: For Workers who visit clients "place of work" means their base location

PLEASE READ RESPONSES

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas OR
- 4 No Official policy
- 7 Don't Know/Not sure
- 9 Refused

ASK ALL

Q 9.7 How has the recent ban on smoking in bars, restaurants, and workplaces affected the amount of second-hand smoke you're exposed to?

- 1 Greatly reduced
- 2 Somewhat reduced
- 3 No impact
- 4 Somewhat increased
- 5 Greatly increased
- 7 Don't know/Not sure
- 9 Refuse

ALCOHOL CONSUMPTION

ASK ALL

Q 12.1 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? [BRFSS]

INTERVIEWER: RECORD 888 FOR NO DRINKS IN PAST 30 DAYS
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

_____ Days per week
_____ Days in past 30

IF NO DRINKS, DK/NS/REFUSED, GOTO 13.1

Q 12.2 On the days when you drank, about how many drinks did you drink on the average? [BRFSS]

INTERVIEWER: RECORD 77 FOR DON'T KNOW/NOT SURE
RECORD 99 FOR REFUSED

___ Number of drinks

Q 12.3 Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion? [BRFSS]

SURE INTERVIEWER: RECORD 88 FOR NONE
RECORD 77 FOR DON'T KNOW/NOT
RECORD 99 FOR REFUSED

___ Number of times

DEMOGRAPHICS

Now I'd like to ask you some factual questions to help classify your answers.

Q 11.1 What is your age?

SURE

INTERVIEWER: RECORD 777 FOR DON'T KNOW/NOT
RECORD 999 FOR REFUSED

___ Age in years

If 777, 999 for 11.1 then ask:

Q 11.1b We are only asking this information for statistical purposes, to make sure that we have talked to enough people in each age group. Can you just tell me if you are:

- 1 Over 65
- 2 45-64
- 3 25-44
- 4 18-24
- 7 Don't Know
- 9 Refused

ASK ONLY IF ONLY ONE ADULT IN HOUSEHOLD AND SEX NOT RECORDED IN ENNUMERATION

Q 11.2 INTERVIEWER: READ ONLY IF NECESSARY

Are you...

- 1 Male
- 2 Female

Q 11.3 Are you Hispanic or Latino?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

ASK ONLY IF Q11.3 = 1 "Yes"

Q 11.3a Please tell me which group best represents your Hispanic or Latino origin or ancestry:

INTERVIEWER: READ, ACCEPT FIRST RESPONSE

RANDOMIZE: 01-04

- 01 Puerto Rican
- 02 Cuban/Cuban American
- 03 Dominican
- 04 Mexican/ Mexican-American
- 05 Central or South American
- 06 Other Latin American, or
- 07 Other Hispanic/Latino

Don't read:

- 09 Spanish
- 77 Don't know/not sure
- 99 Refused

Q 11.4 Which one or more of the following would you say is your race?

INTERVIEWER: PLEASE READ RESPONSES, ACCEPT MULTIPLE RESPONSES

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other (SPECIFY) _____
- 7 Don't know/Not sure
- 9 Refused

If more than one answer to Q 11.4, ask Q 11.4a. Else, skip to 11.5a.

Q 11.4 Which one of these groups would you say best represents your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian, Alaska Native
- 6 Other named in q13_3
- 7 Don't know/Not sure
- 9 Refused

Q 11.5a Were you born in the US?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

If Q 11.5a = 2 (no), ask 11.5b. Else, SKIP to 11.6.

Q 11.5b. What country were you born in?

INTERVIEWER: DO NOT READ RESPONSES

- 1. Argentina
- 2. Australia
- 3. Bangladesh
- 4. Barbados
- 5. Belarus
- 6. Bolivia
- 7. Brazil
- 8. Canada
- 9. Caribbean

10. Chile
11. China
12. Columbia
13. Costa Rica
14. Cuba
15. Dominican Republic
16. Ecuador
17. Egypt
18. El Salvador
19. France
20. Germany
21. Ghana
22. Greece
23. Guatemala
24. Guyana
25. Haiti
26. Honduras
27. Hong Kong
28. Hungary
29. India
30. Ireland
31. Israel
32. Italy
33. Jamaica
34. Japan
35. Korean
36. Mexico
37. Nicaragua
38. Nigeria
39. Pakistan
40. Panama
41. Peru
42. Philippines
43. Poland
44. Puerto Rico
45. Romania
46. Russia
47. Sierra Leona
48. South American
49. Spain
50. Taiwan
51. Trinidad and Tobago
52. Turkey
53. Ukraine
54. United Kingdom
55. Venezuela
56. Vietnam
57. West Indian
58. Yugoslavia
- 66 Other (SPECIFY)
 - 777 Don't know/Not sure
 - 999 Refused

Q 11.5c Since you moved to the United States, how long have you lived in this country?

- 1 Less than a year
- 2 At least a year but less than four years
- 3 At least four years but less than ten years
- 4 Ten or more years
- 7 Don't know/Not sure
- 9 Refused

ASK ALL

Q 11.6 Are you:

INTERVIEWER: PLEASE READ RESPONSES

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married, OR
- 6 A member of an unmarried couple
- 7 Don't Know/Not Sure
- 9 Refused

Q 11.7 Which of the following best describes you?

- 1 Heterosexual (straight)
- 2 Gay or Lesbian
- 3 Bisexual
- 7 Don't Know/ Not Sure
- 9 Refused

Q 11.8 What is the highest grade or year of school you completed?

INTERVIEWER: READ ONLY IF NECESSARY

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

Q 11.9 Are you currently:

INTERVIEWER: PLEASE READ RESPONSES

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired
- 8 Unable to work
- 9 Refused

Q 11.10 Is your annual household income from all sources:

- 02 Less than \$25,000 If "no," ask 03; if "yes," ask 01 (\$15k to < \$25k)
- 01 Less than \$15,000 If "no," code 01; (less than \$15K)
- 03 Less than \$35,000 If "no," ask 04 (\$25k to < \$35k)
- 04 Less than \$50,000 If "no," ask 05 (\$35k to < \$50k)
- 05 Less than \$75,000 If "no," code 06 (\$50k to < \$75k)
- 06 \$75,000 or more (more than \$75k)
- 77 Don't know/Not sure
- 99 Refused

Q 11.11 Do you belong to any community group, religious group, sports team, school association, hobby group or any other similar organization?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

Q 11.13 About how tall are you without shoes?

INTERVIEWER: ROUND FRACTIONS DOWN
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

____ / _____ Height
ft / inches

OR

____ centimeters Height

Q 11.14 About how much do you weigh without shoes?

INTERVIEWER: ROUND FRACTIONS UP
RECORD 777 FOR DON'T KNOW/NOT SURE
RECORD 999 FOR REFUSED

_____ Weight in pounds

OR

_____ Weight in Kg

If 999,777 for weight and height is not missing, put height into BMI calculator and ask 12.12a & 12.12b.

Q 11.13a Do you weigh less than [critical weight for **obese**]?

- 1 Yes, weight less
- 2 No, don't weigh less
- 7 Don't Know
- 9 Refused

Q 11.13b Do you weigh less than [critical weight for **overweight**]?

- 1 Yes, weight less
- 2 No, don't weigh less
- 7 Don't know
- 9 Refused

If height = 999,777 and weight is not missing, put weight into BMI calculator and ask 12.11a & 12.11b.

Q 11.14a Is your height less than [critical height for **obese**]?

- 1 Yes, weight less
- 2 No, don't weigh less
- 7 Don't Know
- 9 Refused

Q 11.14b Is your height less than [critical height for **overweight**]?

- 1 Yes, weight less
- 2 No, don't weigh less
- 7 Don't know
- 9 Refused

ASK ALL

Q 11.15 How would you describe your weight? Would you say you are very **underweight**, slightly **underweight**, about the right weight, slightly **overweight**, or very **overweight**?

- 1 Very underweight
- 2 Slightly underweight
- 3 About the right weight
- 4 Slightly overweight
- 5 Very overweight
- 7 Don't Know/ Not Sure
- 9 Refused

Q 11.16 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

If Q 11.16 = 1 (yes), then ask Q11.16a. Else, SKIP to 11.17.

ASK IF HAVE MORE THAN ONE NUMBER (Q13_17 is Yes)

Q 11.16b How many of these are residential numbers?

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

_____ Residential telephone numbers

ASK ALL

Q 11.17 During the past 12 months, has your household ever been without telephone service for more than 24 hours?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

If Q 11.17 = 1, then ask Q 11.21. Else, SKIP to next section.

ASK ONLY IF BEEN WITHOUT TELEPHONE SERVICE MORE THAN 24 HOURS (Q13_20 is Yes)

Q 11.21 What was the total amount of time your household was without telephone service for more than 24 hours? **INTERVIEWER: ANSWER ONLY ONE FIELD**

RECORD 777 FOR DK/NS
RECORD 999 FOR REFUSED

_____ Days

_____ Weeks

_____ Months

COLON CANCER SCREENING

ASK BOTH MALE + FEMALE, ASK ONLY IF AGE IS 50 OR OLDER

Q 6.1 Sigmoidoscopy and colonoscopy are exams 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 either of these exams?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

If Q 6.1 is 2,7,9, skip to Q 6.5

Q 6.2 Do you know which exam you had performed?

Read if necessary [A sigmoidoscopy involves examination of only the lower colon, while a colonoscopy involves examination of the entire colon. Colonoscopy 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 Colonoscopy
- 2 Sigmoidoscopy
- 3 Both
- 7 Don't know/Not sure
- 9 Refused

If Q 6.2 = 2 (sigmoidoscopy) then skip to Q 6.4

If Q 6.2 is 7,9 then skip to Q 6.5

If colonoscopy or both (Q 6.2 = 1 OR 3):

Q 6.3 When was the most recent colonoscopy performed?

INTERVIEWER: READ ONLY IF NECESSARY

- 1-Within the past year
- 2-Within the past 5 years
- 3-Within the past 10 years
- 4-More than 10 years ago
- 7 Don't know/Not sure
- 9 Refused

If Sigmoidoscopy (Q 6.2 = 2):

Q 6.4 When was the most recent sigmoidoscopy performed?

INTERVIEWER: READ ONLY IF NECESSARY

- 1-Within the past year
- 2-Within the past 5 years
- 3-Within the past 10 years
- 4-More than 10 years ago
- 7 Don't know/Not sure
- 9 Refused

Q 6.5 A test for blood in your stool is where you have a bowel movement and use a stick to smear a small sample of it on a special card. Have you ever had this test? [CDC cancer risk factor questionnaire]

- 1 Yes **Go to Q 6.6**
- 2 No **Go to next section**
- 7 Don't know/Not sure **Go to next section**
- 9 Refused **Go to next section**

Q 6.6 When did you have your last blood stool test?
Read Only if Necessary

- 1-Within the past year(1 to 12 months ago)
- 2-Within the past 2 years (1 to 2 years ago)
- 3-Within the past 5 years (2 to 5 years ago)
- 4-5 or more years ago
- 7 Don't know/Not sure
- 9 Refused

ROACHES AND PESTICIDE

Q 14.1 In the past month, have you seen any cockroaches inside your home?

- 1 Yes
- 2 No
- 7 Don't Know/Not sure
- 9 Refused

Next question asked no matter what the response to #1

Q 14.2 I'd like to ask you about how you control cockroaches in your home. Do you, or does anyone in your household use insecticide sprayed from a can (such as Raid) or a roach bomb or fogger to control cockroaches in your home?

- 1 Yes
- 2 No
- 3 Do not have cockroaches in my home
- 7 Don't Know
- 9 Refuse

Q 14.3 Do you, or does anyone in your family, use a chemical called "TEMPO" to control cockroaches in your home?

- 1 Yes
- 2 No
- 3 Don't Know
- 9 Refuse

MENTAL HEALTH

Q 4.1 During the past 30 days, how often did you feel

So sad that nothing could cheer you up?

All of the time, most of the time, some of the time,
a little of the time, OR none of the time? [HIS]

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 4.2 During the past 30 days, how often did you feel

Nervous?

All of the time, most of the time, some of the time,
a little of the time, OR none of the time? [HIS]

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 4.3 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, OR none of the time? [HIS]

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 4.4 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, OR none of the time? [HIS]

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 4.5 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, OR none of the time? [HIS]

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

Q 4.6 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, OR none of the time? [HIS]

INTERVIEWER IF ASKED: THE NUMBER FOR PROJECT
LIBERTY IS (800) LIFE NET

- 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

For Q 4.1 - Q 4.6, if ANY = 9, SKIP TO Q 15.1

GENERATE K-6 score**
FOR Q 4.1 - Q 4.6, CODE "7 Don't know" as = 5.
k-6 score =30 - (4.1 + 4.2 + 4.3 + 4.4 + 4.5 + 4.6)
if k6 >12 then SMI=1;
else if k6<=12, THEN SMI =2;

ASK Q 4.7 THRU Q 4.12 ONLY IF SMI=1, OTHERWISE SKIP TO 14.13

Q 4.7 We just talked about a number of feelings you had during the PAST 30 DAYS. Altogether, how MUCH did these feelings interfere with your life or activities: a lot, some, a little, or not at all?

- 1 A lot
- 2 Some
- 3 A little
- 4 Not at all
- 7 Don't know/not sure
- 9 Refused

Q 4.8 In the past year, have you received any counseling for a mental health problem?

- 1 Yes
- 2 No
- 3 Don't Know
- 9 Refuse

Q 4.9 In the past year, have you taken a prescription medication for a mental health problem?

- 1 Yes
- 2 No
- 3 Don't Know
- 9 Refuse

Q 4.10 In the past year, have you taken any herbal or naturopathic remedies for a mental health problem?

- 1 Yes
- 2 No
- 3 Don't Know
- 9 Refuse

Q 4.11 Was there a time in the past 12 months when you needed treatment for a mental health problem, but did not get it?

- 1 Yes
- 2 No
- 3 Don't Know
- 9 Refuse

IF 4.11 = 1 THEN ASK, OTHERWISE SKIP TO NEXT SECTION

Q 4.12 What is the main reason you did not get treatment?

RECORD VERBATIM ANSWER: _____

Q 4.13 How many close friends or relatives would help you with your emotional problems or feelings if you needed it?

- 1 three or more
- 2 two
- 3 one
- 4 none
- 7 Don't Know/Not Sure
- 9 Refused

HIV TESTING

Q 15.1 Have you donated blood in the last year?

- 1 Yes
- 2 No
- 3 Not sure
- 4 Refused

Q 15.2 Have you had an HIV test during the last 12 months? Do not count tests you may have had as part of a blood donation.

- 1 Yes
- 2 No
- 3 Don't Know
- 9 Refuse

If 15.2 = 1 then ask;

Q 15.3 How many months ago was that?

- __ __ Number of months
- 8 8 None
 - 7 7 Don't know/Not sure
 - 9 9 Refused

IF Q 15.2=1, THEN ASK

Q 15.4 When was your last HIV test before that?

- 1. Also within the last 12 months
- 2. More than 12 months ago
- 3. Never
- 7. Don't know
- 9. Refused

IF Q 15.4=1 Within the past year, ASK:

Q 15.5 Which month was that?

- _____ Enter month of year
- 77 Don't know/Not sure
 - 99 Refused

SEXUAL BEHAVIOR

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

Q 17.1 During the past 12 months, with how many men have you had sex?
INTERVIEWER READ: By sex we mean oral, vaginal, or anal sex, but NOT masturbation.

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

___ Record number

Q 17.2 During the past 12 months, with how many women have you had sex?

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

___ Record number

IF NONE/DK/NS/RF IN Q17.1 AND Q 17.2, then SKIP to 17.6. Else continue with Q 17.3.

Q 17.3 The last time you had sex, did you or your partner use a condom?

INTERVIEWER IF ASKED: This includes the "female condom"

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

[NOTE: IF R IS MALE AND Q 17.2 = 0, 777,999 THEN THIS QUESTION IS NOT NEEDED. SIMILARLY, IF R IS FEMALE AND Q 17.1 = 0,777,999]

Q 17.4 The last time you had sex, did you use any other method to prevent pregnancy?

- 1 No method was used
- 2 Birth control pills
- 3 Shots (Depo-Provera)
- 4 Withdrawal
- 5 Rhythm method
- 6 Foam, Jelly, Cream
- 7 IUD
- 8 Norplant
- 9 Tubes tied/Vasectomy (sterilization)
- 10 Other method
- 11 Not fertile (too old, can't conceive, pregnant already, just delivered, etc.)
- 77 Don't Know/Not sure

99 Refused

[NOTE: IF R IS MALE AND Q 17.2 = 0, 777,999 THEN THIS QUESTION IS NOT NEEDED. SIMILARLY, IF R IS FEMALE AND Q 17.1 = 0,777,999]

If Q 17.4 = 1 (NO METHOD) OR 77, 99 (DK/Refused), AND Q 17.3 = 2,7,9 then ask:

Q 17.5 The last time you had sex, did you intend to get pregnant/get your partner pregnant?

- 1 Yes
- 2 No, but wouldn't have minded
- 3 No
- 4 Already pregnant / partner already pregnant
- 7 DK/NS
- 9 Refused

17.6 - 17.7 - ASK ALL

Q 17.6 Has a doctor or other health care professional **ever** told you that you had genital herpes?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Q 17.7 Has a doctor or other health care professional **ever** told you that you had genital warts?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Q 17.8 **In the past 12 months**, has a doctor or other health care professional told you that you had gonorrhea (goner-RE-uh), sometimes called 'GC' or 'the clap'?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Q17.9 **In the past 12 months**, has a doctor or other health care professional told you that you had chlamydia (kluh-MID-e-uh)?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure
- 9 Refused

Q 17.10 Have you ever, even once, used a needle to inject a drug that was not prescribed for you?

- 1 Yes
- 2 No
- 7 Don't Know/Not Sure

9 Refused

ALL: CLOSING

We talked about a number of health issues. If you would like, I can give you a number to call to get information or assistance with many of the health issues we have talked about today.

INTERVIEWER: IF INTERESTED, PROVIDE NUMBER: 877 NYC DOH 7

Thank you for completing this survey.