

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Demographics																			
Age	Х	Х	Х	X	X	Х	Х	Х	Χ	Х	Х	Х	X	Х	Х	Х	Х	Х	Χ
Sex	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х			
Sex assigned at birth																	Х	Х	Х
Gender identity															Χ	Х			
Gender identity (two-step)				ļ.,	L								L				X	Χ	Χ
Ethnicity	X	X	X	X	X	Х	Х	X	X	X	X	X	X	X	X	X	X	Х	Х
Hispanic/Latino origin	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Race	Х	X	X	X	X	Х	X	X	Х	X	X	X	X	X	X	X	X	X	X
Asian ancestry Black/Black American				1									^						
heritage																			Х
Where born - foreign/US	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х
Years in country	Х	Х	Х		Х	Х	Х	Х	Χ	Х	Χ	Χ	Х	Х				Х	
Language in home				X	X	Х	Х	Х	Χ	Χ	Х	Χ	X	Х	Χ	Х			
Marital status	Х	X	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X	Х	Χ
Sexual orientation		Х		X	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х					
Sexual orientation (NEW)				ļ.,,	L										Х	Х	Х	Х	Χ
Education	Х	X	X	X	X	X	X	X	X	X	X	X	X	X	X	Х	X	Х	X
Children <18	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Employment	Х	X	X	X	X	Х	Х	X	Х	Х	X	X	Х	Х	Х	X	Х	Χ	X
Occupation and industry													<u></u>						WIDE
Annual household income	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х
Poverty			Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Height	Χ	Х	Х	X	X	Χ	Х	Х	Χ	Х	Х	Х	X	Χ	Χ	Х	X	Χ	Χ
Weight	Х	Х	Х	X	X	Х	Х	Х	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ
Children 0<6									Х							X			
Children 0 < 12 months																			Χ
Children 12 months <= 13 years																			Х
Children 12 months <= 5				-															
years																			Х
Children <13																			
Children 6<=12									Х							Х			
Children 13<=17									Χ										
Children 7-10 or <10			Х		Х														
Children <7					X														
Children 0 to 13																Child Pilot	Х		Х
				 												Child			
Children 0 to 5				-												Pilot Child	X		Х
Children 6 to 13																Pilot			Х
West Indies origin													Х	Х					
Country father born					Х														
Country mother born					Х														
Father nativity (U.S., P.R. or																			
other) Mother nativity (U.S., P.R.														Х					
or other)														Х					
Spouse nativity (U.S., P.R.																			
or other)														Х					
Lived in NYC since 2003							X												
Highest level of education in HH																Child Pilot			
1111																CITYW			
Sick leave																IDE			
																CITYW			
Family paid leave	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			-												IDE			
Serious on-the-job injuries	X	\ \ \		1		-				-	-		-						
Civic participation	X	Х	<u> </u>	1	<u> </u>	<u> </u>	l			<u> </u>	<u> </u>		L	<u> </u>	<u> </u>		<u> </u>		
Access																			
Have health coverage		X	Х	X	X	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Health coverage type	Х	X	 ^`	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Get insurance through NY				T	Ė				-								Ė		-
Exchange				<u> </u>										Х	Х	X			
How long uninsured				<u> </u>		ļ										Х	ļ		
Main reason uninsured		<u> </u>		<u> </u>		<u> </u>					<u> </u>		<u> </u>	Х		Х	<u> </u>		
Receive subsidy through Obamacare															Х				
Medicaid HMO Question				+		 					 						1		
(list of plans provided)	L		L	L	L	L	L	Х		L	L	L	L		L		L		
Managed Care		Х					Х												
Without coverage last 12																			
months	1			_	<u> </u>		Х		Х		<u> </u>	L.,	L.,	L.,	L		L.,		Х
	V	\/	l v	V				\/ '											- Y
PCP	Х	Х	Х	X	Х	Х	Х	Х	Х	X	Х	X	Х	Х	Х	X	Х	Χ	

Community Health Survey			2003																
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Seen any doctor last 12							l												
months							X												Х
What used to record info							١.,												
last doctor visit							X	Х											
Last time saw doctor and																			
got a prescription, was a																			
computer print out, written																			
on a pad or called/faxed																			
pharmacy								Х											
Didn't get needed care	Х				X		X		Х	Х	Χ	Χ	Х	Χ	Χ	Χ	Χ	Х	Х
Told doctor not accepting																			
insurance															Χ	Χ			
Didn't fill prescription due to																			
cost		X				Χ									Χ	Χ			
Difficulty paying out-of-																			
pocket, copays, deductibles															Χ	Х		Х	
Didn't get care due to cost		Х				Χ													
See doctor routine exam		Х																	
Last routine visit			Х	Х							Х	Х							
See doctor, other reason			Х																
Partial insurance		Х		Х															
How long partial		Х																	
Where do you go if you're																			
sick or need advice		Х		X							Х	Х		Х	Χ	Х			
Why use ER as usual																			
source of care															Χ	Χ			
How quickly get																			
appointment				X							Х	Х		Х	Х				
Follow doctor's advice				Х															
Advice not followed, why				Х															
Quality of care from doctor																			
(listens, etc.)				X								l							
Counseling on weight,																			
nutrition, exercise				X															

Alcohol Consumption and

RX abuse																		
Number days drink	Χ	Х	Х	X	Х	X	X	Х	Х	Х	X	Χ	Х	Χ	Х	Х	Х	Х
How many drinks	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х
Drink >5 drinks	Χ	Χ	Х	Х	Х	Х	Х	Х	Х									
Binge (5 for men and 4 for																		
women)										X	X	Χ	Х	Χ	Х	Χ	X	Χ
Where did you last drink																		
(heavy and binge drinkers)															X			
Largest number of drinks										X		Χ	Х					
Counseling or medication																		
for an alcohol problem						X												
Type of alcohol most often																		
drink										X								
Doctor asked about alcohol																		
consumption				ļ						X								
Past 12 mos., use																		
prescription pain killer										X	<u> </u>							
recreationally How often use Rx pain killer										^	Wave 1							
recreationally										X	Wave 1							
Past 12 mos., use										<u> </u>	wave i							
prescription tranquilizer																		
recreationally										Х	Wave 1							
How often use Rx										<u> </u>	Wave							
tranquilizer recreationally										Х	Wave 1							
Ever have Rx pain reliever																		
prescribed											Wave 2	Χ	Х					
Past 12 mos., take																		
prescribed pain reliever											Wave 2	Χ	Х	Χ				
Past 12 months, ever take																		
more pain reliever than																		
prescribed											Wave 2	Χ	Х	Χ				
Past 12 months, ever take												.,	,,					
pain reliever not prescribed											Wave 2	Χ	Х	Х				
How often take Rx pain																		
reliever more than											l.,, a	Х	Х					
prescribed How often take Rx pain											Wave 2							
reliever without prescription											Wave 2	Χ	Х					
How often take Rx pain											vvave 2							
reliever more than																		
prescribed or without																		
prescription											Wave 2							
Ever have Rx tranquilizer											 							
prescribed											Wave 2	Χ						
Past 12 mos., take																		
prescribed tranquilizer											Wave 2	Χ						

			2003																
	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Past 12 months, ever take			O.t.y													20.0			
more tranquilizer than																			
prescribed												Wave 2	Х						
Past 12 months, ever take																			
tranquilizer not prescribed				igsquare			igsquare					Wave 2	Х					\longrightarrow	
How often take Rx																			
tranquilizer more than																			
prescribed		\vdash		\vdash			igwdapprox	\vdash				Wave 2	Х				\vdash		
How often take Rx tranquilizer without																			
prescription												Wave 2	X						
How often take Rx		$\vdash \vdash$		$\vdash \vdash \vdash$			\vdash	\vdash				vvave 2	^-				\longrightarrow	\longrightarrow	
tranquilizer more than																			
prescribed or without																			
prescription												Wave 2						ı	
Taken ecstasy (MDMA),		\Box		 															
past 12 months														Χ					
How many times taken				\vdash															
ecstasy, past 12 months														Χ					
371																			
Asthma (WTC)																			
	~					V		$\overline{}$				~			I		$\overline{}$	$\overline{}$	$\overline{}$
Ever asthma	Χ	Х		Х	$\vdash \vdash$	Χ	Х	Х	Χ	Х	Χ	Χ	Х	Х		Χ	Х	Х	X
Still have asthma		 _		igsquare	igsquare		igsquare											igsquare	Х
Asthma attack past 12						.,				, l	.,	V				\ \ \		,	Ψ,
months	Х	Х		X	\vdash	Х	X	Х	Х	Х	Х	Χ	Х	Χ	Х	Χ	Х	Х	X
Year diagnosed with asthma																			
(before or after 9/11)		igwdown		igspace	igspace		igspace	Х											
Taking daily asthma																		. 1	
medication (control)				$\vdash \downarrow \vdash$	$\vdash \vdash$.,	$\vdash \vdash$	\vdash	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						Х				
ED for asthma	Χ	Х		X	igspace	Χ	igspace		Χ	Χ								igsquare	
Asthma plan		Х																	
Difficulty sleeping		_ 7		Х	L		L	L T										L T	_ 7
Ever seen a doctor for											-								
persistent cough					L		Х												
Persistent cough in past 30																			
days							X	X											
Shortness of breath in past																			
30 days								Х											
Wheezing in past 30 days								X										ı	
Ever COPD																			Х
Blackout																			
Day and time power came																			
back on in house			Х																
Fri-Sun after the blackout																			
ate food out of the																	i l	ı	
refrigerator			Χ														i l	ı	
Fri-Sun after the blackout																	i l	ı	
ate food that tasted spoiled			X																
Fri-Sun after the blackout																		ı	
ate in a restaurant			Χ																
In the week after the								i I											
blackout, had diarrhea			Χ					, ,									1	1	- 1
and the second second				$\vdash \vdash$															
In the week after the	1																		
blackout, saw messages																			
			Х																
blackout, saw messages about what to do with food																			
blackout, saw messages																			
blackout, saw messages about what to do with food		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy		XXX		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
blackout, saw messages about what to do with food Cancer Screening		Х		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy	X	Х		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy	X	Х		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or	X	X X X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last		Х									X		X		X	X	X	X	
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram	Х	Х		X	X	X	X	X	X	X	X	X	X	X	X	X		X	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test		Х									X		X		X	X	X	X	
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon	Х	Х		X	X	X	X	X	X	X	X	X	X		X	X		X	
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when	Х	Х		X	X	X	X	X	X	X	X	X	X		X	X		X	
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon	Х	Х		X	X	X	X	X	X	X	X	X	X		X	X		X	
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT)	Х	Х		X	X	X	X	X	X	X	X	X	X		X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test	Х	Х		X	X	X	X	X	X	X		X	X		X	X		X	
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood	Х	Х		X	X	X	X	X	X	X	X	X	X		X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy	XXX	XXX		X	X	X	X	X	X	X		X	X		X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre	XXX	XXX		X	X	X	X	X	X	X		X	X		X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre	XXX	XXX		X	X	X	X	X	X	X		X	X		X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre Blood pressure checked Blood pressure numbers	XXX	XXX		X	X	X	X	X	X	X		X	X		X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre Blood pressure checked Blood pressure numbers How long blood pressure	XXX	XXX		X	X	X X	X	X	X	X		X X	X	X	X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre Blood pressure checked Blood pressure numbers How long blood pressure checked	XXX	XXX		X	X	X	X	X	X	X		X	X		X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre Blood pressure checked Blood pressure numbers How long blood pressure checked Ever told you have high	X X	X		X	XXX	XXX	X X	XXX	XXX	XXX	X	X X		X			X	X	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre Blood pressure checked Blood pressure numbers How long blood pressure checked Ever told you have high blood pressure	XXX	X		X	X	X X	X	X	X	X		X X	X	X	X	X			
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre Blood pressure checked Blood pressure numbers How long blood pressure checked Ever told you have high blood pressure Ever told you need blood	X X	X		X	XXX	XXX	X X X	XXX	XXX	XXX	X	X X X		X X X	X	X	X	x	X
blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever colonoscopy or sigmoidoscopy Ever when FOBT Ever/when last mammogram Ever/when last pap test Ever other test for colon cancer/when (sigmoidoscopy, FOBT) Ever/when home blood stool test Where last colonoscopy Cardiovascular Disease Pre Blood pressure checked Blood pressure numbers How long blood pressure checked Ever told you have high blood pressure	X X	X		X	XXX	XXX	X X	XXX	XXX	XXX	X	X X		X			X	X	X

Community Health Survey	0000	0000	2003	000	0005	0000	000=	0000	0000	0040	0044	0045	0045	0044	0045	0045	00:-	0045	0045
Questions Currently taking blood	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
pressure medication	Х			1	X	Х	x	Х	Х	Х	Х	Х		Х	Х	Х	Х	х	Х
Self-check blood pressure																			
at home or community					\ \ \	Х	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										Х	Х	Х
Cholesterol checked ever How long cholesterol	Х				X		X			Х									
checked	Х				X		X			Х		Х		Х					
Cholesterol level	Х																		
Ever told you have high	.,						\ ,	.,		.,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.,	\ ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
cholesterol Told need cholesterol	Х						X	X	Wave 2	Х	X	Х	X	X					
medication										Х	X	Х		Х					
Medication for high																			
cholesterol	X						X	X	Wave 2	X	X	Х		X					
Aspirin for heart	Х							Χ		Х									
Caregiving																			
Provide unpaid care for sick				1														CITY	
family/friend																		WIDE	
Child Module			1	T		1		ı		ı	ı	ı			1			ı	ı
Children <3				X															
Parent/guardian				X															
Delays in children				 ^-															
Unusual medical care needs				X															
Developmental disability				Х															
Early intervention				Х															
Improvement (EIP ways to																			
help child) Breast feeding		-		X															
SIDS risk				X															
Age of youngest child				 ^			Х												
Day Care arrangement for							<u> </u>												
past year							X												
Preferred a different day							X												
care arrangement What is the preferred day																			
care arrangement							Х												
Reason child not in this type																			
of care							Х												
Children with Asthma																			
Children <18	Х	Х	1	Ι	Ι	Х							Ι	Ι		Ι			
Diagnosed with asthma	X	X				X													
Attack past 12 months		Х																	
Asthma plan		Х																	
Commuting Pattern	1											1							
Where spend time 9 to 5						Х				Х				Х					
How usually get there (work or school)						Х				Х				Х					
How many minutes one way																			
commute										Х									
Weekdays take subway						Х													
Work/school zip code/cross street						Х													
Cross streets of																			
work/school/borough						Χ													
Debriefing Questions How difficult to understand	1			1		1		I		I	ı	ı		ı	1	<u> </u>	1		ı
most questions						Х						Х							
How comfortable answering			ı	1		Χ						Х							
How comfortable answering most questions										I	1	I -	1						I -
How comfortable answering most questions Any questions unwilling to																			l
How comfortable answering most questions Any questions unwilling to answer truthfully						Х													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand						Х													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions																			
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for						Х													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions						Х													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for respondent to answer most						X													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for respondent to answer most questions Interviewer: how						X													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for respondent to answer most questions Interviewer: how comfortable was respondent						X X													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for respondent to answer most questions Interviewer: how						X													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for respondent to answer most questions Interviewer: how comfortable was respondent answering most questions Interviewer: think the respondent provided truthful						x x x													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for respondent to answer most questions Interviewer: how comfortable was respondent answering most questions Interviewer: think the respondent provided truthful answers						X X													
How comfortable answering most questions Any questions unwilling to answer truthfully Interviewer: how difficult for respondent to understand most questions Interviewer: how difficult for respondent to answer most questions Interviewer: how comfortable was respondent answering most questions Interviewer: think the respondent provided truthful						x x x													

Community Health Survey			2003																
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dentist				<u> </u>							1		Ι		Wave				
How long since cleaning	Х												X	Х	1				X
Have dental insurance															Wave 1				
Regular source of dental																			
Most recent visit to dental							X												
care provider							Х												
Pinton and a second																			
Diabetes Ever diabetes	Х	Х	Х	Х	1	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х
Gestational diabetes	X	-	X	X		X	X			^_					^		^		$\vdash $
Signs and symptoms			X	^															\vdash
Hemoglobin A one C test	Х					Х	Х												
A one C level	Х					Χ	Х												
Class on management			Χ	Х															
How old at diabetes	.,		.,	,,				.,			.,								
diagnosis	X		X	X			V	Х			X				V				\vdash
Now taking insulin							X								X			X	\vdash
Taking diabetic pills Taking non-insulin							 ^				-		-		^				\vdash
injectables																		Χ	
Disabilities and Cognitive																			
Decline Limited in any activities											I		1						Х
Health problem use special																			$\stackrel{\frown}{\vdash}$
equipment																			Х
Electronic medical																			
equipment Memory loss																			X
Talk to doctor about																			$\vdash $
memory loss																			x
Provide care for an adult past 12 months																			Х
past 12 months																			
Geocoding module																			
Street address															Х	Х	Χ	Χ	Х
Cross-streets															Х	Х	Χ	Х	Х
Health Care																			
didn't get prescription last 12 months							X												
didn't get lab tests last 12							_^												\vdash
months							Х												
didn't get eye care last 12							\ \												
months didn't get dental care last 12							X												\vdash
months							Х												
didn't get hospital care last 12 months							Х												
didn't get medical care from																			
doctor last 12 months							X												
Health Status																			
General health status	Х	X	Х	X	X	Χ	X	Х	Χ	Х	X	X	X	X	Χ	X	Х	Χ	X
Stop doing usual activities due to physical health		x		X															
Stop doing usual activities																			
due to mental health Stop doing usual activities		Х		X															$\vdash \vdash$
due to physical or mental																			
health			Χ																
Days physical health not						V													7
good Days mental health not					X	Х													\vdash
good					X	Х	X	Х			Ì								
How long activities limited			Χ																
Need help with personal			\ <u>\</u>																
care because of limitation Arthritis of hip or knee			Х									Х							\vdash
	1	1	<u> </u>		1					<u> </u>	1		I	ı	I	I	<u> </u>		
AC in home			Х				Х				Ι		Х						
Use AC during summer							X						 ^-						\vdash
Times did not turn on AC																			\vdash
because of electric bill			Х																
Times did not turn on AC																			7
because asked to conserve			Х								Ì								
				-															

Community Health Survey			2003																
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
HIV Testing																			
HIV test past year		Х			Х	Χ	X	Х	Χ	Х	Х	Χ	Х	Χ	Χ	Χ	Χ	Х	X
HIV test ever	Χ			Х	Х		Х	Х	Χ	Х	Х	Χ	Х	Χ	Χ	Χ	Χ	Х	Х
Year of last HIV test	Χ			Х	Х														
HIV test prior to last one		Х																	
HIV test 1-5 yrs. ago or >5																			
yrs. ago							X												igsquare
Ever heard of PrEP																X	Χ	Χ	
Ever used PrEP																Χ	Χ	Х	
Blood donation		Х																	
Why HIV test	Χ																		
Where HIV test	Χ																		
Type of test used					Х														
Got HIV test results							Х												
Results same day/wait						Χ	Х												
Use rapid home test						Χ													
Doctor recommend HIV test						Х	X			Х	X								
Followed advice and got HIV test							Х												
Doctor ever told HIV+						Х	Х												\Box
Seen a doctor for HIV																			
medical care							X												
Ever tested for Hepatitis C virus													Х						

Housing and Neighborhood Environment

Environment									1								
# of apartments in building			Χ		X			Χ			Х	Χ	Χ	CITYW IDE Child		Х	
Rent or own home					Х			Χ			Х	Χ		Pilot	Χ	Х	x
How long lived at current																	
home					Х										Χ	Х	X
Where lived before current																	
home					Х										Χ	Х	.
How many places have you																	
lived past 12 months																Х	
No steady place to sleep																	
past 12 months																Х	
Eviction																Х	Х
Delayed paying																	\neg
rent/mortgage past 12																	. 1
months								Χ					Χ			Х	X
													· ·	CITYW	· ·		
Public housing or Section 8	\vdash					\vdash	\longrightarrow						Х	IDE	Χ	Х	X
In past year, seen peeling					\ _V											. [.
paint, inspection, repair				<u> </u>	Х		\longrightarrow										
Functioning Air Conditioner											Х						
Window guards			Х		Х						Χ					,	
F # : - : : - : - - - -								V								.	.
Functioning smoke detector	\vdash						\longrightarrow	X									-
Functioning CO detector								Χ									
Receive notice about																.	. 1
window guards/lead paint-								.,									. 1
returned it (2 questions)	<u> </u>						\longrightarrow	X								\longrightarrow	
Past year, change outdoor																.	. 1
activity level due to poor air								V									. 1
quality alert				ļ			\longrightarrow	X								\longrightarrow	
Ambient noise								Χ									
Noise sources								Χ									
Live in this apartment 1 year											Wave					.	. 1
ago?											2	Χ	Χ				
Where were you living 1											Wave					.	
year ago?											2	Χ	Χ				
How safe from crime is									.,					\ ,		.	
neighborhood	Χ						\longrightarrow		X				Χ	Χ		\longrightarrow	
Social cohesion - live in a														\ \		.	
close-knit neighborhood				<u> </u>			\longrightarrow						Χ	X			
Social cohesion - people																	. 1
willing to help in													V	\ \	V		
neighborhood				ļ			\longrightarrow						Х	Χ	Χ	Х	X
Social cohesion - people																.	. 1
don't get along in													V	\ _V		. [.
neighborhood	\vdash			-			\longrightarrow						Х	Х			
Social cohesion - people																. [.
share values in													Χ	X		. [.
neighborhood Social cohesion - people	$\vdash \vdash$			-		 	$-\!\!\!-\!\!\!\!+$			-			^			\longrightarrow	-
																. [.
can be trusted in													Х	х		. [.
neighborhood Social control - Neighbors	\vdash			-		\vdash	\dashv			-			^			\longrightarrow	\longrightarrow
save firehouse															Х	. [.
Save III Ellouse	ш	<u> </u>		<u> </u>	<u> </u>				<u> </u>	L					Λ		

		2003																
2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
																x		
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											Х							
<u> </u>											Х							
											X							
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<u> </u>											Х							
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												Х						
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			X															
			Х								Х							
			Х	Х														
					Χ													
	_ X_																	
	V		l v	V	V	V				V	V	V	V	V	V	V	V	Х
^			^	^											^	^		
Y	Y		Y			-									V			
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	_^														^			
				X														
<u> </u>			<u> </u>						X									
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			l x							<u> </u>								
			X													X	X	
			X													X	Х	
			X													X	X	
			X															
			X															
			X		X													
			X		X	X	X											
			X		Х	X	X											
			X			X	X											
			X		X													
			X		X X X	X	X											
			X		X													
			X		X X X													
			X		X X X													
			X		X X X													
			X		X X X													
	X X		2002 2003 City	2002 2003 City 2004	2002 2003 City 2004 2005	2002 2003 City 2004 2005 2006	2002 2003 City 2004 2005 2006 2007	2002 2003 City 2004 2005 2006 2007 2008	2002 2003 City 2004 2005 2006 2007 2008 2009	2002 2003 City 2004 2005 2006 2007 2008 2009 2010	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011 2012	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 X X X X X X X X X	2002 2003 City 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 X X X X X X X X X

Community Health Survey			2003																
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
																	CITY		
Which country																	WIDE		l '
																	CITY		
Reason for travel																	WIDE		i '

Intimate Partner Violence and Sexual Assault

una ockaan Assaunt													
Frightened for safety (ever)										Χ			
Frightened for safety (past													
12 mos.)	Χ	X	X	X	Χ	Х				Х			
Since 18, unwanted sexual													
contact						Χ							
Ever unwanted sexual													
touching													Χ
Ever forced into sex													Х
Doctor asked about conflict													
in relationship						X							X
Ever hit, slapped, shoved,													\neg
by IP											Х	Х	
Hit, slapped, shoved (past													\neg
12 mos).											Χ		
Ever put down, called													
names												Х	

				-					<u> </u>				<u> </u>						
Mental Health																			
Emotional distress (sad,																			
hopeless, worthless, etc.) -																			
K6 [Past 30 days]	Х	X			X	Χ		Х	X	Х		Х	X		Х				Х
Emotional distress (sad,																			
hopeless, worthless, etc.) -																			
K6 [Worst Month]											Х	Χ			Х				
Worst month, past 12				+	<u> </u>		_				- ^ -				- ^ -				
Imonths												Х							
PHQ - How often bothered			_	+	 		_	_											
past 2 weeks - little interest																			
							X									Х	\ \ \	_	
or pleasure		-		+			^-										X	Х	
PHQ - How often bothered																			
past 2 weeks - down,							,_											,	
depressed, hopeless							X									Х	X	Х	
PHQ - How often bothered																			
past 2 weeks - trouble																			
sleeping																Х	Χ	Х	
PHQ - How often bothered																			
past 2 weeks - feeling																			
tired/little energy				1												Х	Х	X	
PHQ - How often bothered																			
past 2 weeks - poor appetite																			
or overeating																Х	Х	X	
PHQ - How often bothered		1		+	<u> </u>		 									 ^`	– ``	– ^ ·	
past 2 weeks - feeling like a																			
failure or let family down																Х	Х	x	
PHQ - How often bothered		-		+	-		-										_^		
past 2 weeks - trouble																_V	\ \		
concentrating				1												X	X	Х	
PHQ - How often bothered																			
past 2 weeks - moving																١,,		,	
slowly/fidgety and restless																Х	Х	Х	
How difficult have these																			
problems made it to work,																			
self-care, get along with																			
others																X			
Mental health affects																			
activities		X							X	X		Х	X						Χ
Ever diagnosed with																			
schizophrenia, bipolar,																			
mania or psychosis												Χ		Х					
Needed treatment, didn't get		<u> </u>		+	<u> </u>		<u> </u>												
lit		X			X	Х							X	Х	Х	Х	Х	X	Х
15		X		1	 ^		-						 ^			 ^		<u> </u>	
Informal Support		^		1	ļ														
Ever told have depression					X	X	X	X	X	X			X	X				X	
First told depression last 12																			
months		<u>L</u> _	<u>L</u> _		<u>L</u>	Χ	X	Х	X	<u> </u>	<u>L</u>	<u>L</u>	Х		<u> </u>	<u>L</u> _	<u>L</u>		
Counseling or medication																			
for depression last 12			1						l	1	1	1	l			1			
months							X	Х											
Counseling or medication				1			Ė				İ	İ							
for mental health past 30																			
days									X	Х		Х							
Counseling or medication				+	 				 ^`	 ^`	 	 ^`							
for mental health past 12			1						l	1	1	1	l			1			
					X	Х			X	Х		Х							
months				+	<u> ^ </u>	_ ^			^	_ ^		_ ^	<u> </u>						
Counseling for mental		,,											,	\ \	\ \ \	,,	.,	,	\ \ \
health, past 12 months		X			<u> </u>					L			X	Х	Χ	Х	X	Χ	Х
Medication for mental		١,,													١.,	 ,.	,,	,	
health, past 12 months		X											Х	Χ	Χ	X	Х	Х	Χ

Community Health Survey			2003																
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Contact with relatives or																			.
friends											Х								.
Can talk to relatives or																			. 1
friends											Х								
Can call relatives or friends																			.
for help											Х								.
50+: contact with relatives																			\Box
or friends							X												
50+: can talk to relatives or																			
friends							Х												
50+: can call relatives or																			
friends for help							Х												
Social isolation - have at																			
least 1 person in																			. 1
neighborhood who could																			. 1
help														Х		X			
Herbal or naturopathic																			
remedies for mental health		X																	. 1
Whom would you consult																			
after a disaster							X												
Offer NYC Well resources																		Χ	

Noise and Hearing

Pro	ble	ms

Problems										
Past 12 mos., ringing in										
ears					Χ					
Difficulty hearing										
conversation without										
background noise					Χ					
Last time hearing tested					Χ					
Dr. tell you, you have										
hearing loss at last testing					X					
Wear a hearing aid 5 hours										
a week or more					X					
Ever have a job with loud										
noise for 5 or more hours a										
week					Х					
Currently working at job with										
loud noise (5+ hours)					Х					
How often wear hearing										
protection devices at work					Х					
Days exposed to loud traffic										
noise					Х					
Hours exposed to loud										
traffic noise per day					Х					
Days per week listen to										
IPod or other device	\rightarrow				Х		Χ			
Hours listen to IPod or other										
device at more than 1/2										
volume	\longrightarrow				Х		Χ			
Ever use firearms for target					V					
shooting, or other purposes	\longrightarrow	_	\vdash		X	 				
Any firearms in home	\bot		$oxed{oxed}$		Х					
Firearms locked					Χ					

Nutrition

Nuullion																	
Cups of fruit															Χ	Х	Х
Cups of vegetables															Х	Х	Х
How healthy is your overall diet								Х		Х							
Servings of fruit and vegetables	Х		Х			Х	Х	Х	Х	Х	Х	Х	Х	Х			
Shopping for fruits and vegetables in neighborhood	Х																
Why not in neighborhood	Χ																
Fresh fruits and vegetables within 5-10 minutes walk						Х		Х				Х					
Soda consumption (1 question)				Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Sweetened beverage consumption (1 question)					Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Diet soda/seltzer consumption (1 question)					Х	Х											
Size of soda usually drink											Х	Х					
Size of other sweetened drink usually drink											Х	Х					
How often drink pre- sweetened coffee/tea																	CITY WIDE
Freq/wk. of eating purchased meals				Х			Х	Х									
Freq/wk. of eating from fast- food restaurant							Х	Х									

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Freq/wk. eating purchased																			
meals <u>exclude street</u> vendors or delis											Х								
Past month, seen letter																			
grade in restaurant											Х								
Past month, letter grade influence restaurant																			
decision											Х								
How often look at NFP										Χ									
How often look at sodium										Χ									
Last time ate out/took out,									X										
notice HD score Hours watch TV			Х		Х					Х									
Hours use computer					X														
Change purchase decision																			
based on sodium on NFP,												V							
last 30 days How often buy low												X	X		Wave				
sodium/salt							Х			Х	Х				1				
										\ \ \	.,								
Are you cutting down on salt										X	Х								-
How often use salt at table Types of water drink past 30										_ ^									-
days								X	X										
Type of water most often																			
drink		-			_			X	X										
How often drink from water fountains	ĺ							X	X										
How often used water								<u> </u>											
fountain to fill own bottle									X										<u> </u>
Glasses of plain water yesterday																	Х		
yesieruay																	_ ^		
Obesity																			
Weight status (BMI)	Х	Х		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Perception of weight		X																	
Ideal weight					Х														
Cockroaches in home in past month How do you control		X																	X
cockroaches Use TEMPO		X																	\vdash
Types of pesticides used in		<u> </u>																	
home past 12 months)															Χ				
See mice/rats past 90 days			X	X															
in home See mice/rats past 90 days				^															-
in street			Χ	Х						Х									
See mice/rats past 90 days			\																
in building			X	X															├─
Trash storage Past 30 days, how many																			
days see cockroaches in																			
home												Х							
Past 30 days, how many days see mice or signs of																			
mice in home												Х							
Past 30 days, how many												,,							
rooms have mold												X							├─
Visible mold on walls/ceiling	L	L		L								L	L	L					X
Bed bugs									Х		Х			Х					
Bed bugs confirmed											Х								
Pets Anyone in household has	1		<u> </u>	1					I	ı		1		1	I	1	ı		
Anyone in household has dogs or cats	ĺ							x											
How many dogs and cats								X											
How many cats													X						
How many cats roam																			
outdoors How many cats		-											X						₩
spayed/neutered													X						
ISDAVEU/HEUTETEU	1		1			1			1	1		1		1	1				
spayeu/fleutereu						_	_				_	_		_	_			_	
Physical Activity																		1 1/	$\overline{}$
Physical Activity Exercise in past 30 days	Х	Х	Х	Х	Х			Х	Х	Х	Х	Χ	X	Х	Χ	Х	Χ	Х	X
Physical Activity Exercise in past 30 days How often rode a bike past	X	X	Х	X	X		· · ·	X							Х				
Physical Activity Exercise in past 30 days How often rode a bike past 12 months in NYC borough	X	X	X	X	X		Х	X	X	X	X	X	X	X		Х	Х	Х	X
Physical Activity Exercise in past 30 days How often rode a bike past	X	X	Х	X	X	X	X	X							X Wave	Х	X		

Community Health Survey	2000	2000	2003	2001	2007	2000	200-	2000	2000	2042	2044	2042	2045	2044	2045	2045	204-	2042	2042
Questions 10 minutes of moderate	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015 Wave	2016 CITYW	1	2018 CITY	2019
activity/ for how long					Х	Χ	Х			Х		Х			2	IDE	WIDE		
Minutes moderate versus												_			Wave			CITY	
light activity Typical weekday walk												X			2			WIDE	
up/down at least one flight																			
of stairs home/work (2																			
questions)								Х											$\vdash \vdash \vdash$
Exercise 30 minutes at once		Х			X														
	\ \ \				\ \ \														
Exercise 20 minutes at once Reason for not exercising	Х				Х														\vdash
regularly	Х																		
Physical activity at work		Х																	
Bike/walk to school/work,									\ \										
frequency Walk 10 blocks or more		X	X	X			Х		Х	X		Х							$\vdash \vdash \vdash$
Bike 10 blocks or more												X							\vdash
Past 7 days, walk 10																			
minutes or more? (GPAQ)													Х	Х					
How many days past 7 walk? (GPAQ)													X	Х					
How long walk on average		 	-	 	-							 	 ^						$\vdash \vdash \vdash$
past 7 days? (GPAQ)													Х	Х					
Past 7 days, bike 10														_					
minutes or more? (GPAQ) How many days past 7		-		-								-	X	Х					$\vdash\vdash\vdash$
bike? (GPAQ)		L	<u> </u>	L	L_							L	Х	Х	L		L_		
How long bike on average																			
past 7 days? (GPAQ)		-		-								-	X	Х			-		$\vdash\vdash\vdash$
Past 7 days, sports, fitness													×						
or recreation? (GPAQ) How many days past 7														Х					$\vdash \vdash \vdash$
sports, fitness or recreation?																			
(GPAQ)													X	X					igwdown
How long do sports, fitness,																			
recreation on average past																			
7 days? (GPAQ) How many of those minutes													X	Х					igwdown
vigorous? (GPAQ)													X	Х					
Use neighborhood																			
recreation facilities					X														
Safety of neighborhood recreation facilities					x														
Own bike			Х																
How often wore a helmet							Х			Х									
In general, how physically												\ \ \							
active are you Compared to others your										Х		X		X					$\vdash \vdash \vdash$
age, are you more, less or																			
same active										Х									
Physically able to climb stairs										X									
How many floors do you																			\vdash
walk on average day										Χ	Х								
In building with elevator or escalator how often take																			
stairs										Х									
Sedentary 9:00-5:00 pm												Х	Х						
Sedentary 5:00pm-bed												Х	Х						
Have many the Control																			
How many floors of stairs up How many floors of stairs		-		-								-	X						$\vdash\vdash\vdash$
down		<u></u>		<u></u>	<u> </u>							<u> </u>	Х						
Piercings and Indoor																			_
Tanning																			
Ever had lower ear lobe																			
piercing		-		-								-		Х			1		$\vdash \vdash \vdash$
Ever had upper ear piercing														Х					
Ever had other piercings														.,					
(body) How old last piercings (body		-		-										Х					$\vdash \vdash \vdash$
or upper ear)												Ì		Х					
Number of times																			
commercial planning, past												Ì		X					
12 months			<u> </u>		<u> </u>					<u> </u>		<u> </u>	<u> </u>		<u> </u>			<u> </u>	
Poison Control																			
Awareness Who would you call first if	l	Ι	l	Ι	l					1	1	Ι	1	1	1		1		
child swallowed adult																			
vitamins																		Х	

Questione 2002 2005 City 2004 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2018 2017 2019 2019 20	Community Hoolth Commu	1		2002							ı	1	ı		ı					
Description of the provides Desc	Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Description of the provides Desc	Preventive Health																			
Decortinated to provide building searching and provided in the provided in t	Doctor talked to you about									.,										
Description Description								X		X										\vdash
Decide table 0 your about								X												i I
Discontinuation of the provided in the provi								V												
alcohol use list 12 months Discrimination by subsiding use list 12 months Discrimination in health case Discrimination in health case Discrimination with seaking list and l																				$\vdash \vdash \vdash$
Racial discrimination Discrimination in health care Discrimination in health care Discrimination in health care Discrimination Discrimination in health care Discrimination Discr	alcohol use last 12 months							Х		Χ										
Discrimination in health care Discriminated while seeking health care for any reason Reason(s) for being discriminated will seeking health care for any reason Reason(s) for being discriminated will seeking health care for any reason Reason(s) for being discriminated will seeking health care for any reason Reason(s) for being discriminated will be dis								X												
Descriminated white seeking Reason(s) for being discorrimated	Racial discrimination	ı									Г	1	1		ı	1				
Meath care for any reason	Discrimination in health care				Х															
Reason(s) for being																	V	Y		
Second-hand Smoke	Reason(s) for being																			
How offer smell amoke in home coming from outside																				
Name		T		1				1			ı	1	1		T		1			
Smoke free residential	1													x	X			Х	X	
SHS bome	Smoke free residential													<u> </u>			CITYW			\Box
SHS work			-		-		V								X		IDE		X	
SHS policy at work SHS po							X	X	X	X	X		X							$\vdash\vdash\vdash$
SHS policy at home																				
Effect of SFAA	-		Х				Χ		X	X	X	X		X						
Smoker	Effect of SFAA		Х																	
Sexual Behavior/ Birth Control			_		_		v		_	v	v		v							
Sexual Behavior/ Birth Control		X			X		_^_													
Total number of people had sex with last 12 months	Where expected at Well			1		l .		I			l	1		1	1					
Sex with last 12 months		trol																		
Ever sex sames sex	Total number of people had	Y																		
Cender of sex partners							Х	X	Х	X	Х	X								
Women		Х																		
Condom at last sex/condom at last sex msm	1		_		_	<	>		>	>	_	_	\	_	\ \	_	_	>	<	\ \
All stall sex msm	Women		^		^			^									 ^			$\vdash $
Condom oral sex		.,							\ \ \		\ ,	.,	.,		.,			\ \	\ \	
Condom use - how often Darad of condom, last sex Darad of condom, last sex Darad of condom, last sex Darad of condom of condom, last sex Darad of condom o		X	X			X	Х	X	X	X	X	X	X	X	X	X	X	Х	Х	$\stackrel{X}{\vdash}$
Brand of condom, last sex						X														
Anal sex											Х									
Anal sex past 12 months								Х		Χ	Х	Х	Х	Х	Х	Х	Х	Χ	Χ	Χ
Condom at last anal sex										_	_	_	_		_					
Anal STI check											^		^	X		X	X	X	X	X
How often use birth control, 12 months														<u> </u>			_ ^			$\frac{\hat{x}}{x}$
How often use birth control, 12 months			\		\	,,	.,													
12 months			X		X	X	X					-		-		1				\vdash
Dills	12 months						Χ		X											
Any other method of birth control at last sex Type of other birth control last sex															v					
Type of other birth control last sex Last time sex, intend to get pregnant/get partner pregnant	Any other method of birth																X	×	×	×
Last time sex, intend to get pregnant/get partner pregnant/get partner pregnant X X X X X X X X X X X X X X X X X X X	Type of other birth control																			
pregnant/get partner pregnant X X X X X X X X X X X X X X X X X X														X	X		X	Х	Х	\vdash^{X}
pregnant																				
Ever had tubes tied or hysterectomy Counseling/prescription for EC X X X X Where receive EC Unmet contraception need Ever use female condom Get it for free Told you have an STD Currently pregnant Pregnant last 5 years Last pregnancy - intend to get pregnant X X X X X X X X X X X X X X X X X X X	pregnant		X			Х	Χ							X	Х		X			
hysterectomy Counseling/prescription for EC X X X X Where receive EC Unmet contraception need Ever use female condom Get it for free Told you have an STD Currently pregnant Pregnant last 5 years Last pregnancy - intend to get pregnant X X X X X X X X X X X X X X X X X X X		X	<u> </u>		X															$\vdash \vdash \vdash$
Counseling/prescription for EC	1																		X	
Where receive EC	Counseling/prescription for					.,		.												
Unmet contraception need X Ever use female condom X Get it for free X Told you have an STD X Currently pregnant X Pregnant last 5 years X Last pregnancy - intend to get pregnant X			-		-	X														
Ever use female condom Get it for free X Told you have an STD X Currently pregnant Pregnant last 5 years Last pregnancy - intend to get pregnant X X X X X X X X X X X X X			-		-		X	X						-		1				×
Get it for free X X			 		 		Х							 						$\vdash $
Told you have an STD X X Currently pregnant X X X X X X X X X X X X X X X X X X X																				
Pregnant last 5 years X Last pregnancy - intend to get pregnant X X	Told you have an STD		Х																	
Last pregnancy - intend to get pregnant X					L			X												
get pregnant X X X X X X X X X X X X X X X X X X X	Pregnant last 5 years				X															\vdash
					X															
	Last pregnancy - live birth				Х															

Community Health Survey			2003	1	1	1	1			I	1		ı		ı .	I	ı	1	l
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Last pregnancy - stillbirth,				\ \ \															
miscarriage Operation preventing having	\vdash			X															
children							Х												
Past 12 mos., use internet to find sex partner											X	Х							
Doctor ask about sexual																			
history											Х					X		X	
Sleep quality																			
How would you rate sleep																		CITY	
quality Hours of sleep per night on																		WIDE	
average																		CITY	
							•			•									
Syndromic Surveillance, flu Flu-like illness in past 30	and o	diarrh	ea	1		1		ı		l	ı		l		l	ı	1	<u> </u>	ı
days			X																
During illness purchased			V																
non-prescription meds During illness missed			X																
work/school			X																
During illness, called doctor for advice			X																
During illness, called nurse				 															
or health hotline	$\vdash \vdash$		X	1															
During illness, visited doctor			X																
During illness, visited ER			X																
During illness, visited other health care facility			Х																
Which did first			X																
TTTIIOTI GIG IIIOC				1	1														l
Take Care NY										ı						•			
Ever received passport						X													
Entered info in passport						Χ													
TANF, food insecurity, hom	eless	ness																	
Had enough of kinds of food		1000		Ι															
you like				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \													X	X	
TANF/welfare Concerned about not having	$\vdash \vdash$			X			-												
enough food			X	X															
Homeless/shelter				Х															
Telephone (for weighting)																			
Number telephone lines	Х	Х	Х	X	Х	Х	X	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	
Residential numbers	Х	Х	Х	Х	Х	Х	Х	Х	Χ										
How many telephone numbers for exclusive data																l			
	1 '			1	l														l
use						Х	X												
Without telephone service/	V				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \														
Without telephone service/ for how long	Х	Х		Х	Х	X	X												
Without telephone service/	Х	Х			Х			X	X	X	X	X	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail	X	Х		X	X			X	X	X	X	Х	X						
Without telephone service/ for how long Without telephone service for one week or more	X	X			X			Х	X	X	Х	X	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use	X	X		X	X			X	X	X	X	X	X	X	X	X	X	X	
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and	X	X		X	X		X	Х	Х	Х	Х	Х	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use	X	X		X	X		X X X	X	X					X	X	X	X	X	
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others	X	X		X	X		X	Х	Х	Х	Х	Х	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell	X	X		X	X		X X X	X X	X X X	Х	Х	Х	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell	X	X		X		X	x x x x	X X X	X X X	Х	Х	Х	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone	X	X		X	X		X X X	X X	X X X	Х	Х	Х	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell	X	X		X		X	x x x x	X X X	X X X	Х	Х	Х	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many	X	X		X		X	x x x x	X X X X	x x x x	Х	X	X	x	X	X	X	X	X	
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone	X	X		X		X	x x x x	X X X X	x x x x	Х	Х	Х	X						
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many		X		X		X	x x x x	X X X X	x x x x	Х	X	X	x	X	X	X	X	X	
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many received on cell Tobacco Use and Cessatio		X	X	X		X	x x x x	X X X X	x x x x	Х	X	X	x	X	X	X	X	X	X
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many received on cell Tobacco Use and Cessatio 100 cigarettes Now smoke every day,	n X	X		XXX	X	X	X X X X X	x x x x x x x x x	X X X X X X X X X	X	X	X X	X X	x	x	X	X	X	
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many received on cell Tobacco Use and Cessatio	n		X	XXX	X	X	x x x x	x x x x x	X X X X X	X	x	X X	x x	X	X	x x x	X	X	X
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many received on cell Tobacco Use and Cessatio 100 cigarettes Now smoke every day, some days, not at all	n X	X		XXX	X	X	X X X X X	x x x x x x x x x	X X X X X X X X X	X	X	X X	X X	x	x	X	X	X	
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Of all calls, how many received on cell Tobacco Use and Cessatio 100 cigarettes Now smoke every day, some days, not at all Number of cigarettes smoked per day (daily)	n X X	X	Х	XXX	X	X X X X	X X X X X	x x x x x	X X X X X X	X X X X	X X X	x x x x x x	x x x x x x x	x	x	x x x	x x x x	X X X X	X
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many received on cell Tobacco Use and Cessatio 100 cigarettes Now smoke every day, some days, not at all Number of cigarettes smoked per day (daily) Days per month you smoke Number of cigarettes	n X X	X	Х	XXX	X	X	X X X X X	x x x x x	X X X X X X X X X X X X X X X X X X X	X X X	x x x x x x x	x x x x x x x	x x x x x x x x	x x x x x	X X X	X X X X	X X X X X	X X X X	X X X
Without telephone service/ for how long Without telephone service for one week or more E-mail Receive information Cell phone for personal use Have a cell phone and share with others Don't have a cell phone but share with others How many adults share cell phone How likely to use only cell phone Percent of calls received on cell phone Of all calls, how many received on cell Tobacco Use and Cessatio 100 cigarettes Now smoke every day, some days, not at all Number of cigarettes smoked per day (daily) Days per month you smoke	n X X	X	Х	XXX	X	X X X X	X X X X X	x x x x x	X X X X X X	X X X X	X X X	x x x x x x	x x x x x x x	x	x	x x x	x x x x	X X X X	X

Community Health Survey			2003			ı					1	1				ı			
Questions	2002	2003	1	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
How soon after wake up			X	X					X	X									
How old when started			Х	Х	Х	Χ	Х		Χ					Χ	Χ	Х		Χ	
How long since smoked	_					_		_		V	_					_	_	>	
regularly Where from - carton, loosie,	Х	X	X	X	X	Х	X	Х	X	X	Х	X	X			X	Х	Х	\vdash
etc.		Х	Х	X	Х	Χ	Х	Χ	Х	Χ		Χ	Х	Х	Χ	Х	Х	Х	X
How much paid		Х	Х	Х	Х	Х		Х	Х	Χ			Х	Х	Х	Х	Х	Х	X
Where bought	Х	Х	Х	Х	Х	Χ	Х	Χ	Х	Х		Χ	Х	Χ	Χ				Х
Bought in neighborhood Used a coupon for																	Х	Χ	\vdash
cigarettes													X	Х	Х	Х			
How much was coupon for													Х	Х	Х				
Past 30 days, smoke little															Wave	V			
cigar/cigarillo													Х	Х	1	X			\vdash
How many days (past 30)															Wave				
smoked little cigars/cigarillos													X	Χ	1				
How many cigars/cigarillos per day													x	Х					
Smoked hookah, past 12																CITYW			
months																IDE	Χ		X
Smoked hookah, past 30 days														х		CITYW			
															Wave				
E-cigs, past 12 months	-	-		-										Х	1 Wave	X	Х		X
E-cigs, past 30 days	<u> </u>	<u> </u>		<u> </u>										Х	vvave 1	Х	Х		Х
Use e-cigs to quit, past 12																_	_		
month Quit attempt past 12																X	Х		
months, how many times	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Χ	Х						
Longest time without																			
smoking Want to stop			X																\vdash
Thinking of quitting next 30																			\vdash
days			X	X		Χ													
Thinking of quitting next 6 months			X	X															
monuis		-		^															\vdash
If quit, how old when started			Х																
If quit, how soon after wake				X															
up Smoking 12 months ago			Х	^			Х		Х										
Smoking 12 months ago:																			
everyday or some days			X				X		X										
Number of cigarettes																			
smoked per day before quit		X	X	Х															
Cigarette cost	Х	Х																	
Price increase, did you smoke less								Х		Х	X								
Price increase, seriously				-															\vdash
consider quitting								Χ											
Price increase, did you switch to a cheaper brand								Х											
Price increase, did you buy		-																	\vdash
more on the street								Х											
Price increase, did you purchase more outside																			
NYS, internet, mail or on																			
reservation								Х											\bigsqcup
Price increase, buy more loosies								Х											
Price increase, switch to								^											\vdash
smoking pipe, chewing								,,											
tobacco Price increase, affect		-		-				Х											$\vdash \vdash \vdash$
decision to quit								х		Х									
Effect of SFAA		Х	Х				Х												
Cessation aids																			
(individual/group counseling, telephone,																			
internet)	Х	L	Х	Х	L	Х	L_			Χ			L_						
Last 12 months used NRT								V	V		\ \ \	V				.,			
to quit	1	-		-	-			X	Х	X	Х	X				X			$\vdash\vdash\vdash$
Where get NRT Last 12 months used RX to																			$\vdash\vdash\vdash$
quit								Х	Х	Χ	Х	Χ							
Where get RX to quit										Х									
Provider asked about smoking						Х					X								
Provider advised to quit	Х		Х			X				Х	X	Х				Х	Х		$\vdash \vdash \vdash$
Advice to quit from dentist	 ^`		 ^`										Х			<u> </u>			
Provider recommended																			
cessation aids			X	<u> </u>		Х													$\vdash \vdash \vdash$
Bar/nightclub smoking																			

Community Health Survey			2003	1	l								Ι	<u> </u>					
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
					•												•		
Traffic Safety																			
How often drive past 30																			CITY
days in NYC															Χ	Х			WIDE
How often speed 10mph or																			CITY
over															Χ	Х			WIDE
How often text or email																			CITY
while driving															Χ				WIDE
West Nile Virus																			
Early morning of a typical				1	l					l	I	1						l	
week spent > 30 minutes at																			ı
beaches			Χ																ı
Early morning of a typical			,,	 															\vdash
week spent > 30 minutes at																			
parks			Χ																ı
Early morning of a typical			- ' '								<u> </u>								\Box
week spent > 30 minutes																			i I
outside home			Χ																i I
Early morning of a typical				<u> </u>															
week spent > 30 minutes in																			i I
neighborhood			Χ																i I
How often insect repellant																			
use			Χ																i I
Evening of a typical week																			
spent > 30 minutes outside																			i I
home			Х																i I
Evening of a typical week																			
spent > 30 minutes in																			i I
neighborhood			Х																i I
Insect repellant has DEET			Χ																
Primary source of																			
information about WNV and																			i I
spraying			Х																i I
WTC Health Registry																			
Tro neutar region y				1													CITY		
In NYC on 9/11																	WIDE		i I
					\												CITY		
Live south of Canal Street					X						ļ						WIDE		ш
In MN south of Chambers					,												CITY		
Street plane and noon				X	Х												WIDE		igwdown
Work at WTC site					Х														
Work at WTC recovery on																	CITY		_]
SI					X												WIDE		
Enrolled in WTC health				l	l ¯]
registry				<u> X</u>	X														