

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	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Sex	Х	Х	Х	Х	Х	Χ	Х	Х	Χ	Χ	Х	Х	Х	Х	Х	Х			
Sex assigned at birth																	Χ	Χ	Χ
Gender identity		<u> </u>													Χ	X			
Gender identity (two-step)		<u> </u>	<u> </u>	<u> </u>	ļ.,												X	X	X
Ethnicity	X	X	X	X	X	X	Х	X	X	X	X	X	X	X	X	X	X	X	X
Hispanic/Latino origin	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Race	 ^	X	X	X	X	Х	Х	Х	Х	Х	X	X	X	X	X	X	X	X	X
Asian ancestry Black/Black American		_											^						
heritage																			Χ
Where born - foreign/US	Х	Х	Х	X	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Years in country	Х	Х	Х		Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х				Х	
Language in home				X	X	Х	Х	Х	Χ	Χ	Х	Х	X	Х	Χ	Х			
Marital status	Х	X	X	Х	Х	Х	Х	Х	Χ	Χ	Х	Х	Х	Х	Х	Х	Х	X	Χ
Sexual orientation		X		X	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Х					
Sexual orientation (NEW)		<u> </u>		ļ.,,											Х	Х	Х	Х	Χ
Education	X	X	X	X	X	Х	Х	Х	Χ	Х	Х	Х	X	Х	Х	Х	X	Х	Χ
Children <18	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Employment	X	X	X	X	X	X	Х	Х	Х	Х	Х	X	Х	Х	Х	X	Х	Х	X
Occupation and industry	1		L	1	L	L							L		L		L		WIDE
Annual household income	Х	Х	Х	X	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ
Poverty			Х	Х	Х	Χ	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ
Height	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ
Weight	Х	Х	Х	Х	Х	Χ	Х	Х	Χ	Χ	Х	Х	Χ	Х	Χ	Х	Х	Х	Χ
Children 0<6									Χ							Х			
Children 0 < 12 months																			Х
Children 12 months <= 13																			
years		<u> </u>		-															X
Children 12 months <= 5 years																			Х
Children <13		+																	
Children 6<=12		+							Х							Х			
Children 13<=17		_							X							<u> </u>			
Children 7-10 or <10			Х		X														
Children <7					X														
																Child	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
Children 0 to 13		-														Pilot Child	X		X
Children 0 to 5																Pilot	Х		Χ
Obildon CA- 40																Child			V
Children 6 to 13		+-											X			Pilot			X
West Indies origin		+-		-	X								 ^	Х					
Country father born Country mother born		\vdash			X														
Father nativity (U.S., P.R. or		_			^														
other)														Х					
Mother nativity (U.S., P.R.																			
or other)		<u> </u>												Х					
Spouse nativity (U.S., P.R. or other)														X					
Lived in NYC since 2003		\vdash					Х												
Highest level of education in		_														Child			
нн																Pilot			
Oi-le la acce																CITYW			
Sick leave	1	 		\vdash												IDE			
Family paid leave				1											ĺ	CITYW			
Serious on-the-job injuries	X	\vdash		\vdash															
Civic participation	X	X		1															
1	<u>. · ` ` </u>	<u> </u>		1							1	1		<u>. </u>					
Access																			
Have health coverage		Х	Х	X	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ
Health coverage type	Х	Х		Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ
Get insurance through NY														.,	.,				
Exchange	<u> </u>	-			-	-								Х	Х	X			
How long uninsured	 	 		\vdash	-	-							-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		X	-		
Main reason uninsured Receive subsidy through		+		\vdash	-	-								Х		Х			
Obamacare				1											Х				
Medicaid HMO Question	<u> </u>	+-		+															
(list of plans provided)								Χ											
Managed Care		Х					Х												
Without coverage last 12				1			\ ,_		.,										
		1 '	I	1	I	1	X	1	Χ	I	I	1	I	I	Ì	I	İ	I	
months	\ <u>'</u>	\ <u>\</u>	· ·	\ \ \	\ <u>'</u>	\/		\ \ \ \ \	\/	\/	\ <u>\</u>	V	\ <u>\</u>	\ <u>'</u>	\/	\ <u>'</u>	V	\ <u>\</u>	\/
months PCP	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Χ	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	Χ				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															Х	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	X
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						Х								
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 i							
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	Х				
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						

Community Health Survey			2003	Г							Π			l					
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Past 12 months, ever take more tranquilizer than																			
prescribed Past 12 months, ever take												Wave 2	X						
tranquilizer not prescribed How often take Rx												Wave 2	Х						
tranquilizer more than prescribed												Wave 2	×						
How often take Rx												TTUTO 2							
tranquilizer without prescription												Wave 2	X						
How often take Rx												vvave 2							
tranquilizer more than																			
prescribed or without prescription												Wave 2							
Taken ecstasy (MDMA),												vvavc z							
past 12 months														Х					
How many times taken ecstasy, past 12 months														Х					
Asthma (WTC)																			
Ever asthma	Х	Х		Х		Х	Х	Х	Χ	Х	Х	Х	Х	Х		Х	Χ	Х	Х
Still have asthma	\vdash																		Х
Asthma attack past 12 months	Х	Х		Х		Х	Х	Х	Χ	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Year diagnosed with asthma (before or after 9/11)								X											
Taking daily asthma																			
medication (control)				,,		.,				.,					Х				igwdapprox
ED for asthma	Х	X		Х		Χ			Х	Х									
Asthma plan Difficulty sleeping	\vdash	^		X															
Ever seen a doctor for				 ^ 															
persistent cough	igsqcut						Χ												Щ
Persistent cough in past 30 days							Х	x											
Shortness of breath in past 30 days								X											
Wheezing in past 30 days								X											
Ever COPD																			Χ
Blackout										ı				1					
Day and time power came back on in house			Х																
Fri-Sun after the blackout			- , ,																
ate food out of the			Х																
refrigerator				-															
Fri-Sun after the blackout																			
ate food that tasted spoiled Fri-Sun after the blackout			Х																
ate in a restaurant			Х																
In the week after the																			
blackout, had diarrhea In the week after the	\vdash		X	-															
blackout, saw messages																			
about what to do with food			Χ																
Cancer Screening											1	,	•	1		•			
Ever/when colonoscopy		X		X	Х	Х	Х	Х	Х	Х	X	Х	X	Х	Х	X	Х	Х	X
Ever/when sigmoidoscopy Ever colonoscopy or	$\vdash \vdash \vdash$	X		-															
sigmoidoscopy	Х	Х																	
Ever when FOBT	igsqcup	Х																	
Ever/when last mammogram	Х			X	Х	Х	Х	х	Х	Х		X		Х					X
Ever/when last pap test	X			X	X	X	X	X	X	X		X		<u> </u>			Х		
Ever other test for colon											İ								
cancer/when (sigmoidoscopy, FOBT)							Х												
Ever/when home blood	\vdash																		\Box
stool test												Х						Χ	
Where last colonoscopy				<u> </u>							Х								
Cardiovascular Disease Pro		on		1						ı	1		ı	ı		ı	1		
Blood pressure checked	X			-															
Blood pressure numbers How long blood pressure	_			-															
checked						Χ						Χ		Х					
Ever told you have high blood pressure	Х				X	Х	Х	х	Х	Х	X	X	X	Х	Х	X	Х	Х	x
Ever told you need blood																			
pressure medication					X	Χ	Χ		Х	Х	X	Х		X	Χ	X	Χ	Χ	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	X	Х		Х	Х	Х	Х	х	Х
Self-check blood pressure																			
at home or community					\ \ \	Х	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										X	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	Х					
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		<u> </u>		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	Т		2003	г -	I		ı				I	1	ı	1		1	ı		$\overline{}$
Questions	2002	2003		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Dentist																			
How long since cleaning	Х												Х	Х	Wave 1				Х
Have dental insurance															Wave 1				.
Regular source of dental																			
Most recent visit to dental							X												
care provider							X												.
out provide:											<u> </u>		!						
Diabetes						1					1	1							
Ever diabetes	X	X	X	X		X	X	Х	Х	Х	Х	Х	X	Х	Χ	Х	Х	Х	X
Gestational diabetes	Х		X	Х		Χ	Х											\vdash	
Signs and symptoms			Х																
Hemoglobin A one C test A one C level	X					X	X												-
Class on management	^		Х	X		^	^												-
How old at diabetes			_^	 ^															-
diagnosis	Х		Χ	Х				Х			Χ								
Now taking insulin							Х								Χ			Χ	
Taking diabetic pills	<u> </u>			<u> </u>			Х								Χ			Х	
Taking non-insulin injectables																		X	,
Disabilities and Cognitive							ı						l						
Decline	т —		Ι								I			I					
Limited in any activities Health problem use special	 			<u> </u>															X
lequipment																			x
Electronic medical																		-	
equipment																			Х
Memory loss																			Χ
Talk to doctor about memory loss																			×
Provide care for an adult																			$\stackrel{\sim}{-}$
past 12 months																			Χ
Geocoding module				1			Г						Ι		~			$\overline{}$	$\overline{}$
Street address Cross-streets															X	X	X	X	X
Cross-streets													<u> </u>		^_	^_			
Health Care																			
didn't get prescription last																			
12 months							X												
didn't get lab tests last 12																			.
months didn't get eye care last 12							X												$\overline{}$
months							X												.
didn't get dental care last 12 months							Х												
didn't get hospital care last																			
12 months didn't get medical care from	<u> </u>						X												
doctor last 12 months							X												
Health Status		l v					Lv	V	V	V			l v		V				
General health status Stop doing usual activities	Х	X	X	X	X	Х	X	Х	Х	Х	Х	Х	X	Х	Х	X	Х	Х	X
due to physical health		X		Х															.
Stop doing usual activities																			
due to mental health Stop doing usual activities	_	X		X															
due to physical or mental																			.
health			Х																
Days physical health not						· ·													
good Days mental health not	-	<u> </u>		-	X	Χ													-
good					X	Х	x	X											, [
How long activities limited			Х																\neg
Need help with personal																			\neg
care because of limitation	 	<u> </u>	X	-								Х							
Arthritis of hip or knee		L					<u> </u>	l				٨	<u> </u>						
Heat																			
AC in home			Х				Х						Х						
Use AC during summer				L			Х												
Times did not turn on AC			.,																\Box
because of electric bill	 		X																
Times did not turn on AC																			
because asked to conserve			Х																
																			_

Community Health Survey			2003		Ι														
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		Χ			Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Χ	Χ	Χ	Х	Х
HIV test ever	Χ			Х	Х		Х	Х	Х	Х	Χ	Χ	Х	Х	Χ	Χ	Χ	Х	Х
Year of last HIV test	Х			Х	Х														
HIV test prior to last one		Х																	
HIV test 1-5 yrs. ago or >5 yrs. ago							Х												
Ever heard of PrEP																Χ	Х	Х	
Ever used PrEP																Χ	Х	Х	
Blood donation		Х																	
Why HIV test	Х																		
Where HIV test	Х																		
Type of test used					Х														
Got HIV test results							Х												
Results same day/wait						Х	Х												
Use rapid home test						Х													
Doctor recommend HIV test						Х	Х			Х	Х								
Followed advice and got HIV test							Х												
Doctor ever told HIV+						Х	Х												
Seen a doctor for HIV medical care							Х												
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	Х	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						Х	X			
Social cohesion - people																	. 1
willing to help in													V	\ \	V		
neighborhood				ļ			\longrightarrow						Х	Х	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	$\vdash \vdash$			-		 	\dashv			-			^			\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		

Community Health Survey			2003	Ι															
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Social control - People children can look up to																	Х		
children can look up to			<u> </u>	L							<u> </u>						_ ^		
Hurricane Response and																			
Emergency Preparedness		_		_		1			1		_	ı			1				
Living in same place or another place in August																			
2011												Х							
What was zip code in																			
August 2011	<u> </u>											Χ							
Where did you stay during																			
Hurricane Irene in August 2011												Х							
To your knowledge, did you																			
live in a designated																			
hurricane evacuation zone																			
in August 2011?												Х							
What was zip code in October/November 2012													X						
Were you evacuated due to																			
Hurricane Sandy													Х						
Evacuate before, during or																			
after Hurricane Sandy	<u> </u>												Х						
How many days evacuated due to Hurricane Sandy													X						
Have a meeting place for	 			-	 						-								
family in disaster or																			
emergency		L	<u> </u>	L			L	L	<u> </u>	<u> </u>	L	Х			L	L			
Set aside 3 days of																			
medicine for disaster or												v							
emergency Computer with internet in				-							-	Х							
home													X						
Working printer in home													X						
Transing printer in theme	<u> </u>										1	l	,,		l	l .		1	
Illicit Drug Use																			
Illegal drug use				Х															
Needle use				X								Х							
Crystal Meth (all)				X	Х														
Crystal Meth (MSM only)						Х													
Ever used needle for non-																			
prescribed drug		X																	
Immunizations						1													
Flu shot past 12 months	Х	X		X	Х	Χ	Х	X	Х	Х	X	Χ	Х	Χ	Х	Х	Χ	Х	X
Flu shot defined period						Х	Х	Χ	X	Х	Х	Χ	Χ	Х	Х				
Pneumonia shot ever	Х	X		X		Х		Х		Х		Х				Х			
Where flu shot	<u> </u>	Х			Х	Χ						Х				Х			
When flu shot	<u> </u>				Х														
Tried to get flu shot but unable					x														
H1N1 vaccination since	-																		
October 2009										Х									
Try to get H1N1 shot but																			
couldn't				<u> </u>						Х									
Work in health care setting	<u> </u>				Х		Х		Х					Χ					
Ever hepatitis B vaccine	<u> </u>						Х					Χ						Χ	
Entertain CO A 1																			Χ
Ever hepatitis A vaccine																			Χ
Ever hepatitis A vaccine Number of Hep a shots																			
Number of Hep a shots																			
Number of Hep a shots Incarceration (justice																l	•		
Number of Hep a shots Incarceration (justice involvement)																			
Number of Hep a shots Incarceration (justice involvement) Correctional facility				X													V		
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated				X													X	Х	
Number of Hep a shots Incarceration (justice involvement) Correctional facility				X													X	X	
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever				X															
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever				X															
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated				X		X													
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives				X			X	X											
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches				X		Х	X	X											
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms				X			X	X											
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo				X		X													
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo Used a condom with a logo				X		Х	X	X											
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo Used a condom with a logo Ever received TCNY				X		X X X													
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo Used a condom with a logo				X		X X X													
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo Used a condom with a logo Ever received TCNY passport				X		X X X													
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo Used a condom with a logo Ever received TCNY passport Entered info in TCNY				X		X X X													
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo Used a condom with a logo Ever received TCNY passport Entered info in TCNY passport International travel				X		X X X													
Number of Hep a shots Incarceration (justice involvement) Correctional facility Ever been incarcerated Close family ever incarcerated Initiatives Hear or see patches Hear or see free condoms Were they condoms with logo Used a condom with a logo Ever received TCNY passport Entered info in TCNY				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	Χ				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	Х	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	Х	Χ	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	1			1			
months							X	Х											
Counseling or medication				1			Ė	<u> </u>			İ	İ							
for mental health past 30																			
days									X	Х		Х							
Counseling or medication				+	 				 ^	 ^`	 	 ^`							
for mental health past 12			1						l	1	1	1	1			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											Χ	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					Χ					
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

Nutrition																	
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										Х									
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																			
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	

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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										_	_	_	_		_					
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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
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Community Health Survey			2003	1	1	1	1			I	1		ı		ı .	I	ı	1	l
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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	
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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				1															
or health hotline	\vdash		X	1															
During illness, visited doctor			X																
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During illness, visited other health care facility			Х																
Which did first			X																
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Ever received passport						X													
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TANF, food insecurity, hom	ieless	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	X	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												
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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
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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	Χ	X
How much paid		Х	Х	Х	Х	Х		Х	Х	Х			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													X	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>	<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_			Х			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	Х							
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																	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		igwdap
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														