

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Demographics															
Children <18			X	X	X	X	X	X	X	X	X	X	X	X	X
Children 0<6									X						
Children 6<=12									X						
Children 13<=17									X						
Children 7-10 or <10			X		X										
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	X	X	X	X	X	X	X	X	X	X	X
Asian ancestry												X	X	X	X
West Indies origin													X	X	
Where born - foreign/US	X	X	X	X	X	X	X	X	X	X	X	X	X	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	
Years in country	X	X	X		X	X	X	X	X	X	X	X	X	X	X
Lived in NYC since 2003							X								
How well speak English															X
Language in home				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
Sexual orientation		X		X	X	X	X	X	X	X	X	X	X	X	X
Gender identity															X
Education	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
Serious on-the-job injuries	X														
Annual household income	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
Civic participation	X	X													
Height	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

Access

Have health coverage		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
Get insurance through NY Exchange														X	X
Main reason uninsured														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
Seen PCP in last 12 months						X	X	X					X		X
Seen any doctor last 12 months							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

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Told doctor not accepting insurance															X
Didn't fill prescription due to cost		X				X									X
Difficulty paying out-of-pocket, copays, deductibles															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
Why use ER as usual source of care															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											
Discrimination in health care				X											

Alcohol Consumption and RX abuse

Number days drink	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
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
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			

[illegible]

Asthma (WTC)

Ever asthma	X	X		X		X	X	X	X	X	X	X	X	X	
Year diagnosed with asthma (before or after 9/11)							X								
Asthma attack past 12 months	X	X		X		X	X	X	X	X	X	X	X	X	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							

Blackout

[illegible]

Cancer Screening

[illegible]

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Cross streets of work/school/borough						X									

Debriefing Questions

How difficult to understand most questions						X						X			
How comfortable answering most questions						X						X			
Any questions unwilling to answer truthfully						X									
Interviewer: how difficult for respondent to understand most questions						X									
Interviewer: how difficult for respondent to answer most questions						X									
Interviewer: how comfortable was respondent answering most questions						X									
Interviewer: think the respondent provided truthful answers						X									
Interviewer: how comfortable conducting interview						X									

Dentist

How long since cleaning	X												X	X	X
Have dental insurance															X
Regular source of dental care							X								
Most recent visit to dental care provider							X								

Diabetes

Ever diabetes	X	X	X	X		X	X	X	X	X	X	X	X	X	X
Gestational diabetes	X		X	X		X	X								
Signs and symptoms			X												
Hemoglobin A one C test	X					X	X								
A one C level	X					X	X								
Class on management			X	X											
How old at diabetes diagnosis	X		X	X				X			X				
Now taking insulin							X								X
Taking diabetic pills							X								X

Domestic Violence

Frightened for safety	X		X	X	X	X		X							X
Injuries	X		X	X		X									
Since 18, unwanted sexual contact								X							
Doctor asked about conflict in relationship								X							

Drug Use and Incarceration

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

Health Care

didn't get prescription last 12 months							X								
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didn't get lab tests last 12 months							X								
didn't get eye care last 12 months							X								
didn't get dental care last 12 months							X								
didn't get hospital care last 12 months							X								
didn't get medical care from doctor last 12 months							X								

Health Status

[illegible]

Heat

[illegible]

HIV Testing

[illegible]

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
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Housing

[illegible]

Hurricane Response and Emergency Preparedness

[illegible]

Immunizations

[illegible]

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Pneumonia shot ever	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	X
Ever hepatitis B vaccine							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									

Mental Health

Emotional distress (sad, hopeless, worthless, etc.) - K6 [Past 30 days]	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			
How often bothered little interest or pleasure past 2 weeks							X								
how often bothered down, depressed, hopeless past 2 weeks							X								
Mental health affects activities		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
Informal Support		X													
Ever told have depression					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
Medication for mental health, past 12 months		X											X	X	X
Mental health affect family life or home responsibilities during that month (special MH for 2011)											X				

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Mental health affect ability to work or go to school during that month (special MH for 2011)											X				
Mental health affect social life during that month (special MH for 2011)											X				
When last receive counseling for mental health problems (special MH for 2011)											X				
When last take Rx for mental health problem (special MH for 2011)											X				
Past 12 mos., how many times go to ER for MH problems (special MH for 2011)											X				
Past 12 mos., how many times admitted to hospital for MH problems (special MH for 2011)											X				
Past 12 mos., stayed overnight in a shelter or on street (special MH for 2011)											X				
Past 12 mos., how many times moved (special MH for 2011)											X				
Past 12 months, arrested and booked(special MH for 2011)											X				
Past 12 mos., stay overnight or longer in jail (special MH for 2011)											X				
Past 12 mos., have a case manager (special MH for 2011)											X				
How many other adult HH members have MH problems that interferes with their daily life (special MH for 2011)											X				
Contact with relatives or friends											X				
Can talk to relatives or friends											X				
Can call relatives or friends for help											X				
50+: contact with relatives or friends							X								
50+: can talk to relatives or friends							X								
50+: can call relatives or friends for help							X								
Herbal or naturopathic remedies for mental health		X													
Whom would you consult after a disaster							X								

Neighborhood Safety and Cohesion

How safe from crime is neighborhood	X									X					X
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How safe from traffic for walking is neighborhood															X
Social cohesion - live in a close-knit neighborhood															X
Social cohesion - people willing to help in neighborhood															X
Social cohesion - people don't get along in neighborhood															X
Social cohesion - people don't share values in neighborhood															X
Social cohesion - people can be trusted in neighborhood															X
Social isolation - have at least 1 person in neighborhood who could help														X	

Noise and Hearing Problems

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

Nutrition

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

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Size of soda usually drink													X	X	X
Size of other sweetened drink usually drink													X	X	X
Freq/wk. of eating purchased meals					X				X	X					
Freq/wk. of eating from fast-food restaurant									X	X					
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				X
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						

Obesity

Weight status (BMI)	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													
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			
Bed bugs									X		X			X	
Bed bugs confirmed											X				

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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
Past 12 months rode CitiBike															X
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										
10 minutes of vigorous activity/ for how long					X	X	X			X		X			
10 minutes of moderate activity/ for how long					X	X	X			X		X			
Minutes moderate versus light activity												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	X
How many days past 7 walk? (GPAQ)													X	X	X
How long walk on average past 7 days? (GPAQ)													X	X	X
Past 7 days, bike 10 minutes or more? (GPAQ)													X	X	X
How many days past 7 bike? (GPAQ)													X	X	X
How long bike on average past 7 days? (GPAQ)													X	X	X
Past 7 days, sports, fitness or recreation? (GPAQ)													X	X	X
How many days past 7 sports, fitness or recreation? (GPAQ)													X	X	X
How long do sports, fitness, recreation on average past 7 days? (GPAQ)													X	X	X
How many of those minutes vigorous? (GPAQ)													X	X	X
Use neighborhood recreation facilities					X										
Safety of neighborhood recreation facilities					X										
Own bike			X												
How often rode a bike past 12 months in NYC borough							X		X	X	X	X	X	X	
How often wore a helmet							X			X					
In general, how physically active are you										X		X		X	

[illegible]

Piercings and Indoor Tanning

[illegible]

Preventive Health

[illegible]

Recruitment to Follow-up

Flagged				X	X									
Flagged (Child Survey)									X					
General					X	X	X							

Second-hand Smoke

[illegible]

Sexual Behavior/ Birth Control

[illegible]

Community Health Survey Questions	2002	2003	2003 City	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ever sex same sex						X	X	X	X	X	X				
Gender of sex partners	X														
How many men, how many women		X		X	X	X	X	X	X	X	X	X	X	X	X
Condom at last sex/condom at last sex msm	X	X		X	X	X	X	X	X	X	X	X	X	X	X
Condom oral sex				X											
Condom use - how often					X										
Brand of condom, last sex										X					
Anal sex							X		X	X	X	X	X	X	X
How often use condom for anal sex past 12 months							X		X	X	X	X	X	X	
Condom at last anal sex													X		X
Other birth control (last time)		X		X	X	X									
How often use birth control, 12 months						X		X							
Last sex use birth control pills													X	X	
Any other method of birth control at last sex													X	X	
Type of other birth control last sex													X	X	
Last time sex, intend to get pregnant/get partner pregnant		X		X	X	X							X	X	
Counseling/prescription for EC					X	X	X								
Where receive EC						X	X								
Ever use female condom						X									
Get it for free						X									
Told you have an STD		X													
Currently pregnant							X								
Pregnant last 5 years				X											
Last pregnancy - intend to get pregnant				X											
Last pregnancy - live birth				X											
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				

Syndromic Surveillance, flu and diarrhea

[illegible]

Take Care NY

Ever received passport						X								
Entered info in passport						X								

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TANF, food insecurity, homelessness															
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	
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	
Have a cell phone and share with others							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	

Tobacco Use and Cessation

100 cigarettes	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
Number of cigarettes smoked per day	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	
Is usual brand menthol or non-menthol															X
How soon after wake up			X	X					X	X					X
How old when started			X	X	X	X	X		X					X	
Quit attempt past 12 months, how many times	X	X	X	X	X	X	X	X	X	X	X	X	X		
Longest time without smoking			X												
Want to stop			X												
Thinking of quitting next 30 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				X											
Smoking 12 months ago			X				X		X						
Smoking 12 months ago: everyday or some days			X				X		X						
How long since smoked regularly	X	X	X	X	X	X	X	X	X	X	X	X	X		
Number of cigarettes smoked per day before quit		X	X	X											
Cigarette cost	X	X													
Price increase, did you smoke less								X		X	X				

[illegible]

Traffic Safety

[illegible]

West Nile Virus

[illegible]

[illegible]

WTC Health Registry

[illegible]