Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Demographics															
Children <18			Χ	Χ	Χ	Χ	Χ	Χ	X	Χ	Χ	Χ	Χ	Χ	Χ
Children 0<6									X						<u> </u>
Children 6<=12									X						<u> </u>
Children 13<=17			.,						Χ						
Children 7-10 or <10			Х		X										<u> </u>
Children <7		\ \			X										\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Age	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
Ethnicity	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
Race	^	^	_ ^	^	^	^	^	^			^	X	X	X	X
Asian ancestry West Indies origin												^	X	X	
Where born - foreign/US	Х	Х	Х	Х	Х	Х	Х	Х	Χ	Х	Х	Х	X	X	Х
Country father born	^	^		^	X	^	^	^	^	^	^	^	^	^	
Country mother born					X										
Father nativity (U.S., P.R. or other)					^									Х	
Mother nativity (U.S., P.R. or															
other)														Χ	<u> </u>
Spouse nativity (U.S., P.R.														_	1
or other)	Х	Χ	Х	-	Х	Х	Х	Χ	Χ	Х	Х	Х	Х	X	Х
Years in country Lived in NYC since 2003		^	^	-			X	^	^	^			 ^		<u> </u>
How well speak English															Х
Language in home				Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
Marital status	Х	Х	Х	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	X
Gender identity									7.	7.					X
Education	Х	Х	Χ	Х	Х	Х	Х	Χ	Χ	Χ	Х	Х	Х	Х	X
Employment	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Serious on-the-job injuries	Х														
Annual household income	Х	Χ	Χ	Х	Х	Х	Х	Χ	Χ	Χ	Χ	Х	Х	Х	Х
Poverty			Χ	Х	Х	Х	Χ	Χ	Х	Х	Χ	Χ	Χ	Χ	Х
Civic participation	Χ	Χ													
Height	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х	Χ	Χ	Χ	Χ	Χ
Weight	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Access															
Have health coverage		Χ	Χ	Χ	Χ	Χ	Χ	Χ	X	Χ	Χ	Χ	Χ	Χ	Χ
Health coverage type	Χ	Χ		Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Get insurance through NY															\
Exchange														X	Χ
Main reason uninsured Receive subsidy through														^	
Obamacare															Х
Medicaid HMO Question															
(list of plans provided)								Χ							<u> </u>
Managed Care		Χ					Χ								
Without coverage last 12							_								1
months PCP	Х	Х	X	Х	Х	Х	X	Х	X	Х	Х	Х	X	Х	Х
r o F		^						^	^	٨			 ^		├^
Seen PCP in last 12 months						Х	Х	Χ					Х		Х
Seen any doctor last 12 months							Х								
What used to record info last doctor visit							Х	Х							
Last time saw doctor and															
got a prescription, was a															
computer print out, written															1
on a pad or called/faxed pharmacy								Х							1
Didn't get needed care	Х				Х		Х	^	Χ	Х	Х	Х	Х	Х	Х
Pidir i get needed tale	_ ^	<u> </u>		<u> </u>	_ ^	<u> </u>	^_		^	Λ			_ ^	_ ^	^_

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Told doctor not accepting															
insurance															Χ
Didn't fill prescription due to															
cost		Χ				Χ									Χ
Difficulty paying out-of-															
pocket, copays, deductibles															Χ
Didn't get care due to cost		Χ				Χ									
See doctor routine exam		Χ													
Last routine visit			Χ	Χ							Х	Х			
See doctor, other reason			Х												
Partial insurance		Χ		Χ											
How long partial		Χ													
Where do you go if you're															
sick or need advice		Χ		Χ							Χ	Χ		Χ	Χ
Why use ER as usual															
source of care															Χ
How quickly get				\ \ \							\ \				\ \
appointment	<u> </u>			Х							Χ	Χ		Χ	Χ
Follow doctor's advice				Χ											
Advice not followed, why				Χ											
Quality of care from doctor															
(listens, etc.)				Χ											
Counseling on weight,	Į.			\ \ \											
nutrition, exercise				Χ											
Discrimination in health care				Х											

Alcohol Consumption and RX abuse

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

Questions 2002 2003 City 2004 2005 2008 2007 2008 2009 2010 2011 2012 2013 2014 2015 <th></th>																
Ever have Rx tranquilizer representation of the control of the con	Community Health Survey	2002	2002	2003	2004	2005	2000	2007	2000	2000	2040	2044	2042	2042	2044	2045
prescribed per 1 part 12 most, take prescribed tranquilizer per 1 part 12 most, take prescribed tranquilizer per 1 part 12 most, take prescribed per 1 part 12 most, p		2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Past 12 months, ever take more transpulicar prescribed transpulicar prescribed transpulicar prescribed and transpulicar protections of the past 12 months, ever take more transpulicar not prescribed and prescribed prescri													Wave 2	Х		
Past 12 months, ever take more tranquilizer mome	Past 12 mos., take															
more tranquilizer than prescribed Past 12 months, ever take ranquilizer not prescribed How often take Rx ranquilizer more than prescribed How often take Rx ranquilizer more than prescribed How often take Rx ranquilizer more than prescribed How often take Rx ranquilizer without prescription rescribed How often take Rx ranquilizer more than prescribed Fx ranquilizer	prescribed tranquilizer												Wave 2	Χ		
prescribed Pass 12 months, ever take ranquilizer not prescribed How often take R2 ranquilizer mot pass 10 rescribed without rescription Rate a castaly (MDMA), as a 12 months How many times taken costasy, past 12 months How many times taken Sestay, past 12 months Deformation of the prescription Rate a castaly (MDMA), as a 12 months Rate a castaly castal ma Var of diagnosed with asthma before or after 9/11) Rate mattack past 12 months Rate a castal ma Var of diagnosed with asthma before or after 9/11) Rate mattack past 12 months Rate mattack past 12	Past 12 months, ever take															
Past 12 months, ever take I manufactor to the Name 2 X months months	·													.,		
tranquilizer not prescribed how often take Rx ranquilizer without prescribed without prescribed without prescribed how often take Rx ranquilizer without prescribed or without prescrib													Wave 2	Х		
How often take RX ranquilizer more than prescribed how often take RX ranquilizer without prescribed how often take RX ranquilizer without prescribed how often take RX ranquilizer without prescribed or without prescribed prescribed by a prescribed by a prescribed prescribed by a prescri	T													V		
ranquilizer more than prescribed with sake RX ranquilizer without prescription without prescr													Wave 2	^		
prescribed without prescribed ranquilizer without prescription without prescription without prescription rescription without prescription without prescripti																
How often take RX tranquilizer without prescription and the prescription without prescription and the prescription without prescription without prescription without prescription without prescription and the prescription without prescription													Wave 2	Х		
ranquilizer without prescription without prescription without prescription and prescription and prescription without prescription and prescription without prescription and prescription and prescription without prescription and prescription without prescription													Wavez			
prescription	tranquilizer without															
tranquilizer more than prescribed or without prescription more strain or without prescription more str	prescription												Wave 2	Χ		
prescription without prescription rescription rescript	How often take Rx															
prescription Taken ecistary (MDMA), anast 12 months Asthma (WTC) Ever asthma X	tranquilizer more than															
Taken esstasty (MDMA), and the statement of the statement	l'															
past 12 months How many times taken estates, past 12 months Asthma (WTC) Ever asthma X X X X X X X X X X X X X X X X X X X													Wave 2			
How many times taken escatasy, past 12 months Asthma (WTC) Ever asthma																
Asthma (WTC) Ever asthma X X X X X X X X X X X X X X X X X X X															Χ	
Ashtma (WTC) Ever asthma															Y	
Ever asthma	costasy, past 12 months	<u> </u>			<u> </u>								<u> </u>		^	
Ever asthma	Asthma (WTC)															
Year diagnosed with asthma (before or after 9/11) Asthma attack past 12 Months X X X X X X X X X X X X X X X X X X X		X	Χ		Χ		Χ	Χ	Χ	Χ	X	Χ	Χ	Χ	Χ	
(before or after 9/11)	Ever usumu															
before or after 9/11)	Year diagnosed with asthma															
months X X X X X X X X X X X X X X X X X X X	(before or after 9/11)								Χ							
Taking daily asthma medication (control) ED for asthma	Asthma attack past 12															
medication (control)	months	Χ	Χ		Χ		Χ	Χ	Χ	Χ	Χ	Х	Χ	Χ	Χ	Х
ED for asthma																
Asthma plan	,															Х
Difficulty sleeping	ED for asthma	Х			Χ		Х			Х	Х					
Ever seen a doctor for persistent cough in past 30 days	Asthma plan		Χ													
Persistent cough Persistent cough Persistent cough in past 30 days	Difficulty sleeping				Χ											
Persistent cough in past 30 days								.,								
days								Χ								
Shortness of breath in past 30 days Wheezing in past 30 days Wheezing in past 30 days Blackout Day and time power came back on in house Fri-Sun after the blackout atte food that tasted spoiled Fri-Sun after the blackout atte food that tasted spoiled Fri-Sun after the blackout atte in a restaurant In the week after the blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy X X X X X X X X X X X X X								_	V							
Blackout Day and time power came back on in house								^	^							
Wheezing in past 30 days X	■								Χ							
Blackout Day and time power came back on in house Fri-Sun after the blackout ate food out of the refrigerator X Fri-Sun after the blackout ate food that tasted spoiled Fri-Sun after the blackout ate in a restaurant ln the week after the blackout, had diarrhea ln the week after the blackout, saw messages about what to do with food Cancer Screening Ever/when sigmoidoscopy X X X X X X X X X X X X X X X X X X X																
Day and time power came back on in house Fri-Sun after the blackout atte food out of the refrigerator X Fri-Sun after the blackout atte food out of the refrigerator X Fri-Sun after the blackout atte food that tasted spoiled X Fri-Sun after the blackout atte in a restaurant In the week after the blackout, had diarrhea In the week after the blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy X X X X X X X X X X X X X	Wiledzing in pact of dayo	l							/\				<u> </u>		<u> </u>	
Day and time power came back on in house Fri-Sun after the blackout atte food out of the refrigerator X Fri-Sun after the blackout atte food out of the refrigerator X Fri-Sun after the blackout atte food that tasted spoiled X Fri-Sun after the blackout atte in a restaurant In the week after the blackout, had diarrhea blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy X X X X X X X X X X X X X	Blackout															
back on in house	-															
ate food out of the refrigerator	back on in house			Χ												
refrigerator X X X X X X X X X X X X X X X X X X X	Fri-Sun after the blackout															
Fri-Sun after the blackout atte food that tasted spoiled Fri-Sun after the blackout atte in a restaurant In the week after the blackout, had diarrhea In the week after the blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy X X X X X X X X X X X X X X X X X X X	ate food out of the															
ate food that tasted spoiled X	refrigerator			Х												
ate food that tasted spoiled X	Eri Sun ofter the blockout															
Fri-Sun after the blackout ate in a restaurant				X												
ate in a restaurant In the week after the blackout, had diarrhea In the week after the blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy Ever/when sigmoidoscopy Ever colonoscopy X X X X X X X X X X X X X				/\												
In the week after the blackout, had diarrhea	ate in a restaurant			Χ												
blackout, had diarrhea	In the week after the															
In the week after the blackout, saw messages about what to do with food Cancer Screening Ever/when colonoscopy X X X X X X X X X X X X X	blackout, had diarrhea			Χ												
Cancer Screening Ever/when colonoscopy X X X X X X X X X X X X X X X X X X X	In the week after the															
Cancer Screening Ever/when colonoscopy X	blackout, saw messages															
Ever/when colonoscopy X	about what to do with food			Χ												
Ever/when colonoscopy X																
Ever/when sigmoidoscopy X Ever colonoscopy or sigmoidoscopy X FOBT X Ever/when last mammogram X Ever/when last pap test X X X	Cancer Screening	ı							., 1		.,	.,				.,
Ever colonoscopy or sigmoidoscopy X X FOBT X Ever/when last mammogram X	Ever/when colonoscopy				Х	Х	Х	Х	Х	Χ	X	X	Х	Х	Х	Х
Sigmoidoscopy	Ever/when sigmoidoscopy		Х													
FOBT X Image: Control of the control of		.,														
Ever/when last mammogram X <td></td> <td>X</td> <td></td>		X														
mammogram X	FOBT		Х													
Ever/when last pap test X X X X X X X X X X X		V				V	V	V	\ \	\ \	V		V		V	
															Χ	
Had a hysterectomy X X X X X X X X X X X X X X X X X X X						Χ	Χ	Χ	Х	Χ	X		Χ			
	Had a hysterectomy	Χ			Χ											

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ever other test for colon															
cancer/when															
(sigmoidoscopy, FOBT)							Χ								
Ever/when home blood stool															
test												Χ			
Where last colonoscopy											Χ				
Cardiovascular Disease Pre		on									1				
Blood pressure checked	Χ														
Blood pressure numbers	Χ														
How long blood pressure															
checked						Χ						Х		Х	
Ever told you have high															
blood pressure	Χ				Χ	Χ	Χ	Χ	Χ	Χ	Х	Х	Х	Χ	Х
Ever told you need blood															
pressure medication					Χ	Χ	Χ		Χ	Χ	Х	Х		Χ	X
Currently taking blood															
pressure medication	Χ				Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ		Χ	Χ
Self-check blood pressure															
at home						Χ			Х	X					
Cholesterol checked ever	Χ				Χ	L	Χ			Χ					╚
How long cholesterol															
checked	Χ				Χ		Χ			Χ		Χ		Χ	<u> </u>
Cholesterol level	Χ														
Ever told you have high									wave 2						
cholesterol	Χ						Χ	Χ	only	X	Χ	Χ	Χ	Χ	
Told need cholesterol															
medication										Χ	Х	Х		Х	
Medication for high									wave 2						
cholesterol	Χ						Χ	Χ	only	Χ	Χ	Χ		Х	
Aspirin for heart	Χ							Χ		Χ					
												-		-	
Child Module															
Children <3				Х										l	
Parent/guardian				X											
Delays in children				Х											<u> </u>
				V											
Unusual medical care needs				X											
Developmental disability				Х											
Early intervention				Χ											
Improvement (EIP ways to				,,											
help child)				Х											
Breast feeding				Χ											
SIDS risk				Χ											
Age of youngest child							Χ								
Day Care arrangement for															
past year							Χ								1
Preferred a different day															
care arrangement	L_						Χ				<u> </u>	<u> </u>		<u> </u>	
What is the preferred day															
care arrangement						<u> </u>	Χ								
Reason child not in this type															
of care							Χ								
	-														
Children with Asthma															
Children <18	Χ	Χ				Х									
Diagnosed with asthma	X	X				X									
Attack past 12 months		X				<u> </u>									\vdash
-		X													\vdash
Asthma plan		^					<u> </u>						<u> </u>]	
Commuting Pattern	1			T				1			1	1		1	
Where spend time 9 to 5						Χ				Χ				Χ	
How usually get there (work															
or school)						Χ				Χ				Χ	<u> </u>
How many minutes one way															
commute					<u></u>	<u> </u>	<u> </u>			Χ			<u></u>		
Weekdays take subway						Χ									
Work/school zip code/cross															
street						Χ									1
-	•				-						-				

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Cross streets of						~									
work/school/borough						Χ									
Debriefing Questions															
How difficult to understand	Ι	1		Ι								Ī		l	
most questions						Χ						Χ			
How comfortable answering															
most questions						Χ						Х			
Any questions unwilling to						\ \									
answer truthfully						Х									
Interviewer: how difficult for respondent to understand															
most questions						Х									
Interviewer: how difficult for															
respondent to answer most															
questions						Χ									
Interviewer: how															
comfortable was respondent															
answering most questions						Х									
Interviewer: think the															
respondent provided truthful															
answers						Χ									
Interviewer: how															
comfortable conducting						Х									
interview						_ ^									
Dentist															
	Х			T									Х	Х	Х
How long since cleaning													^	^	X
Have dental insurance Regular source of dental															^
care							Х								
Most recent visit to dental							, ,								
care provider							Χ								
Diabetes		T	1		1	T	1		ı	1		T		Т	
Ever diabetes	Х	Х	Х	Х		Χ	Χ	Χ	Х	Х	Χ	Χ	Х	Χ	Χ
				· · · ·		Х	Χ								
Gestational diabetes	Χ		Χ	Χ											
Signs and symptoms	Х		X	Χ											
Signs and symptoms Hemoglobin A one C test	X			Α		Х	X								
Signs and symptoms	Х		Х			X	X								
Signs and symptoms Hemoglobin A one C test A one C level Class on management	X			X											
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes	X X X		X	X											
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis	X		Х				X	X			X				
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin	X X X		X	X			X	X			X				X
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis	X X X		X	X			X	X			X				X
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills	X X X		X	X			X	X			X				X
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence	X X X		X	X		X	X				X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety	X X X		X	X	X	X	X	X			X				XXX
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries	X X X		X	X	X	X	X				X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual	X X X		X	X	X	X	X	X			X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact	X X X		X	X	X	X	X				X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual	X X X		X	X	X	X	X	X			X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict	X X X		X	X	X	X	X	X			X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict	X X X		X	X	X	X	X	X			X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship	X X X		X	X	X	X	X	X			X				Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration	X X X		X	X	X	X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use	X X X		X	X X X	X	X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all)	X X X		X	X X X X		X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all) Crystal Meth (MSM only)	X X X		X	X X X X		X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all)	X X X		X	X X X X		X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all) Crystal Meth (MSM only) Correctional facility	X X X	X	X	X X X X		X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all) Crystal Meth (MSM only) Correctional facility Ever used needle for non-	X X X	X	X	X X X X		X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all) Crystal Meth (MSM only) Correctional facility Ever used needle for non-prescribed drug Health Care	X X X	X	X	X X X X		X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all) Crystal Meth (MSM only) Correctional facility Ever used needle for non-prescribed drug Health Care didn't get prescription last	X X X	X	X	X X X X		X	X	X			X	X			Х
Signs and symptoms Hemoglobin A one C test A one C level Class on management How old at diabetes diagnosis Now taking insulin Taking diabetic pills Domestic Violence Frightened for safety Injuries Since 18, unwanted sexual contact Doctor asked about conflict in relationship Drug Use and Incarceration Illegal drug use Needle use Crystal Meth (all) Crystal Meth (MSM only) Correctional facility Ever used needle for non-prescribed drug Health Care	X X X	X	X	X X X X		X	X	X			X	X			Х

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
didn't get lab tests last 12															
months							Χ								
didn't get eye care last 12															
months							Х								
didn't get dental care last 12															
months							Χ								
didn't get hospital care last															
12 months							Χ								
didn't get medical care from															
doctor last 12 months							Х								
Health Status															

General health status	Χ	Χ	Х	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Stop doing usual activities															
due to physical health		Χ		Χ											
Stop doing usual activities															
due to mental health		Χ		Χ											
Stop doing usual activities															
due to physical or mental															
health			Х												
Days physical health not															
good					Χ	Χ									
Days mental health not															
good					Χ	Χ	Х	Х							
Activities limited because of															
impairment or health															
problem			Χ												Χ
How long activities limited			Х												
Need help with personal															
care because of limitation			Х												
Have a health problem that															
requires use of special															
equipment			Х												Χ
Arthritis of hip or knee												Х			

Heat

AC in home		Χ		Χ			Χ	
Use AC during summer				Χ				
Times did not turn on AC because of electric bill		Χ						
Times did not turn on AC because asked to conserve		X						

HIV Testing

HIV test past year		Χ		Χ	Χ	Χ	Χ	Х	Х	Χ	Χ	Χ	Χ	Χ
HIV test ever	Χ		Х	Χ		Χ	Χ	Х	Х	Χ	Χ	Χ	Χ	Χ
Year of last HIV test	Χ		Х	Χ										
HIV test prior to last one		Χ												
HIV test 1-5 yrs. ago or >5														
yrs. ago						Χ								
Blood donation		Χ												
Why HIV test	Χ													
Where HIV test	Χ													
Type of test used				Χ										
Got HIV test results						Χ								
Results same day/wait					Χ	Χ								
Use rapid home test					Χ									
Doctor recommend HIV test					Х	Х			Х	Х				
Doctor offer HIV test														Χ
Followed advice and got HIV test						Х								
Doctor ever told HIV+					Χ	Χ								
Seen a doctor for HIV														
medical care						Χ								
Ever tested for Hepatitis C														
virus												X		Χ

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Housing															
How long lived at current					.,										
home					Χ										
Rent or own home					Χ				Χ				Χ	Χ	Χ
# of apartments in building			Χ		Χ				Χ				Χ	Χ	Χ
Delayed paying															
rent/mortgage past 12															
months									Χ						Χ
Public housing or Section 8															X
Where lived before current															, ·
home					Χ										
In past year, seen peeling															
paint, inspection, repair					Χ										
Functioning Air Conditioner													Χ		
Window guards			Χ		Χ								Χ		
									V						
Functioning smoke detector									X						
Functioning CO detector									Χ						
Receive notice about															
window guards/lead paint- returned it (2 questions)									Х						
Past year, change outdoor															
activity level due to poor air															
quality alert									Χ						
Ambient noise									X						
Noise sources									Х						
Live in this apartment 1 year													Wav		
ago?													e 2	Χ	
Where were you living 1													Wav		
year ago?													e 2	Χ	

Hurricane Response and Emergency Preparedness

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

Immunizations

Flu shot past 12 months	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Flu shot defined period					Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ
Why no flu shot														

Community Health O			2000	ı	ı						-			1	
Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Pneumonia shot ever	Z00Z	Z003	City	Z004 X	2003	Z006	2007	Z008	2009	X	2011	X	2013	2014	2013
Where flu shot	 ^	X			Х	X		^			\vdash	X		\vdash	Х
	-	^			X	^							-		^
When flu shot Tried to get flu shot but	-				^	 	 					-		 	
unable					Х										ļ
H1N1 vaccination since								 							
October 2009										Х					ļ
Try to get H1N1 shot but															ļ
couldn't										X					
Work in health care setting					Χ		Χ		Χ					Χ	Χ
Ever hepatitis B vaccine							Χ					Χ			
Initiatives															
Hear or see patches						Χ									
Hear or see free condoms						Χ	Χ	Χ							
Were they condoms with															İ
logo						Χ									
						,,									!
Used a condom with a logo						Χ	Χ	Χ					<u> </u>		
Ever received TCNY	1			[,	ļ ¦		1	1	 		1		ļ
passport Entered info in TCNY	 			-		Χ	 					 	 	 	-
passport	1					Х			1						ļ
II. maaban	1			1									1		
Mental Health															
Emotional distress (sad,								П						1	
hopeless, worthless, etc.) -	1			1		 	ļ ¦		1			[[Į
K6 [Past 30 days]	Х	Χ		1	Х	Х	ļ ¦	Χ	Χ	Χ		Χ	Х	[Х
Emotional distress (sad,	1			ĺ					·	·					1
hopeless, worthless, etc.) -	1			1		 	ļ ¦		1			[[Į
K6 [Worst Month]	<u> </u>			<u> </u>		<u> </u>	<u> </u>				Χ	Χ			Χ
Worst month, past 12	1			1		-					-	.,			ļ <u></u>
months	<u> </u>					 	 			<u> </u>	\longmapsto	Х	 		ļ
How often bothered little	1			[ļ ¦		1	1	 		1		ļ
interest or pleasure past 2 weeks	1			1		 	Х		1			[[Į
how often bothered down,	 			 		 	^		 			 			-
depressed, hopeless past 2	1			1		 	ļ ¦		1			[[Į
weeks	1			1		 	Χ		1			[[Į
Mental health affects															
activities		Χ		<u> </u>		<u> </u>	<u> </u>		Χ	Χ		Χ	Χ		
Ever diagnosed with							-	-					[
schizophrenia, bipolar,	1					 			1			v			
mania or psychosis	<u> </u>			<u> </u>						ļ		Х	-	Χ	
Needed treatment, didn't get it	1	Х		1	Х	Х	ļ ¦		1			[X	Х	Х
	 	X		 	^	^	 					 	^		^
Informal Support	1	^		-	~	V	-	-				-		V	ļ
Ever told have depression First told depression last 12	1			-	Χ	Χ	Χ	Χ	Х	Х	$\vdash \vdash \vdash$	 	Х	Χ	<u> </u>
First told depression last 12 months	1			[Х	Х	Х	Х	1	 		X		ļ
Counseling or medication	 			 		$\stackrel{\wedge}{\vdash}$	$\stackrel{\wedge}{\vdash}$	^				 			ļ
for depression last 12	1			1		 	ļ ¦		1			[[
months	1		L	L	L	<u> </u>	Χ	Χ	! _	<u> </u>	[L	<u> </u>	<u> </u>	<u>[</u>
Counseling or medication							[
for mental health past 30	1			1		 	ļ ¦		1			_		[
days	1								Χ	Χ		Χ	<u> </u>		
Counseling or medication	1					 			1						
for mental health past 12	1				Х	Х			Х	Χ		Х			
months Counseling for mental	 			-	^		 		^	^			 	 	ļ
health, past 12 months	1	Х		1		 	ļ ¦		1			[X	Х	Х
Medication for mental	 			 			 		 		\vdash	 			
health, past 12 months	1	Х		[ļ ¦		1		[Х	Х	Х
		- •		1									1		
Mental health affect family	1			[ļ ¦		1	1	 		1		[
life or home responsibilities	1			1		 	ļ ¦		1	1		[[
during that month (special	1					 			1						
MH for 2011)											Χ				

Community Health Survey	1		2003	1			I						1	I	
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Mental health affect ability to	2002	2003	City	2004	2003	2000	2007	2000	2003	2010	2011	2012	2013	2014	2013
work or go to school during															
that month (special MH for															
2011)											Х				
Mental health affect social															
life during that month															
(special MH for 2011)											Χ				
When last receive															
counseling for mental health															
problems (special MH for															
2011)											Χ				
When last take Rx for															
mental health problem															
(special MH for 2011) Past 12 mos., how many											Χ				
times go to ER for MH															
problems (special MH for															
2011)											Χ				
Past 12 mos., how many															
times admitted to hospital															
for MH problems (special															
MH for 2011)											Χ				
											,,				
Past 12 mos., stayed															
overnight in a shelter or on															
street (special MH for 2011)											Χ				
Past 12 mos., how many															
times moved (special MH															
for 2011)											Χ				
Past 12 months, arrested															
and booked(special MH for															
2011)											Χ				
Past 12 mos., stay overnight															
or longer in jail (special MH															
for 2011)											Χ				
D															
Past 12 mos., have a case															
manager (special MH for											V				
2011)											Х				
How many other adult HH															
members have MH															
problems that interferes with their daily life (special MH															
for 2011)											Х				
·															
Contact with relatives or															
friends											Χ				
Can talk to relatives or															
friends											Х				
Con cell relatives or friends															
Can call relatives or friends											~				
for help 50+: contact with relatives											Х				
or friends							Х								
50+: can talk to relatives or															$\vdash\vdash\vdash$
friends							Х								
50+: can call relatives or							- ^ -								\vdash
friends for help							Х								
Herbal or naturopathic															
remedies for mental health		Χ													
Whom would you consult															
after a disaster							Χ								
	_			•			_				-	-		-	

Neighborhood Safety and

Cohesio

Conesion									
How safe from crime is									
neighborhood	Χ					Χ		i	Χ

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
How safe from traffic for															
walking is neighborhood															X
Social cohesion - live in a															
close-knit neighborhood															Х
Social cohesion - people															
willing to help in															
neighborhood															Х
Social cohesion - people															
don't get along in															
neighborhood															Х
Social cohesion - people															
don't share valuesin															
neighborhood															Х
Social cohesion - people															
can be trusted in															
neighborhood															Х
Social isolation - have at															
least 1 person in															
neighborhood who could															
help														Χ	

Noise and Hearing Problems

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

Nutrition

How healthy is your overall													
diet								Χ		Χ			Χ
Servings of fruit and													
vegetables	Χ		Х			Χ	Χ	Χ	Χ	Χ	Х	Χ	Х
Shopping for fruits and vegetables in neighborhood	Х												
Why not in neighborhood	Χ												
Fresh fruits and vegetables within 5-10 minutes walk						Х		Χ				Х	
Soda consumption (1													
question)				Х	Χ	Χ	Χ	Χ	Χ	Χ	Х	Χ	Х
Sweetened beverage													
consumption (1 question)					Χ	Χ	Χ	Χ	Χ	Χ	Х	Χ	Х
Diet soda/seltzer													
consumption (1 question)					Χ	Χ							

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Size of soda usually drink			J.Ly							20.0			X	X	X
Size of other sweetened															
drink usually drink													Х	Х	Х
Freq/wk. of eating													 ^	 ^	
purchased meals					Х				Χ	Χ					
Freq/wk. of eating from fast-															
food restaurant									Х	Х					
Freq/wk. eating purchased															
meals exclude street															
vendors or delis											Х				
Past month, seen letter	1					1									
grade in restaurant											Х				
Past month, letter grade															
influence restaurant															
decision											Х				
How often look at NFP										Х					
How often look at sodium	1			1		1				X					
Last time ate out/took out,															
notice HD score									Χ						
			V		Х					Х					
Hours watch TV			Х							۸					
Hours use computer				<u> </u>	Χ							ļ			
Change purchase decision															
based on sodium on NFP,															
last 30 days												Х	Х		
How often buy low							\ \			V	\ \ <u>\</u>				V
sodium/salt							Χ			Χ	Χ				Х
										V	\ \ <u>\</u>				
Are you cutting down on salt										Х	Χ				
How often use salt at table										X					
Types of water drink past 30															
days								Χ	X						
Type of water most often															
drink								Χ	Χ						
How often drink from water															
fountains								Χ	Χ						
How often used water															
fountain to fill own bottle									Χ						
Obesity															
Weight status (BMI)	Χ	Х		Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х	Х	Х	Х	
Perception of weight		Χ													
Ideal weight					Х										
luear weight				l											
Dooto and Indoor Air															
Pests and Indoor Air															
Quality Cockroaches in home in	1			1	1	1							1		1
		~													
past month	-	Χ		}	-	-	<u> </u>				1	1	-	<u> </u>	-
How do you control	Ī					Ī					Ī	1	Ī		
cockroaches	!	X			<u> </u>	!					-	-	<u> </u>		
Use TEMPO		Χ									ļ	ļ			
Types of pesticides used in	Ī					Ī					Ī	1	Ī		,,
home lpast 12 months)				ļ											Χ
See mice/rats past 90 days															
in home			Χ	Χ											
See mice/rats past 90 days	Ī		.,	V		Ī				· ·	1	1	Ì		
in street			Χ	Χ						Χ					
See mice/rats past 90 days			V	V											
in building			Χ	Χ											
Trash storage			Χ												
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	<u></u>			<u></u>		<u></u>	<u></u>	<u> </u>				Х			<u> </u>
Past 30 days, how many															
rooms have mold	<u> </u>				L	<u> </u>	<u> </u>					Х	<u> </u>	<u> </u>	<u> </u>
Bed bugs									Χ		Х			Х	

X

Χ

Bed bugs

Bed bugs confirmed

Χ

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Pets			1												
Anyone in household has								Х							
dogs or cats How many dogs and cats								X							
How many cats													Х		
How many cats roam															
outdoors													Χ		
How many cats													.,		
spayed/neutered													Χ		
Dhysical Activity															
Physical Activity Exercise in past 30 days	Х	Χ	Χ	Х	Х			Χ	Χ	Χ	Х	Χ	Х	Х	Х
Past 12 months rode															
CitiBike															Х
Typical weekday walk															
up/down at least one flight															
of stairs home/work (2 questions)								Х							
questions															
Exercise 30 minutes at once		Χ			Χ										
	.,				.,										
Exercise 20 minutes at once	Х				Х										
10 minutes of vigorous activity/ for how long					Х	Х	Х			Х		Х			
10 minutes of moderate						^	^			^			1		
activity/ for how long					Х	Χ	Χ			X		Χ			
Minutes moderate versus															
light activity												Х			
Reason for not exercising regularly	Х														
Physical activity at work		Х													
Bike/walk to school/work,															
frequency		Χ	Χ	Χ			Χ		Х	X					
Walk 10 blocks or more												Χ			
Bike 10 blocks or more												Χ			
Past 7 days, walk 10													\ \ \	\ \	\ \ \
minutes or more? (GPAQ) How many days past 7													X	Χ	Χ
walk? (GPAQ)													Х	Х	Х
How long walk on average															
past 7 days? (GPAQ)													Χ	Χ	Χ
Past 7 days, bike 10													\ \ \	V	\ \ \
minutes or more? (GPAQ) How many days past 7													Х	Χ	Χ
bike? (GPAQ)													Х	Х	Х
How long bike on average															
past 7 days? (GPAQ)													Χ	Χ	Χ
Doct 7 door seems files													<u> </u>		
Past 7 days, sports, fitness or recreation? (GPAQ)													X	Х	Х
How many days past 7															
sports, fitness or recreation?															
(GPAQ)													Χ	Χ	Χ
How long do sports, fitness															
How long do sports, fitness, recreation on average past															
7 days? (GPAQ)													Х	Х	Х
How many of those minutes															
vigorous? (GPAQ)													Х	Χ	Х
Use neighborhood recreation facilities					Х										
Safety of neighborhood					^								1		
recreation facilities					Х										
Own bike			Χ												
How often rode a bike past															
12 months in NYC borough							X		Х	X	Х	Х	Х	Χ	
How often wore a helmet							Х			Χ					
In general, how physically active are you										Χ		Х		Х	
active are you					<u> </u>					^		^	<u> </u>		

Community Health Survey			2003	l											
Questions	2002	2003		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Compared to others your															
age, are you more, less or															
same active										Χ					
Physically able to climb stairs										Х					
How many floors do you															
walk on average day										Х	Χ				
In building with elevator or															
escalator how often take															
stairs										Χ					
Sedentary 9:00-5:00 pm													Χ		
Sedentary 5:00pm-bed													Χ		
lui anno garan garan													V		
How many floors of stairs up How many floors of stairs													Х		
down													Х		
													, ,		
Piercings and Indoor															
Tanning															
Ever had lower ear lobe															
piercing														Χ	
Ever had upper ser = != ==!														_	
Ever had upper ear piercing Ever had other piercings	\vdash													Х	
(body)														Х	
How old last piercings (body															
or upper ear)				<u> </u>								<u> </u>	<u> </u>	Χ	
Number of times															
commercial planning, past															
12 months														Χ	
Preventive Health				ī	1							1	ī		
Doctor talked to you about weight last 12 months							Х		Х						
Doctor talked to you about															
exercise last 12 months							Χ								
Doctor talked to you about															
diet last 12 months							Χ							Χ	
Doctor talked to you about															
alcohol use last 12 months							Χ		Χ						
Doctor talked to you about drug use last 12 months							Х								
Doctor talked to you about															
weight, nutrition or exericse															
last 12 months															Χ
												•			
Recruitment to Follow-up															
Flagged				Χ	Χ										
Flagged (Child Survey)									Χ						
General					Χ	Χ	Χ								
												•			
Second-hand Smoke															
SHS home	Χ	Χ		Χ	Χ	Χ		Χ	Χ	Χ		Х			
SHS work	Χ	Χ		Χ	Χ		Χ								
SHS policy at work	Χ	Χ		Χ											
SHS policy at home	Х	X		Х		Χ		Χ	Χ	Χ	Χ		Х		
Effect of SFAA		X							-	-			<u> </u>		
Anyone else in house a															
smoker		Χ		Χ		Χ		Χ	Χ	Χ		Χ			
Where exposed at work	Χ	Χ		Χ											
How many days smell															
smoke in home coming from														\ \	
outside													Х	Χ	
Smoke free residential buildings														Х	
Dulluliya				<u> </u>							<u> </u>	<u> </u>	<u> </u>	^	
Sexual Behavior/ Birth Cor	itrol														
Total number of people had	III OI														
sex with last 12 months	Х														
			1	•	•						•	•	•		

Community Health Survey	l		2003								1		l		
Questions	2002	2003		2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ever sex same sex						Χ	Χ	Χ	Χ	Х	Χ				
Gender of sex partners	Χ														
How many men, how many															
women		Χ		Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х	Χ	Χ	Χ	Χ
Condom at last sex/condom															
at last sex msm	Х	Х		Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	X
Condom oral sex				X											$\vdash \uparrow \vdash$
Condom use - how often					Х										
Brand of condom, last sex										Х					
Anal sex							Х		Х	X	Х	Х	Х	Х	Х
How often use condom for															
anal sex past 12 months							Х		Х	Х	Χ	Χ	Х	Х	
Condom at last anal sex													Х		Χ
Other birth control (last															
time)		Χ		Χ	Χ	Χ									
How often use birth control,								\ \ \							
12 months						Х		Χ							
Last sex use birth control pills													Х	Х	[]
Any other method of birth													 ^		$\vdash \vdash \vdash$
control at last sex													Х	Х	
Type of other birth control															
last sex													Χ	Χ	
Last time sex, intend to get]				
pregnant/get partner		Χ		Х	Х	Х							Х	Х	
pregnant Counseling/prescription for		^		^	^	^							^	^	
EC					Х	Х	Х								
Where receive EC						X	X								
Ever use female condom						X									
Get it for free						X									
Told you have an STD		Χ				,,									
Currently pregnant		- / (Х								
Pregnant last 5 years				Х											
Last pregnancy - intend to															
get pregnant				Χ											
Last pregnancy - live birth				Χ											
Last pregnancy - stillbirth,															
miscarriage				Χ											
Operation preventing having children							Х								
Past 12 mos., use internet							^								
to find sex partner											Х	Χ			
Doctor ask about sexual															
history											X				
Syndromic Surveillance, flu	and o	diarrh	ea			1						1		1	
Flu-like illness in past 30			V												
days During illness purchased			Х												
non-prescription meds			Х												
During illness missed															$\vdash \vdash \vdash$
work/school	L		Χ	L							<u> </u>		L	<u> </u>	<u> </u>
During illness, called doctor															
for advice			Χ												$\sqcup \sqcup$
During illness, called nurse or health hotline			Х												[]
or nealth notline													<u> </u>		$\vdash \vdash \vdash$
During illness, visited doctor			Х												
During illness, visited ER			X												
During illness, visited other															$\vdash \vdash \vdash$
health care facility			Χ												
Which did first			Χ												
Take Care NY															
Ever received passport						Χ									
Entered info in passport						Χ									
	•		-	•				-	-	-				-	

Questions Quota	Community Health Survey			2003												
TANN/welfare	Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Concerned about not having enough from the form of the following in the fo	TANF, food insecurity, hom	neless	ness													
Promotessibilities	TANF/welfare				Χ											
Telephone (for weighting) Number telephone lines X X X X X X X X X X X X X X X X X X X																
Number telephone lines	enough food			Х												
Number telephone lines	Homeless/shelter				Χ											
Number telephone lines																
Residential numbers	Telephone (for weighting)															
How many telephone numbers for exclusive data use	Number telephone lines	Χ	Χ	Х	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х	Х	Χ	Χ	
Number of careaties	Residential numbers	Χ	Χ	Х	Χ	Χ	Χ	Χ	Χ	Χ						
Use																
Without telephone service/ to how long with telephone service for one week or more	numbers for exclusive data							.,								
To how long							Х	Х								
Without telephone service for one week or more X<		_	_			_	_	_								
To one week or more		^	^			^	^	^								
E-mail									Χ	X	Х	Х	X	Х		
Receive information					X					,,	7.	,,	,,			
Cell phone for personal use																
Have a cell phone and share with others	11000110 IIII0IIIIaaoii															
Have a cell phone and share with others	Cell phone for personal use							Χ	Х	Χ	Χ	Χ	Χ	Χ	Χ	
Don't have a cell phone but share with others																
share with others How many adults share cell phone X X X X X								Χ	Χ	Χ	Χ	Х	Х	Χ	Χ	
How many adults share cell phone																
Dhone								Х	Х	Х						
How likely to use only cell phone	•							_	~	~						
Phone								^	^	^						
Percent of calls received on cell	_					Х	X	X	Х	X						
Cell phone																
									Χ	X						
Tobacco Use and Cessation	Of all calls, how many															
100 cigarettes X	received on cell											Χ	X	Χ	Χ	
100 cigarettes X																
Now smoke every day, some days, not at all X	Tobacco Use and Cessatio			-												
some days, not at all X		Χ	Χ	X	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Х	Χ	Χ	Х
Number of cigarettes smoked per day X		.,	\ \ \			.,	.,	.,						\ \ \	.,	\ \
smoked per day X		Х	Χ	Х	X	Х	Х	Х	Χ	Χ	Х	Х	X	Х	Х	X
Days per month you smoke Is usual brand menthol or non-menthol		Y	Y	Y	Y	Y	Y		Y	Y	Y	Y	×	Y	Y	Y
Is usual brand menthol or non-menthol X	Smoked per day									^						_^_
Is usual brand menthol or non-menthol X	Davs per month you smoke						Х		Х	Х	Х	Χ	Х	Х	Χ	
How soon after wake up																
How old when started	non-menthol															
Quit attempt past 12 months, how many times X	How soon after wake up			Χ	Χ					Χ	Χ					Х
months, how many times	How old when started			Х	Χ	Χ	Χ	Χ		Χ					Χ	
Longest time without smoking X X X X X X X X X X X X X X X X X X X																
smoking X Want to stop X Thinking of quitting next 30 days X Thinking of quitting next 6 months X If quit, how old when started X If quit, how soon after wake up X Smoking 12 months ago X Smoking 12 months ago: everyday or some days X How long since smoked regularly X X X Number of cigarettes smoked per day before quit X Cigarette cost X X X Price increase, did you X		Χ	Χ	Х	X	Х	Χ	Х	Χ	Х	X	Х	Х	Χ		
Want to stop				V												
Thinking of quitting next 30 days X X X X Thinking of quitting next 6																
days X X X Thinking of quitting next 6 months X X If quit, how old when started X If quit, how soon after wake up Up X X Smoking 12 months ago X X Smoking 12 months ago: everyday or some days X X How long since smoked regularly X X X Number of cigarettes smoked per day before quit X X X Cigarette cost X X X Price increase, did you				Х												
Thinking of quitting next 6 months				Y	Y		Y									
months	Thinking of quitting next 6															
If quit, how old when started				Х	Х											
If quit, how soon after wake up Smoking 12 months ago X X X X X X X X X X X X X X X X X X X																
up X X X X X X X X X X X X X X X X X X X				Χ												
Smoking 12 months ago Smoking 12 months ago: everyday or some days How long since smoked regularly X X X X X X X X X X X X X X X X X X X	If quit, how soon after wake															
Smoking 12 months ago: everyday or some days How long since smoked regularly X X X X X X X X X X X X X					Х											
everyday or some days				Х				X		Χ						
How long since smoked regularly X X X X X X X X X X X X X X X X X X X				W						V						
regularly X X X X X X X X X X X X X X X X X X X				Χ	<u> </u>			X		Χ						
Number of cigarettes smoked per day before quit X X X X Cigarette cost X X Price increase, did you		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y		
smoked per day before quit X X X X Cigarette cost X X X Price increase, did you	rogularly				<u> </u>					^						
smoked per day before quit X X X X Cigarette cost X X X Price increase, did you	Number of cigarettes															
Cigarette cost X X I I I I I I I I I I I I I I I I I				Χ	Х											
Price increase, did you	Cigarette cost	Х														
smoke less X X X	Price increase, did you															
	smoke less								Χ		X	Χ				

Community Health Survey	I		2003			l									
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Price increase, seriously															
consider quitting								Χ							
Price increase, did you															
switch to a cheaper brand								Χ							
Price increase, did you buy								\ \ \							
more on the street								Χ							
Price increase, did you purchase more outside															
NYS, internet, mail or on															
reservation								Х							
Price increase, buy more															
loosies								Χ							
Price increase, switch to															
smoking pipe, chewing															
tobacco								Χ							
Price increase, affect															
decision to quit								Χ		Х					
Where from - carton, loosie,		V	V	V	\ \ \	\ \ \	V	V	V	V		\ <u>\</u>	\ \	V	V
etc.		X	X	X	X	X	Χ	X	X	X		Х	X	X	Х
How much paid		Χ	X	Х	X	X		Х	X	Х			Х	X	X
Where bought	Х	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ	Χ		Χ	Χ	Χ	Χ
Effect of SFAA		Χ	Χ				Χ								
Cessation aids							Ī					<u> </u>			
(individual/group															
counseling, telephone,			V	V						V					
internet) Last 12 months used NRT	X		Х	Х		Х				Х					
to quit								Х	Х	Χ	Х	Х			
Where get NRT										X					
Last 12 months used RX to															
quit								Х	Х	Χ	Х	Х			
Where get RX to quit										X					
Provider asked about															
smoking						Х					Х				
Advice to quit from provider	Х		Χ			X				Х	X	Х			
Advice to quit from dentist													Х		
Provider recommended															
cessation aids						Х									
Bar/nightclub smoking			Χ												
Used a coupon for															
cigarettes													Х	Χ	Χ
How much was coupon for													X	Х	Χ
Past 30 days, smoke little													, , , , , , , , , , , , , , , , , , ,		
cigar/cigarillo													Χ	Χ	Χ
How many days (past 30)															
smoked little															
cigars/cigarillos													Χ	Χ	Χ
How many cigars/cigarillos													.,		
per day													Χ	Χ	
Smoked hookah, past 30														Х	
days															V
E-cigs, past 12 months														X	X
E-cigs, past 30 days														Χ	Χ
Traffic Safety				1	T	T	T	T	•		ı	T		Т	
How often drive past 30													Ī		
days in NYC	<u> </u>								<u> </u>						Χ
How often speed 10mph or													Ī		Х
over How often use phone while	 								 						
driving															Х
How often cross against the									1						
light													Ī		Х
	-	=		•	8	8	•	•	8		•	8	•	=	e
West Nile Virus															
Early morning of a typical															
week spent > 30 minutes at															
beaches			Χ												
Early morning of a typical															
week spent > 30 minutes at			v												
parks	1		Χ												

Community Health Survey			2003												
Questions	2002	2003	City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Early morning of a typical															
week spent > 30 minutes															
outside home			Χ												
Early morning of a typical															
week spent > 30 minutes in															
neighborhood			Χ												
How often insect repellant															
use			Χ												
Evening of a typical week															
spent > 30 minutes outside															
home			Χ												
Evening of a typical week															
spent > 30 minutes in															
neighborhood			Χ												
Insect repellant has DEET			Χ												
Primary source of															
information about WNV and															
spraying			Χ												

WTC Health Registry

Live south of Canal Street			Χ					
In MN south of Chambers								
Street plane and noon		Χ	Χ					
Work at WTC site			Χ					
Work at WTC recovery on								
SI			Χ					
Enrolled in WTC health								
registry		Х	Χ					i