

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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sex	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Sex assigned at birth																	X	X	X
Gender identity															X	X			
Gender identity (two-step)																	X	X	X
Ethnicity	X	X	X	X	X	X	X	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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Asian ancestry												X	X	X	X	X	X	X	X
Black/Black American heritage																			X
Where born - foreign/US	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Years in country	X	X	X		X	X	X	X	X	X	X	X	X	X				X	
Language in home				X	X	X	X	X	X	X	X	X	X	X	X	X			
Marital status	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Sexual orientation		X		X	X	X	X	X	X	X	X	X	X	X					
Sexual orientation (NEW)															X	X	X	X	X
Education	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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	X	X	X	X	X	X	X	X	X	X	X	X	X
Occupation and industry																			CITY WIDE
Annual household income	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Poverty			X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Height	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Weight	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Children 0<6									X							X			
Children 0 < 12 months																			X
Children 12 months <= 13 years																			X
Children 12 months <= 5 years																			X
Children <13																			
Children 6<=12									X							X			
Children 13<=17									X										
Children 7-10 or <10			X		X														
Children <7					X														
Children 0 to 13																Child Pilot	X		X
Children 0 to 5																Child Pilot	X		X
Children 6 to 13																Child Pilot			X
West Indies origin													X	X					
Country father born					X														
Country mother born					X														
Father nativity (U.S., P.R. or other)														X					
Mother nativity (U.S., P.R. or other)														X					
Spouse nativity (U.S., P.R. or other)														X					
Lived in NYC since 2003							X												
Highest level of education in HH																Child Pilot			
Sick leave																CITYWIDE			
Family paid leave																CITYWIDE			
Serious on-the-job injuries	X																		
Civic participation	X	X																	
Access																			
Have health coverage		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Health coverage type	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Get insurance through NY Exchange														X	X	X			
How long uninsured																X			
Main reason uninsured														X		X			
Receive subsidy through Obamacare															X				
Medicaid HMO Question (list of plans provided)								X											
Managed Care		X					X												
Without coverage last 12 months							X		X										
PCP	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Seen PCP in last 12 months						X	X	X					X		X				

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Seen any doctor last 12 months							X												X
What used to record info last doctor visit							X	X											
Last time saw doctor and got a prescription, was a computer print out, written on a pad or called/faxed pharmacy								X											
Didn't get needed care	X				X		X		X	X	X	X	X	X	X	X	X	X	X
Told doctor not accepting insurance															X	X			
Didn't fill prescription due to cost		X				X									X	X			
Difficulty paying out-of-pocket, copays, deductibles															X	X		X	
Didn't get care due to cost		X				X													
See doctor routine exam		X																	
Last routine visit			X	X							X	X							
See doctor, other reason			X																
Partial insurance		X		X															
How long partial		X																	
Where do you go if you're sick or need advice		X		X							X	X		X	X	X			
Why use ER as usual source of care															X	X			
How quickly get appointment				X							X	X		X	X				
Follow doctor's advice				X															
Advice not followed, why				X															
Quality of care from doctor (listens, etc.)				X															
Counseling on weight, nutrition, exercise				X															

Alcohol Consumption and RX abuse

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

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Past 12 months, ever take more tranquilizer than prescribed												Wave 2	X						
Past 12 months, ever take tranquilizer not prescribed												Wave 2	X						
How often take Rx tranquilizer more than prescribed												Wave 2	X						
How often take Rx tranquilizer without prescription												Wave 2	X						
How often take Rx tranquilizer more than prescribed or without prescription												Wave 2							
Taken ecstasy (MDMA), past 12 months														X					
How many times taken ecstasy, past 12 months														X					

Asthma (WTC)

Ever asthma	X	X		X		X	X	X	X	X	X	X	X	X		X	X	X	X
Still have asthma																			X
Asthma attack past 12 months	X	X		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X
Year diagnosed with asthma (before or after 9/11)								X											
Taking daily asthma medication (control)															X				
ED for asthma	X	X		X		X			X	X									
Asthma plan		X																	
Difficulty sleeping				X															
Ever seen a doctor for persistent cough							X												
Persistent cough in past 30 days							X	X											
Shortness of breath in past 30 days								X											
Wheezing in past 30 days								X											
Ever COPD																			X

Blackout

Day and time power came back on in house			X																
Fri-Sun after the blackout ate food out of the refrigerator			X																
Fri-Sun after the blackout ate food that tasted spoiled			X																
Fri-Sun after the blackout ate in a restaurant			X																
In the week after the blackout, had diarrhea			X																
In the week after the blackout, saw messages about what to do with food			X																

Cancer Screening

Ever/when colonoscopy		X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ever/when sigmoidoscopy		X																	
Ever colonoscopy or sigmoidoscopy	X	X																	
Ever when FOBT		X																	
Ever/when last mammogram	X			X	X	X	X	X	X	X		X		X					X
Ever/when last pap test	X			X	X	X	X	X	X	X		X					X		
Ever other test for colon cancer/when (sigmoidoscopy, FOBT)							X												
Ever/when home blood stool test												X						X	
Where last colonoscopy											X								

Cardiovascular Disease Prevention

Blood pressure checked	X																		
Blood pressure numbers	X																		
How long blood pressure checked						X						X		X					
Ever told you have high blood pressure	X				X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Ever told you need blood pressure medication					X	X	X		X	X	X	X		X	X	X	X	X	X

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Currently taking blood pressure medication	X				X	X	X	X	X	X	X	X		X	X	X	X	X	X
Self-check blood pressure at home or community						X											X	X	X
Cholesterol checked ever	X				X		X			X									
How long cholesterol checked	X				X		X			X		X		X					
Cholesterol level	X																		
Ever told you have high cholesterol	X						X	X	Wave 2	X	X	X	X	X					
Told need cholesterol medication										X	X	X		X					
Medication for high cholesterol	X						X	X	Wave 2	X	X	X		X					
Aspirin for heart	X							X		X									

Caregiving

[illegible]

Child Module

[illegible]

Children with Asthma

[illegible]

Commuting Pattern

[illegible]

Debriefing Questions

[illegible]

How long since cleaning	Y												Y	Y	Wave 1				Y
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[illegible]

Decline	

Street address																X	X	X	X	X
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[illegible]

[illegible]

AC in home			X				X						X					
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[illegible]

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

Housing and Neighborhood Environment

[illegible]

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Social control - People children can look up to																	X		

Hurricane Response and Emergency Preparedness

Living in same place or another place in August 2011												X							
What was zip code in August 2011												X							
Where did you stay during Hurricane Irene in August 2011												X							
To your knowledge, did you live in a designated hurricane evacuation zone in August 2011?												X							
What was zip code in October/November 2012													X						
Were you evacuated due to Hurricane Sandy													X						
Evacuate before, during or after Hurricane Sandy													X						
How many days evacuated due to Hurricane Sandy													X						
Have a meeting place for family in disaster or emergency												X							
Set aside 3 days of medicine for disaster or emergency												X							
Computer with internet in home													X						
Working printer in home													X						

Illicit Drug Use

Illegal drug use				X															
Needle use				X								X							
Crystal Meth (all)				X	X														
Crystal Meth (MSM only)						X													
Ever used needle for non-prescribed drug		X																	

Immunizations

Flu shot past 12 months	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Flu shot defined period						X	X	X	X	X	X	X	X	X	X				
Pneumonia shot ever	X	X		X		X		X		X		X				X			
Where flu shot		X			X	X						X				X			
When flu shot					X														
Tried to get flu shot but unable					X														
H1N1 vaccination since October 2009										X									
Try to get H1N1 shot but couldn't										X									
Work in health care setting					X		X		X					X					
Ever hepatitis B vaccine							X					X						X	
Ever hepatitis A vaccine																			X
Number of Hep a shots																			X

Incarceration (justice involvement)

Correctional facility				X													X	X	
Ever been incarcerated																	X	X	
Close family ever incarcerated																	X	X	

Initiatives

Hear or see patches						X													
Hear or see free condoms						X	X	X											
Were they condoms with logo						X													
Used a condom with a logo						X	X	X											
Ever received TCNY passport						X													
Entered info in TCNY passport						X													

International travel

Traveled outside US, past 12																	CITY WIDE		
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Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017 CITY WIDE	2018	2019
Which country																			
Reason for travel																			

Intimate Partner Violence and Sexual Assault

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

Mental Health

Emotional distress (sad, hopeless, worthless, etc.) - K6 [Past 30 days]	X	X			X	X		X	X	X		X	X		X				X
Emotional distress (sad, hopeless, worthless, etc.) - K6 [Worst Month]											X	X			X				
Worst month, past 12 months												X							
PHQ - How often bothered past 2 weeks - little interest or pleasure							X									X	X	X	
PHQ - How often bothered past 2 weeks - down, depressed, hopeless							X									X	X	X	
PHQ - How often bothered past 2 weeks - trouble sleeping																X	X	X	
PHQ - How often bothered past 2 weeks - feeling tired/little energy																X	X	X	
PHQ - How often bothered past 2 weeks - poor appetite or overeating																X	X	X	
PHQ - How often bothered past 2 weeks - feeling like a failure or let family down																X	X	X	
PHQ - How often bothered past 2 weeks - trouble concentrating																X	X	X	
PHQ - How often bothered past 2 weeks - moving slowly/fidgety and restless																X	X	X	
How difficult have these problems made it to work, self-care, get along with others																X			
Mental health affects activities		X							X	X		X	X						X
Ever diagnosed with schizophrenia, bipolar, mania or psychosis												X		X					
Needed treatment, didn't get it		X			X	X							X	X	X	X	X	X	X
Informal Support		X																	
Ever told have depression					X	X	X	X	X	X			X	X				X	
First told depression last 12 months						X	X	X	X				X						
Counseling or medication for depression last 12 months							X	X											
Counseling or medication for mental health past 30 days									X	X		X							
Counseling or medication for mental health past 12 months					X	X			X	X		X							
Counseling for mental health, past 12 months		X											X	X	X	X	X	X	X
Medication for mental health, past 12 months		X											X	X	X	X	X	X	X

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Freq/wk. eating purchased meals <u>exclude street vendors or delis</u>											X								
Past month, seen letter grade in restaurant											X								
Past month, letter grade influence restaurant decision											X								
How often look at NFP										X									
How often look at sodium										X									
Last time ate out/took out, notice HD score									X										
Hours watch TV			X		X					X									
Hours use computer					X														
Change purchase decision based on sodium on NFP, last 30 days												X	X						
How often buy low sodium/salt							X			X	X				Wave 1				
Are you cutting down on salt										X	X								
How often use salt at table										X									
Types of water drink past 30 days								X	X										
Type of water most often drink								X	X										
How often drink from water fountains								X	X										
How often used water fountain to fill own bottle									X										
Glasses of plain water yesterday																	X		

Obesity

Weight status (BMI)	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Perception of weight		X																	
Ideal weight					X														

Pests and Indoor Air Quality

Cockroaches in home in past month		X																	X
How do you control cockroaches		X																	
Use TEMPO		X																	
Types of pesticides used in home past 12 months)															X				
See mice/rats past 90 days in home			X	X															
See mice/rats past 90 days in street			X	X						X									
See mice/rats past 90 days in building			X	X															
Trash storage			X																
Past 30 days, how many days see cockroaches in home												X							
Past 30 days, how many days see mice or signs of mice in home												X							
Past 30 days, how many rooms have mold												X							
Visible mold on walls/ceiling																			X
Bed bugs									X		X			X					
Bed bugs confirmed											X								

Pets

Anyone in household has dogs or cats								X											
How many dogs and cats								X											
How many cats													X						
How many cats roam outdoors													X						
How many cats spayed/neutered													X						

Physical Activity

Exercise in past 30 days	X	X	X	X	X			X	X	X	X	X	X	X	X	X	X	X	X
How often rode a bike past 12 months in NYC borough							X		X	X	X	X	X	X		X	X	X	X
10 minutes of vigorous activity/ for how long					X	X	X			X		X			Wave 2	CITYW IDE	CITY WIDE	CITY WIDE	

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10 minutes of moderate activity/ for how long					X	X	X			X		X			Wave 2	CITYWIDE	CITYWIDE	CITYWIDE	
Minutes moderate versus light activity												X			Wave 2			CITYWIDE	
Typical weekday walk up/down at least one flight of stairs home/work (2 questions)								X											
Exercise 30 minutes at once		X			X														
Exercise 20 minutes at once	X				X														
Reason for not exercising regularly	X																		
Physical activity at work		X																	
Bike/walk to school/work, frequency		X	X	X			X		X	X									
Walk 10 blocks or more												X							
Bike 10 blocks or more												X							
Past 7 days, walk 10 minutes or more? (GPAQ)													X	X					
How many days past 7 walk? (GPAQ)													X	X					
How long walk on average past 7 days? (GPAQ)													X	X					
Past 7 days, bike 10 minutes or more? (GPAQ)													X	X					
How many days past 7 bike? (GPAQ)													X	X					
How long bike on average past 7 days? (GPAQ)													X	X					
Past 7 days, sports, fitness or recreation? (GPAQ)													X	X					
How many days past 7 sports, fitness or recreation? (GPAQ)													X	X					
How long do sports, fitness, recreation on average past 7 days? (GPAQ)													X	X					
How many of those minutes vigorous? (GPAQ)													X	X					
Use neighborhood recreation facilities					X														
Safety of neighborhood recreation facilities					X														
Own bike			X																
How often wore a helmet							X			X									
In general, how physically active are you										X		X		X					
Compared to others your age, are you more, less or same active										X									
Physically able to climb stairs										X									
How many floors do you walk on average day										X	X								
In building with elevator or escalator how often take stairs										X									
Sedentary 9:00-5:00 pm												X	X						
Sedentary 5:00pm-bed												X	X						
How many floors of stairs up													X						
How many floors of stairs down													X						

Piercings and Indoor Tanning

Ever had lower ear lobe piercing													X					
Ever had upper ear piercing													X					
Ever had other piercings (body)													X					
How old last piercings (body or upper ear)													X					
Number of times commercial planning, past 12 months													X					

Poison Control Awareness

[illegible]

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Last pregnancy - stillbirth, miscarriage				X															
Operation preventing having children							X												
Past 12 mos., use internet to find sex partner											X	X							
Doctor ask about sexual history											X					X		X	

Sleep quality

How would you rate sleep quality																		CITY WIDE	
Hours of sleep per night on average																		CITY WIDE	

Syndromic Surveillance, flu and diarrhea

Flu-like illness in past 30 days			X																
During illness purchased non-prescription meds			X																
During illness missed work/school			X																
During illness, called doctor for advice			X																
During illness, called nurse or health hotline			X																
During illness, visited doctor			X																
During illness, visited ER			X																
During illness, visited other health care facility			X																
Which did first			X																

Take Care NY

Ever received passport						X													
Entered info in passport						X													

TANF, food insecurity, homelessness

Had enough of kinds of food you like																	X	X	
TANF/welfare				X															
Concerned about not having enough food			X	X															
Homeless/shelter				X															

Telephone (for weighting)

Number telephone lines	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	
Residential numbers	X	X	X	X	X	X	X	X	X										
How many telephone numbers for exclusive data use						X	X												
Without telephone service/ for how long	X	X		X	X	X	X												
Without telephone service for one week or more								X	X	X	X	X	X						
E-mail				X															
Receive information				X															
Cell phone for personal use							X	X	X	X	X	X	X	X	X	X	X	X	
Have a cell phone and share with others							X	X	X	X	X	X	X	X	X	X	X	X	
Don't have a cell phone but share with others							X	X	X										
How many adults share cell phone							X	X	X										
How likely to use only cell phone					X	X	X	X	X										
Percent of calls received on cell phone								X	X										
Of all calls, how many received on cell											X	X	X	X	X	X	X	X	

Tobacco Use and Cessation

100 cigarettes	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Now smoke every day, some days, not at all	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Number of cigarettes smoked per day (daily)	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X
Days per month you smoke						X		X	X	X	X	X	X	X			X	X	X
Number of cigarettes smoked daily (non-daily)											X	X	X	X	X	X	X	X	X
Is usual brand menthol or non-menthol															X			X	X

[illegible]

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
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Traffic Safety

How often drive past 30 days in NYC																X	X				CITY WIDE
How often speed 10mph or over																X	X				CITY WIDE
How often text or email while driving																X					CITY WIDE

West Nile Virus

[illegible]

WTC Health Registry

[illegible]