

# Healthy Chicago Telephone Survey

## SCREENER AND INTRODUCTION

### Introduction 1 (CELL PHONE VERSION)

Hello. I'm \_\_\_\_\_ and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to improve the health of Chicagoans.

Your telephone number has been chosen randomly. If you qualify for the survey, we will pay you \$10 for completing it. Any information you provide will be confidential.

CS1. In order to ensure your safety I'd like to ask you, are you driving a car right now?

- 1 = Yes
- 2 = No
- 9 = (VOL) Refused

**(IF CS1=1 OR 9, ASK CS2.  
ELSE GO TO CS3.)**

CS2. When would be a better time to call you back?

- 1 = Schedule Callback
- 9 = (VOL) Refused

**(IF CS2=1, SCHEDULE CALLBACK.  
ELSE DISPOSITION AS REFUSAL AND READ: "Thank you very much for your time.")**

CS3. Are you 18 years of age or older?

[INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.]

- 1 = Yes
- 2 = No
- 9 = (VOL) Refused

**(IF CS3=2, ASK CS4.  
IF CS3=1, GO TO CS7.  
ELSE DISPOSITION AS SOFT REFUSAL AND READ: "Thank you very much for your time.")**

CS4. Is this your own cell phone or does it belong to one of your parents or a guardian?

- 1 = Cell Phone Belongs To Minor
- 2 = Cell Phone Belongs To Parent or Guardian
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**(IF CS4=2, ASK CS5.**

**IF CS4=1, DISPOSITION AS "CHILD/TEEN PHONE" AND READ:** "Thank you very much, but we are only interviewing persons aged 18 or older at this time."

**ELSE DISPOSITION AS SOFT REFUSAL AND READ:** "Thank you very much for your time.")

CS5. May I please speak with the parent or guardian to whom this phone belongs?

- 1 = Brought Parent/Guardian to Phone
- 2 = Parent/Guardian Not Available
- 9 = (VOL) Refused

**(IF CS5=1, GO BACK TO INTRODUCTION 1.**

**IF CS5=2, CONTINUE TO CS6.**

**ELSE DISPOSITION AS SOFT REFUSAL AND READ:** "Thank you very much for your time.")

CS6. When would be a better time to call back and speak to a parent or guardian?

- 1 = Schedule Callback
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**(IF CS6=1 OR 7, SCHEDULE CALLBACK. CATI RESET ALL QUESTIONS AND RESTART AT INTRODUCTION 1 UPON CALLBACK.**

**ELSE DISPOSITION AS SOFT REFUSAL AND READ:** "Thank you very much for your time.")

CS7. Is this (PHONE NUMBER)?

- 1 = Yes
- 2 = No
- 9 = (VOL) Refused

**(IF CS7=1, ASK CS8.**

**IF CS7=2, DISPOSITION AS WRONG # AND READ:** "Thank you very much but I seem to have dialed the wrong number. It's possible that your number may be called at a later time."

**IF CS7=9, DISPOSITION AS SOFT REFUSAL AND READ:** "Thank you for your time.")

CS8. In order to make sure our information is correct, I would just like to double check with you...is this a cellular telephone?

[INTERVIEWER: PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.]

- 1 = Yes
- 2 = No
- 9 = (VOL) Refused

**(IF CS8=1, GO TO S1.**

**IF CS8=2, FLAG AS LANDLINE NUMBER AND GO TO S1**

**ELSE DISPOSITION AS SOFT REFUSAL AND READ: "Thank you very much for your time.")**

**Introduction 1 (LANDLINE VERSION)**

Hello. I'm \_\_\_\_\_ and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to improve the health of Chicagoans. Your telephone number has been chosen randomly. Any information you provide will be confidential.

LS1. May I please speak with any adult, 18 years of age or older, who resides in this household?

- 1 = Yes, RESPONDENT IS OVER 18
- 2 = Yes, NEW PERSON COMING TO PHONE
- 3 = (VOL) THIS IS A BUSINESS
- 9 = (VOL) Refused

**(IF LS1 = 2, REREAD LS1.**

**ELSE IF LS1 = 3, READ "Thank you very much for your time." AND DISPOSITION AS BUSINESS.**

**ELSE IF LS1 = 9 READ "Thank you very much for your time." AND DISPOSITION AS SOFT REFUSAL.**

**ELSE CONTINUE TO S1.**

S1. Do you live in a private residence, that is, not in a dormitory or other type of group living situation?

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."

- 1 = Yes
- 2 = No – Thank you very much but we are only interviewing persons on residential phones at this time.

S2. For this survey, we want to be sure all neighborhoods in Chicago are represented. In order to accurately identify the neighborhood you live in, can you tell me your zip code?

ENTER ZIP CODE \_\_\_\_\_

(99997=Don't know; 99999=Refused)

**(IF S2= DON'T KNOW OR REFUSED, SKIP TO S4.**

**ELSE CONTINUE TO S3.**

S3. Just to confirm I entered it correctly, is your zip code (RESPONSE FROM S2)?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know
- 9 = (VOL) Refused

**IF S3=2, GO BACK TO S2 AND RE-ENTER CORRECT ZIP CODE.**

**IF S3=1 AND ENTIRE ZIP CODE IS IN CHICAGO [SEE LIST BELOW], CONTINUE TO INSTRUCTIONS BEFORE HH1.**

**IF S3=1 AND ZIP CODE FOR WHICH PORTIONS ARE OUTSIDE OF CHICAGO [SEE LIST BELOW] CONTINUE TO S4**

**IF S3 = 7 OR 9 CONTINUE TO S4**

**IF S3=1 AND ZIP CODE IS NOT INCLUDED ON EITHER LIST, SKIP TO S5.**

**ZIP CODES IN CHICAGO:**

**ZIP CODES WITH PORTIONS OUTSIDE OF CHICAGO:**

60601	60616	60632	60649	60007
60602	60617	60633	60651	60068
60603	60618	60634	60652	60131
60604	60619	60636	60653	60176
60605	60620	60637	60654	
60606	60621	60638	60655	
60607	60622	60639	60656	
60608	60623	60640	60657	
60609	60624	60641	60659	
60610	60625	60642	60660	
60611	60626	60643	60661	
60612	60628	60644	60666	
60613	60629	60645	60706	
60614	60630	60646	60707	
60615	60631	60647	60803	
60827	60018	60106		

S4. (Can you just tell me,) Is your household located in the city of Chicago?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**(IF S4=1, GO TO INSTRUCTIONS BEFORE HH1.**

**IF S4= 7 OR 9, THEN TERMINATE AS SOFT REFUSAL**

**ELSE ASK S5.)**

S5. In what city or town do you live? (ENTER

CITY CODE FROM TACKUP) (96=Other;

97=Don't know; 99=Refused)

\_\_\_\_ Enter City Code

**(IF "CHICAGO" IS GIVEN AT S5, GO TO INSTRUCTIONS BEFORE HH1.**

**IF S5 = ANOTHER CITY OR TOWN, TERMINATE ("S/O S2 – NOT in Chicago") AND READ: "I'm sorry but you are not eligible for this survey. We are only interviewing people who currently live in Chicago. Thank you for your time."**

**IF S5= REFUSED OR DON'T KNOW, TERMINATE AS SOFT REFUSAL.)**

**(IF CELL PHONE FRAME AND CS8=1 THEN FLAG AS CELL PHONE AND SKIP TO S6.**

**IF CELL PHONE FRAME AND CS8=2 THEN FLAG AS LANDLINE AND CONTINUE TO HH1.)**

**HOUSEHOLD RESPONDENT SELECTION FOR LANDLINE PHONES ONLY:**

HH1. Now I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, INCLUDING YOURSELF, are 18 years of age or older?

READ IF NEEDED: Household members are those who spend a majority of their time living in the household.

RECORD 88 FOR NOT A PRIVATE RESIDENCE

RECORD 99 FOR REFUSED/DK

\_\_\_\_\_ Number of adults [RANGE 1-20]

**(IF NO ADULTS (HH1=0) OR REFUSED/DK (HH1=99), TERMINATE AND READ: "Those are all the questions I have for you. Thank you for your time."**

**IF ONLY 1 ADULT (HH1=1) ASK HH2.**

**ELSE IF MORE THAN ONE ADULT (HH1>1) ASK HH4.)**

HH2. Are you the adult?

1 = Yes

2 = No

9 = (VOL) Refused

**(IF HH2=1 THEN READ "Then you are the person I need to speak with." AND CONTINUE WITH INTRODUCTION 2 ELSE GO TO HH3.)**

HH3. May I speak with the adult?

1 = Yes - available (SKIP TO S6)

2 = No - not available – [GO TO HH6]

9 = (VOL) Refused

**(IF HH3=1 THEN SKIP TO S4. ELSE IF HH3=2 THEN SKIP TO HH6. ELSE IF REFUSAL, CODE AS SOFT REFUSAL.)**

HH4. How many of these adults are men and how many are women?

INTERVIEWER: RECORD 99 FOR REFUSED

\_\_\_ MEN

\_\_\_ WOMEN

**(IF EITHER NUMMEN OR NUMWOMEN = 99 THEN THANK AND TERMINATE)**

## RESPONDENT SELECTION

Gender will be selected at probabilities of 60% for men and 40% for women. Then a household member of the selected gender will be randomly chosen to participate in the interview. Selection will be done using a two-stage process.

### STAGE 1: Choose Gender

- A random number is generated for the household from 0 TO 999
- If all adults are of one gender, that gender is selected, then skip to STAGE 2
- If male and female adults in the household, if the number is  $\leq 600$  males are selected, otherwise females are selected

### STAGE 2: Choose a household member from the selected gender

- Select a random person [Equal probability of selection] from the gender selected in STAGE 1. CATI will designate the selected person as oldest female/male, second oldest female/male, etc.

HH5. Could I please speak with \_\_\_\_\_? [RANDOMLY PICKED]

- 1 = Yes - is on phone
- 2 = Yes - available, coming to phone
- 3 = No - not available, CALLBACK ENGLISH
- 4 = No - not available, CALLBACK SPANISH
- 9 = (VOL) Refused

**(IF HH5=1 OR 2, THEN SKIP TO S6,  
ELSE IF HH5 = 9 THEN TERM AND CODE AS SOFT REFUSAL,  
ELSE CONTINUE TO HH6.)**

HH6. **(IF HH3=2:)** May I please have the adult's name so we can ask for them when we call back? **(IF HH5=2:)** May I please have the (PICKED PERSON'S) name so that we can speak with [them] when we call back?

- 1 = Gave response
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**(IF HH6=1, THEN SKIP TO S6.  
ELSE THANK RESPONDENT AND TERMINATE INTERVIEW.)**

S6. INTERVIEWER: SELECT LANGUAGE

- 1 = English
- 2 = Spanish

## INTRODUCTION 2

**(IF HH5 = 2:** Hello, My name is \_\_\_\_\_, and I am calling on behalf of the Chicago Department of Public Health. We're conducting an important study to improve the health of Chicagoans. Your household has been randomly chosen to represent your neighborhood. All answers you give will be confidential.)

Your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 25 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information. If you prefer not to answer any question, please tell me and I will simply go on to the next question.

- 1 = CONTINUE, QUESTIONS ANSWERED
- 2 = WANT TELEPHONE NUMBER, SCHEDULE CALLBACK
- 9 = REFUSED

### Section A: Health Status

A1. Would you say that in general your health is... (READ LIST)? **(BRFSS 2014)**

- 1 = Excellent
- 2 = Very good
- 3 = Good
- 4 = Fair
- 5 = Poor
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

### Section B: Healthy Days—Health-Related Quality of Life

B1. Now thinking about your physical health, which includes physical illness and injury, for how many days **during the past 30 days** was your **physical health** not good? **(BRFSS 2014)**

\_\_\_ Enter Days (RANGE=0 through 30; 77=Don't know/Not sure; 99=Refused)

B2. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days **during the past 30 days** was your **mental health** not good? **(BRFSS 2014)**

\_\_\_ Enter Days (RANGE=0 through 30; 77=Don't know/Not sure; 99=Refused)

**IF B1 AND B2 = 0, SKIP TO NEXT SECTION ELSE GO TO B3.**

B3. **During the past 30 days**, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? **(BRFSS 2014)**

\_\_\_ Enter Days (RANGE=0 through 30; 77=Don't know/Not sure; 99=Refused)

**Section C: Health Care Access**

C1. Do you have any kind of health coverage now, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Services? **(BRFSS 2014)**

- 1 = Yes
- 2 = No **SKIP TO C6**
- 7 = (VOL) Don't know/Not sure **SKIP TO C6**
- 9 = (VOL) Refused **SKIP TO C6**

C2. What type of health care coverage do you use to pay for most of your medical care? Is it coverage through – your employer, someone else's employer, a plan that you or someone else buys on their own, Medicare, Medicaid, the military, CHAMPUS, TriCare, or the VA, COBRA, or some other source?

- 1 = Your employer **SKIP TO C5**
- 2 = Someone else's employer **SKIP TO C5**
- 3 = A plan that you or someone else buys on your own
- 4 = Medicare **SKIP TO C5**
- 5 = Medicaid **SKIP TO C4**
- 6 = The military, CHAMPUS, TriCare, or the VA **SKIP TO C5**
- 7 = COBRA **SKIP TO C5**
- 8 = Some other source (SPECIFY) **SKIP TO C5**
- 77 = (VOL) Don't know/Not sure **SKIP TO C5**
- 99 = (VOL) Refused **SKIP TO C5**

C3. As a result of the Affordable Care Act or "Obamacare," a new marketplace has been open since October 2013 where people can buy health insurance. Did you get your health insurance through the marketplace?

**Read if needed:** The marketplace can be accessed with patient navigators or through websites like [healthcare.gov](http://healthcare.gov) or [getcoveredillinois.gov](http://getcoveredillinois.gov).

- 1 = Yes **SKIP TO C5**
- 2 = No **SKIP TO C5**
- 7 = (VOL) Don't know/Not sure **SKIP TO C5**
- 9 = (VOL) Refused **SKIP TO C5**

C4. As a result of the Affordable Care Act or "Obamacare," more people are eligible for Medicaid. Did you get your health insurance through Medicaid Expansion?

**Read if needed:** Medicaid Expansion may include County Care.

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused



C5. During the past 12 months, was there any time that you did not have any health insurance or coverage?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not Sure
- 9 = (VOL) Refused

C6. Do you have one person or more than one person you think of as your personal doctor or health care provider?

(If "Yes" ask: "Do you have only one or more than one?") **(NYCHS)**

- 1 = Yes, only one
- 2 = Yes, more than one
- 3 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

C7. About how long has it been since you last visited a doctor or health care provider for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. **(BRFSS 2014)**

- 1 = Within the past year (anytime less than 12 months ago)
- 2 = Within the past 2 years (1 year but less than 2 years ago)
- 3 = Within the past 5 years (2 years but less than 5 years ago)
- 4 = 5 or more years ago
- 5 = Never
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

#### Section D: Oral Health

D1. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists. **(BRFSS 2010, 2014)**

**Read only if necessary:** We are interested in visits that you made for yourself, not others.

- 1 = Within the past year (anytime less than 12 months ago)
- 2 = Within the past 2 years (1 year but less than 2 years ago)
- 3 = Within the past 5 years (2 years but less than 5 years ago)
- 4 = 5 or more years ago
- 5 = Never
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

## Section E: Hypertension Awareness

Now I would like to ask you some questions about general health conditions.

- E1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?  
*(BRFSS 2013)*

**Read only if necessary:** By “other health professional” we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

**(If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”)**

- 1 = Yes
- 2 = Yes, but female told only during pregnancy      **SKIP TO NEXT SECTION**
- 3 = No      **SKIP TO NEXT SECTION**
- 4 = Told borderline high or pre-hypertensive      **SKIP TO NEXT SECTION**
- 7 = (VOL) Don’t know/Not sure      **SKIP TO NEXT SECTION**
- 9 = (VOL) Refused      **SKIP TO NEXT SECTION**

- E2. Are you currently taking medicine for your high blood pressure? *(BRFSS 2013)*

- 1 = Yes
- 2 = No
- 7 = (VOL) Don’t know/Not sure
- 9 = (VOL) Refused

## Section F: Cholesterol Awareness

- F1. Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?  
*(BRFSS 2013)*

- 1 = Yes
- 2 = No      **SKIP TO NEXT SECTION**
- 7 = (VOL) Don’t know/Not sure      **SKIP TO NEXT SECTION**
- 9 = (VOL) Refused      **SKIP TO NEXT SECTION**

- F2. About how long has it been since you last had your blood cholesterol checked? *(BRFSS 2013)*

**Read only if necessary:**

- 1 = Within the past year (anytime less than 12 months ago)
- 2 = Within the past 2 years (1 year but less than 2 years ago)
- 3 = Within the past 5 years (2 years but less than 5 years ago)
- 4 = 5 or more years
- 7 = (VOL) Don’t know/Not sure
- 9 = (VOL) Refused

F3. Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

**(BRFSS 2013)**

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**Section G: Chronic Health Conditions**

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me "Yes," "No," or you're "Not sure." Has a doctor, nurse, or other health professional EVER told you that you had...READ ITEMS?

G1. A heart attack also called a myocardial infarction (my-o-CAR-dee-al in-FARC-tion)? **(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = (VOL) Refused

G2. Angina or coronary heart disease? **(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = (VOL) Refused

G3. A stroke? **(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = (VOL) Refused

G4. Asthma? **(BRFSS 2014)**

- 1 = Yes
- 2 = No **SKIP TO G6**
- 7 = Don't know/Not sure **SKIP TO G6**
- 9 = (VOL) Refused **SKIP TO G6**

G5. Do you still have asthma? **(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = (VOL) Refused

G6. A depressive disorder, including depression, major depression, dysthymia (dis-THI-me-a), or minor depression?

**(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = Don't know/Not sure
- 9 = (VOL) Refused

G7. Diabetes? **(BRFSS 2014)**

(If "yes" and respondent is female, ask: "Was this only when you were pregnant?")

If respondent says pre-diabetes or borderline diabetes, use response code 4.

- 1 = Yes
- 2 = Yes, but female told only during pregnancy
- 3 = No
- 4 = No, pre-diabetes or borderline diabetes
- 7 = Don't know/Not sure
- 9 = (VOL) Refused

#### **Section H: Pre-Diabetes**

##### **IF G7=1 SKIP TO NEXT SECTION**

H1. Have you had a test for high blood sugar or diabetes within the past three years? **(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

#### **Section I: Diabetes**

##### **IF G7 > 1 SKIP TO NEXT SECTION**

I1. How old were you when you were first told you have diabetes? **(BRFSS 2013)**

\_\_ AGE [RANGE 1-97]

- 97 = 97 and older
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

I2. Are you now taking insulin, oral medications, or pills to manage your diabetes or lower your blood sugar?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

13. About how often do you check your blood glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. **(BRFSS 2014)**

READ IF NEEDED: How often per day, per week, per month, or per year do you check your blood glucose or sugar?

- 1 \_\_\_\_\_ Times per day [RANGE 1-9]
- 2 \_\_\_\_\_ Times per week [RANGE 1-69]
- 3 \_\_\_\_\_ Times per month [RANGE 1-300]
- 4 \_\_\_\_\_ Times per year [RANGE 1-3600]
- 6 = Never
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

14. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional. **(BRFSS 2014)**

READ IF NEEDED: How often per day, per week, per month or per year do you check your feet for any sores or irritations?

- 1 \_\_\_\_\_ Times per day [RANGE 1-9]
- 2 \_\_\_\_\_ Times per week [RANGE 1-69]
- 3 \_\_\_\_\_ Times per month [RANGE 1-300]
- 4 \_\_\_\_\_ Times per year [RANGE 1-3600]
- 5 = No feet
- 6 = Never
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

15. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? **(BRFSS 2014)**

- \_\_\_\_\_ Number of times [RANGE 0-76]
- 76 = 76 or more
- 0 = None
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

16. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"? **(BRFSS 2014)**

- \_\_\_\_\_ Number of times [RANGE 0-76]
- 76 = 76 or more
- 78 = Never heard of "A one C" test
- 0 = None
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

**IF I4 = 5, SKIP TO I8, ELSE ASK I7.**

17. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations? **(BRFSS 2014)**

\_\_\_\_\_ Number of times [RANGE 0-76]

0 = None

76 = 76 or more

77 = (VOL) Don't know/Not sure

99 = (VOL) Refused

18. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light. **(BRFSS 2014)**

1 = Within the past month (anytime less than 1 month ago)

2 = Within the past year (1 month but less than 12 months ago)

3 = Within the past 2 years (1 year but less than 2 years ago)

4 = 2 or more years ago

5 = (VOL) Never

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

19. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy (ret-n-op'-uh-thee)? **(BRFSS 2014)**

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

110. Have you ever taken a course or class in how to manage your diabetes yourself? **(BRFSS 2011, 2014)**

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

## **Section J: Tobacco Use**

J1. Have you smoked at least 100 cigarettes in your entire life? **(BRFSS 2014)**

**NOTE: 5 packs = 100 cigarettes**

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO J5**

**SKIP TO J5**

**SKIP TO J5**

J2. Do you now smoke cigarettes every day, some days, or not at all? **(BRFSS 2014)**

1 = Every day

2 = Some days

3 = Not at all

**SKIP TO J4**

7 = (VOL) Don't know/Not sure

**SKIP TO J5**

9 = (VOL) Refused

**SKIP TO J5**

J3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? **(BRFSS 2014)**

1 = Yes

**SKIP TO J5**

2 = No

**SKIP TO J5**

7 = (VOL) Don't know/Not sure

**SKIP TO J5**

9 = (VOL) Refused

**SKIP TO J5**

J4. How long has it been since you last smoked a cigarette, even one or two puffs? **(BRFSS 2014)**

1 = Within the past month (less than 1 month ago)

2 = Within the past 3 months (1 month but less than 3 months ago)

3 = Within the past 6 months (3 months but less than 6 months ago)

4 = Within the past year (6 months but less than 1 year ago)

5 = Within the past 5 years (1 year but less than 5 years ago)

6 = Within the past 10 years (5 years but less than 10 years ago)

7 = 10 years or more

8 = Never smoked regularly

77 = (VOL) Don't know/Not sure

99 = (VOL) Refused

J5. E-cigarettes are electronic devices that deliver nicotine in a vapor, but contain no tobacco. They include e-sticks, vaporizers, and vape pens. Some of these devices may actually look like a cigarette. Have you ever tried an e-cigarette?

1 = Yes

2 = No

**SKIP TO J8**

7 = (VOL) Don't know/Not sure

**SKIP TO J8**

9 = (VOL) Refused

**SKIP TO J8**

J6. Have you used e-cigarettes in the last 30 days?

1 = Yes

2 = No

**SKIP TO J8**

7 = (VOL) Don't know/Not sure

**SKIP TO J8**

9 = (VOL) Refused

**SKIP TO J8**

J7. Why did you use e-cigarettes? Was it:

a. Because they are safer than cigarettes?

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

b. Because they are cheaper than cigarettes?

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

c. Because they are easy to use when I can't smoke?

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

d. To try to quit smoking cigarettes?

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

e. Just because?

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

J8. Do you currently use chewing tobacco, snuff, or snus (snoos) every day, some days, or not at all? (**BRFSS 2014**)

1 = Every day

2 = Some days

3 = Not at all

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused



## Section K: Demographics

Now I would like to ask you some questions about yourself and your household.

K1. Because it is sometimes difficult to determine over the phone, I am asked to confirm with everyone . . . Are you male or female?

1 = Male

2 = Female

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

K2. What is your age? (**BRFSS 2014**)

\_\_\_\_\_ Code age in years [RANGE 18-98]

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO K4**

**CONTINUE TO K3**

**CONTINUE TO K3**

K3. We don't need to know your exact age, but can you just tell me if you are...?

**Please read:**

1 = 65 or older

2 = 45-64

3 = 30-44

4 = 25-29, or

5 = 18-24

**Do not read:**

7 = DON'T KNOW/NOT SURE

9 = REFUSED

K4. Are you Hispanic or Latino/a, or Spanish origin? (**BRFSS 2014**)

If "Yes", ASK: Are you...

**Interviewer Note: One or more categories may be selected.**

1 = Yes, Mexican, Mexican-American, Chicano/a

2 = Yes, Puerto Rican

3 = Yes, Cuban

4 = Yes, Another Hispanic, Latino/a, or Spanish origin

**Do not read:**

5 = No

7 = Don't know/Not sure

9 = Refused

K5. Which one or more of the following would you say is your race? (**BRFSS 2014**)

**Interviewer Note: Select all that apply.**

**Please read:**

- 10 = White
- 20 = Black or African American
- 30 = American Indian or Alaska Native
- 40 = Asian
- 50 = Pacific Islander, or
- 60 = Something else (SPECIFY)

**Do not read:**

- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

**IF K5 = 40 OR 50, ASK K6. ELSE SKIP TO K7.**

K6. Would you say you are...(READ LIST, MULTIPLE RECORD)?

- 41 = Asian Indian
- 42 = Chinese
- 43 = Filipino
- 44 = Japanese
- 45 = Korean
- 46 = Vietnamese
- 47 = Other Asian
- 51 = Native Hawaiian
- 52 = Guamanian or Chamorro
- 53 = Samoan
- 54 = Other Pacific Islander
- 99 = (VOL) Refused

K7. IF MORE THAN ONE SELECTED IN K5 AND K6, ASK: Which one of these groups would you say best represents your race? ELSE SKIP TO K8. **(BRFSS 2014)**

ONLY LIST THOSE SELECTED IN K5 AND K6

- 10 = White
- 20 = Black or African American
- 30 = American Indian or Alaska Native
- 40 = Asian
- 41 = Asian Indian
- 42 = Chinese
- 43 = Filipino
- 44 = Japanese
- 45 = Korean
- 46 = Vietnamese
- 47 = Other Asian
- 51 = Native Hawaiian
- 52 = Guamanian or Chamorro
- 53 = Samoan
- 54 = Other Pacific Islander
- 60 = Other
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

K8. Are you...(READ LIST)? **(BRFSS 2011)**

- 1 = Married
- 2 = Divorced
- 3 = Widowed
- 4 = Separated
- 5 = Never married
- 6 = A member of an unmarried couple
- 7 = A member of a civil union
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

IF RECORD FLAGGED AS CELL PHONE, ASK K9.  
ELSE SKIP TO K10.

K9. How many members of your household, INCLUDING YOURSELF, are 18 years of age or older?

READ IF NEEDED: Household members are those who spend a majority of their time living in the household.

\_\_\_\_\_ Number of adults [RANGE 1-20]

99 = (VOL) Refused/Don't know

K10. How many children less than 18 years of age live in your household? (**BRFSS 2014**)

\_ \_ Number of children [RANGE 0-25]

0 = None

77 = (VOL) Don't know/Not sure

99 = (VOL) Refused

K11. What is the highest grade or year of school you completed? (**BRFSS 2014**)

**Read only if necessary:**

1 = Never attended school or only attended kindergarten

2 = Grades 1 through 8 (Elementary)

3 = Grades 9 through 12 (Some high school)

4 = Grade 12 or GED (High school graduate)

5 = College 1 year to 3 years (Some college or technical school)

6 = College 4 years or more (College graduate)

**Do not read:**

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

K12. Are you currently employed for wages or salary? (**NYCHS 2011**)

1 = Yes

**SKIP TO INSTRUCTIONS BEFORE K14**

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

K13. Are you currently ...? (**NYCHS 2011**)

2 = Self-employed

3 = A Homemaker

4 = A Student

5 = Retired

6 = Unable to work

7 = Unemployed for 1 year or more, or

8 = Unemployed for less than 1 year

**Do not read:**

77 = (VOL) Don't know/Not sure

99 = (VOL) Refused

**If K10 (NUMBER OF CHILDREN IN HH) or (HH1 or K9) (ADULTS IN HH) = 77 or 99, skip to K15**

**Create new field NHOUSE = (HH1 or K9) (Number of adults) + K10 (Number of Children)**

**We will use NHOUSE to create a field (PVTYLVL) to populate the fill for K14.**

**PVTYLVL = 7,610 + (NHOUSE \* 4,060)**

K14. The next question is about your combined household income. [READ IF NHOUSE>1: By household income we mean the combined income from everyone living in the household including even roommates or those on disability income.] Is your household's annual household income from all sources: *(NYCHS 2011)*

**If respondent refuses at ANY income level, code '99' (Refused)**

**ASK ALL:**

02 = Less than \$[PVTYLVL \* 2]

01 = Less than \$[PVTYLVL]

05 = Less than \$[PVTYLVL \* 5]

06 = Less than \$[PVTYLVL \* 6]

04 = Less than \$[PVTYLVL \* 4]

07 = \$[PVTYLVL \* 6]

03 = Less than \$[PVTYLVL \* 3]

**IF "NO," ASK 05; IF "YES," ASK 01**

**IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)**

**IF "NO," ASK 06 (500-599%); IF "YES" ASK 04 (300-399%)**

**IF "NO," CODE 07 (>600%); IF "YES" CODE 06 (500-599%)**

**IF "NO," CODE 05; IF "YES" ASK 03 (200-299%)**

**IF "NO," CODE 04; IF "YES" CODE 03**

**Do not read:**

77 = (VOL) Don't know/Not sure

99 = (VOL) Refused

**IF K14\_02 = 77 or 99, ASK K14A**

**ELSE SKIP TO INSTRUCTIONS BEFORE K14B.**

K14a. Can you just tell me if your annual household income is less than [PVTYLVL]? *(NYCHS 2011)*

1 = YES

2 = NO

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**IF K14 = 02 (100-199%) OR K14a = 2, ASK K14b.**

**ELSE SKIP TO K15.**

K14b. Is your combined household's annual income from all source less than [PVTYLVL \* 1.33]? *(NYCHS 2011)*

1 = YES

2 = NO

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**IF C1 = 2 AND K14 = 01 OR K14a = 1 OR K14b = 1 THEN READ:**

You indicated earlier that you do not currently have any health coverage. I just want to let you know that there are affordable health care plans available. You can call 866-311-1119 for more information.

K15. About how tall are you without shoes? (*BRFSS 2014*)

**Round fractions down**

1 \_ \_ \_ FEET [RANGE 3-9] /INCHES [RANGE 0-11]

2 \_ \_ \_ METERS [RANGE 0-3] /CENTIMETERS [RANGE 0-275]

7777 = (VOL) Don't know/Not sure

9999 = (VOL) Refused

K16. About how much do you weigh without shoes? (*BRFSS 2014*)

**Round fractions up**

1 \_ \_ \_ POUNDS [RANGE 50-600]

2 \_ \_ \_ KILOGRAMS [RANGE 20-275]

7777 = (VOL) Don't know/Not sure

9999 = (VOL) Refused

**IF K16 = 9999 OR 7777 AND K15 ≠ 99/99 OR 77/77 THEN CALCULATE BMI FOR HEIGHT AND ASK K17a or K18a (for metric)**

**ELSE IF K15 = 99/99 OR 77/77 AND K16 ≠ 9999 OR 7777 THEN CALCULATE BMI FOR WEIGHT AND ASK K19a or K20a (for metric)**

**ELSE SKIP TO K21**

BMI = 703 \* LBS / inches SQ

CRITICAL WEIGHT FOR ENGLISH VERY OBESE: = .049 \* (K15 height IN) \* (K15 height IN)

CRITICAL WEIGHT FOR ENGLISH OBESE: = .0427 \* (K15 height IN) \* (K15 height IN)

CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT: = .0356\*(K15 height IN)\*(K15 height IN)

CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT: = .0263\*(K15 height IN)\*(K15 height IN)

K17a. Do you weigh less than [critical weight for OBESE]?

1 = YES, WEIGH LESS

**SKIP TO K17c**

2 = NO, DON'T WEIGH LESS

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

K17b. Do you weigh less than [critical weight for VERY OBESE]?

1 = YES, WEIGH LESS

**SKIP TO K21**

2 = NO, DON'T WEIGH LESS

**SKIP TO K21**

7 = (VOL) Don't know/Not sure

**SKIP TO K21**

9 = (VOL) Refused

**SKIP TO K21**

K17c. Do you weigh less than [critical weight for OVERWEIGHT]?

- 1 = YES, WEIGH LESS
- 2 = NO, DON'T WEIGH LESS **SKIP TO K21**
- 7 = (VOL) Don't know/Not sure **SKIP TO K21**
- 9 = (VOL) Refused **SKIP TO K21**

K17d. Do you weigh less than [critical weight for UNDERWEIGHT]?

- 1 = YES, WEIGH LESS **SKIP TO K21**
- 2 = NO, DON'T WEIGH LESS **SKIP TO K21**
- 7 = (VOL) Don't know/Not sure **SKIP TO K21**
- 9 = (VOL) Refused **SKIP TO K21**

CRITICAL WEIGHT FOR METRIC VERY OBESE =  $.0035 * (\text{K15 height CM}) * (\text{K15 height CM})$

CRITICAL WEIGHT FOR METRIC OBESE =  $.003 * (\text{K15 height CM}) * (\text{K15 height CM})$

CRITICAL WEIGHT FOR METRIC OVERWEIGHT =  $.0025 * (\text{K15 height CM}) * (\text{K15 height CM})$

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT =  $.00185 * (\text{K15 height CM}) * (\text{K15 height CM})$

K18a. Do you weigh less than [critical weight for METRIC OBESE]?

- 1 = YES, WEIGH LESS **SKIP TO K18c**
- 2 = NO, DON'T WEIGH LESS
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

K18b. Do you weigh less than [critical weight for METRIC VERY OBESE]?

- 1 = YES, WEIGH LESS **SKIP TO K21**
- 2 = NO, DON'T WEIGH LESS **SKIP TO K21**
- 7 = (VOL) Don't know/Not sure **SKIP TO K21**
- 9 = (VOL) Refused **SKIP TO K21**

K18c. Do you weigh less than [critical weight for METRIC OVERWEIGHT]?

- 1 = YES, WEIGH LESS
- 2 = NO, DON'T WEIGH LESS **SKIP TO K21**
- 7 = (VOL) Don't know/Not sure **SKIP TO K21**
- 9 = (VOL) Refused **SKIP TO K21**

K18d. Do you weigh less than [critical weight for METRIC UNDERWEIGHT]?

- 1 = YES, WEIGH LESS **SKIP TO K21**
- 2 = NO, DON'T WEIGH LESS **SKIP TO K21**
- 7 = (VOL) Don't know/Not sure **SKIP TO K21**
- 9 = (VOL) Refused **SKIP TO K21**

CRITICAL HEIGHT IN INCHES FOR VERY OBESE = SQUARE ROOT OF (20.09 \* K16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OBESE: = SQUARE ROOT OF (23.43 \* K16 weight LB)

CRITICAL HEIGHT IN INCHES FOR OVERWEIGHT: = SQUARE ROOT OF (28.12 \* K16 weight LB)

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT: = SQUARE ROOT OF (38 \* K16 weight LB)

THEN CONVERT TO FEET, INCHES

K19a. Is your height less than [critical height for OBESE]?

1 = YES, LESS

2 = NO, NOT LESS

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO K19c**

**SKIP TO K19c**

**SKIP TO K19c**

K19b. Is your height less than [critical height for VERY OBESE]?

1 = YES, LESS

2 = NO, NOT LESS

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO K21**

**SKIP TO K21**

**SKIP TO K21**

**SKIP TO K21**

K19c. Is your height less than [critical height for OVERWEIGHT]?

1 = YES, LESS

2 = NO, NOT LESS

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO K21**

**SKIP TO K21**

**SKIP TO K21**

**SKIP TO K21**

K19d. Is your height less than [critical height for UNDERWEIGHT]?

1 = YES, LESS

2 = NO, NOT LESS

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO K21**

**SKIP TO K21**

**SKIP TO K21**

**SKIP TO K21**

CALCULATE CRITICAL HEIGHT FOR METRIC VERY OBESE = SQUARE ROOT OF (286 \* K16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OBESE = SQUARE ROOT OF (333 \* K16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT = SQUARE ROOT OF (400 \* K16 weight KILOS)

CALCULATE CRITICAL HEIGHT FOR METRIC UNDERWEIGHT = SQUARE ROOT OF (540.5 \* K16 weight KILOS)

K20a. Is your height less than [critical height for METRIC OBESE]?

1 = YES, LESS

2 = NO, NOT LESS

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO K20c**

**SKIP TO K20c**

**SKIP TO K20c**



K20b. Is your height less than [critical height for METRIC VERY OBESE]?  
1 = YES, LESS **SKIP TO K21**  
2 = NO, NOT LESS **SKIP TO K21**  
7 = (VOL) Don't know/Not sure **SKIP TO K21**  
9 = (VOL) Refused **SKIP TO K21**

K20c. Is your height less than [critical height for METRIC OVERWEIGHT]?  
1 = YES, LESS **SKIP TO K21**  
2 = NO, NOT LESS  
7 = (VOL) Don't know/Not sure **SKIP TO K21**  
9 = (VOL) Refused **SKIP TO K21**

K20d. Is your height less than [critical height for METRIC UNDERWEIGHT]?  
1 = YES, LESS **SKIP TO K21**  
2 = NO, NOT LESS **SKIP TO K21**  
7 = (VOL) Don't know/Not sure **SKIP TO K21**  
9 = (VOL) Refused **SKIP TO K21**

K21. Do you own or rent your home? (*BRFSS 2011, 2014*)  
1 = Own  
2 = Rent  
3 = Other arrangement  
7 = (VOL) Don't know/Not sure  
9 = (VOL) Refused

K22. Now I'll read a list of terms people sometimes use to describe themselves -- heterosexual or straight; homosexual, gay or lesbian; and bisexual. As I read the list again, please stop me when I get to the term that best describes how you think of yourself. (*NY CHS*)

**Read if needed:** Bisexual is when a person is physically, romantically, and/or emotionally attracted to both men and women.

READ RESPONSES UNTIL RESPONDENT MAKES A SELECTION:

1 = Heterosexual or straight  
2 = Homosexual, gay or lesbian  
3 = Bisexual  
  
7 = (VOL) Don't know/Not sure  
9 = (VOL) Refused

IF RESPONDENT INDICATES HIS/HER ANSWER AFTER READING THE WHOLE LIST THE FIRST TIME, YOU DON'T HAVE TO READ THE LIST AGAIN.

K23. Do you consider yourself to be transgender?

**Read if needed:** Transgender is when a person has a gender identity and/or gender expression that is different from the sex they were assigned at birth.

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**SKIP TO NEXT SECTION**

**SKIP TO NEXT SECTION**

**SKIP TO NEXT SECTION**

K24. Do you consider yourself to be male-to-female, female-to-male, or gender non-conforming? (**BRFSS**)

1 = Male-to female

2 = Female-to-male

3 = Gender non-conforming

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

### Section L: Fruits and Vegetables

These next questions are about the fruits and vegetables you ate or drank yesterday. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned. Please think about all meals, snacks, and food consumed at home and away from home.

L1. How many total servings of fruit did you eat yesterday? A serving would equal one medium apple or a handful of grapes. (**NYCHS 2011**)

INTERVIEWER: IF RESPONDENT TELLS YOU WHAT FRUITS HE/SHE ATE, ADD UP THE SERVINGS AFTER REPEATING THE QUESTION ONCE.

PROBE: You ate (REPEAT ALL THE FRUITS RESPONDENT SAID). That adds up to X servings. Would you say you ate X servings of fruits yesterday?

\_\_\_\_\_ NUMBER OF SERVINGS [RANGE 0 – 50]

77 = Don't know/Not sure

99 = Refused

L2. How many total servings of vegetables did you eat yesterday? A serving would equal a handful of broccoli or a cup of carrots. **(NYCHS 2011)**

INTERVIEWER: IF RESPONDENT TELLS YOU WHAT VEGETABLES HE/SHE ATE, ADD UP THE SERVINGS AFTER REPEATING THE QUESTION ONCE.

PROBE: You ate (REPEAT ALL THE VEGETABLES RESPONDENT SAID). That adds up to X servings. Would you say you ate X servings of vegetables yesterday?

\_\_\_\_\_ NUMBER OF SERVINGS [RANGE 0 – 50]

77 = Don't know/Not sure

99 = Refused

L3. How easy or difficult is it for you to get fresh produce (fruits and vegetables)? (READ LIST) **(LACHS 2011)**

1 = Very difficult

2 = Somewhat difficult

3 = Somewhat easy, or

**SKIP TO NEXT SECTION**

4 = Very easy?

**SKIP TO NEXT SECTION**

7 = (VOL) Don't know/Not sure

**SKIP TO NEXT SECTION**

9 = (VOL) Refused

**SKIP TO NEXT SECTION**

L4. Is this because...**(insert item)? (LACHS 2011)**

**L4 Answer Codes**

1 = Yes

2 = No

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

***(Randomize)***

a. Stores in your neighborhood don't sell fresh fruits & vegetables?

b. The quality of fresh fruits and vegetables where you shop is poor?

c. Fresh fruits and vegetables are too expensive?

**Section M: Exercise (Physical Activity)**

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

M1. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? **(BRFSS 2013)**

1 = Yes

2 = No

**SKIP TO M8**

7 = (VOL) Don't know/Not sure

**SKIP TO M8**

9 = (VOL) Refused

**SKIP TO M8**

M2. What type of physical activity or exercise did you spend the most time doing during the past month? **(BRFSS 2013)**

98 \_\_ (Specify)

**[See Physical Activity Coding List]**

77 = (VOL) Don't know/Not sure

**SKIP TO M8**

99 = (VOL) Refused

**SKIP TO M8**

M3. How many times per week or per month did you take part in this activity during the past month? **(BRFSS 2013)**

\_\_ Times per week [RANGE 1-21]

\_\_ Times per month [RANGE 1-99]

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

M4. And when you took part in this activity, for how many minutes or hours did you usually keep at it? **(BRFSS 2013)**

\_\_:\_\_ Hours [RANGE 0-24] and minutes [RANGE 0-59]

77 = (VOL) Don't know/Not sure

99 = (VOL) Refused

M5. What other type of physical activity gave you the next most exercise during the past month? **(BRFSS 2013)**

98 \_\_ (Specify)

**[See Physical Activity Coding List]**

88 = No other activity

**SKIP TO M8**

77 = (VOL) Don't know/Not sure

**SKIP TO M8**

99 = (VOL) Refused

**SKIP TO M8**

M6. How many times per week or per month did you take part in this activity during the past month? **(BRFSS 2013)**

\_\_ Times per week [RANGE 1-21]

\_\_ Times per month [RANGE 1-99]

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

M7. And when you took part in this activity, for how many minutes or hours did you usually keep at it? **(BRFSS 2013)**

\_\_:\_\_ Hours [RANGE 0-24] and minutes [RANGE 0-59]

777 = (VOL) Don't know/Not sure

999 = (VOL) Refused

M8. During the past month, how many times per week or per month did you do physical activities or exercises to STRENGTHEN your muscles? Do NOT count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. **(BRFSS 2013)**

\_\_ Times per week [RANGE 1-21]

\_\_ Times per month [RANGE 1-99]

3 = Never

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

M9. Do you use walking paths, parks, playgrounds, or sports fields in your neighborhood for physical activity? Would you say...(READ LIST)? *(NYC CHS 2006)*

1 = Yes

2 = No, or

3 = My neighborhood does not have these facilities **SKIP TO NEXT SECTION**

7 = (VOL) Don't know/Not sure **SKIP TO NEXT SECTION**

9 = (VOL) Refused **SKIP TO NEXT SECTION**

M10. How safe is it to walk or to use parks, playgrounds, and sports fields in your neighborhood? Would you say...(READ LIST)? *(NYC CHS 2006, LACHS 2011)*

1 = Very safe

2 = Somewhat safe

3 = Somewhat unsafe, or

4 = Very unsafe

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

#### **Section N: Breast/Cervical Cancer Screening**

**IF K1 = 7 OR 9 (DK/REF GENDER) SKIP TO SECTION P,**

**ELSE IF K3 = 7 OR 9 (DK/REF AGE) SKIP TO SECTION Q,**

**ELSE IF RESPONDENT IS [FEMALE (K1 =2) AND [UNDER THE AGE OF 21 (K2 < 21 AND > 9 OR K3 =5)]] OR MALE (K1 = 1),  
SKIP TO NEXT SECTION**

**ELSE IF FEMALE (K1 = 2) UNDER THE AGE OF 40 (K2 < 40) OR (K3 = 3 OR 4), SKIP TO N3**

**ELSE CONTINUE**

The next questions are about breast and cervical cancer screening.

N1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? *(BRFSS 2014)*

1 = Yes

2 = No

**SKIP TO N3**

7 = (VOL) Don't know/Not sure

**SKIP TO N3**

9 = (VOL) Refused

**SKIP TO N3**

N2. How long has it been since you had your last mammogram? *(BRFSS 2014)*

1 = Within the past year (anytime less than 12 months ago)

2 = Within the past 2 years (1 year but less than 2 years ago)

3 = Within the past 3 years (2 years but less than 3 years ago)

4 = Within the past 5 years (3 years but less than 5 years ago)

5 = 5 or more years ago

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

N3. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? *(BRFSS 2013)*

- 1 = Yes
- 2 = No **SKIP TO N5**
- 7 = (VOL) Don't know/Not sure **SKIP TO N5**
- 9 = (VOL) Refused **SKIP TO N5**

N4. How long has it been since your last Pap test? *(BRFSS 2013)*

- 1 = Within the past year (anytime less than 12 months ago)
- 2 = Within the past 2 years (1 year but less than 2 years ago)
- 3 = Within the past 3 years (2 years but less than 3 years ago)
- 4 = Within the past 5 years (3 years but less than 5 years ago)
- 5 = 5 or more years ago
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

N5. Have you had a hysterectomy? *(BRFSS 2013)*

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

#### Section P: Colorectal Cancer Screening

**IF RESPONDENT IS UNDER 50 YEARS OF AGE (K2 < 50 AND > 9) OR (K3 = 2, 3, 4, 5, 7, or 9), SKIP TO NEXT SECTION**

The next questions are about colorectal (koh-luh-rek-tl) cancer screening.

P1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.

Have you ever had this test using a home kit? *(BRFSS 2013)*

- 1 = Yes
- 2 = No **SKIP TO P3**
- 7 = (VOL) Don't know/Not sure **SKIP TO P3**
- 9 = (VOL) Refused **SKIP TO P3**

P2. How long has it been since you had your last blood stool test using a home kit? *(BRFSS 2013)*

- 1 = Within the past year (anytime less than 12 months ago)
- 2 = Within the past 2 years (1 year but less than 2 years ago)
- 3 = Within the past 3 years (2 years but less than 3 years ago)
- 4 = Within the past 5 years (3 years but less than 5 years ago)
- 5 = 5 or more years ago
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

P3. Sigmoidoscopy (sig-moyd-ahs-kuh-pee) and colonoscopy (koh-luhn-ahs-kuh-pee) are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? **(BRFSS 2013)**

1 = Yes

2 = No

**SKIP TO NEXT SECTION**

7 = (VOL) Don't know/Not sure

**SKIP TO NEXT SECTION**

9 = (VOL) Refused

**SKIP TO NEXT SECTION**

P4. How long has it been since you had your last sigmoidoscopy (sig-moyd-ahs-kuh-pee) or colonoscopy (koh-luhn-ahs-kuh-pee)? **(BRFSS 2013)**

1 = Within the past year (anytime less than 12 months ago)

2 = Within the past 2 years (1 year but less than 2 years ago)

3 = Within the past 3 years (2 years but less than 3 years ago)

4 = Within the past 5 years (3 years but less than 5 years ago)

5 = Within the past 10 years (5 years but less than 10 years ago)

6 = 10 or more years ago

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

#### **Section Q: HIV/AIDS**

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don't have to answer every question if you do not want to. Although we ask you about testing, we will not ask you about the results of any test you may have had.

Q1. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth. **(BRFSS 2014)**

1 = Yes

2 = No

**SKIP TO NEXT SECTION**

7 = (VOL) Don't know/Not sure

**SKIP TO NEXT SECTION**

9 = (VOL) Refused

**SKIP TO NEXT SECTION**

Q2. Not including blood donations, in what month and year was your last HIV test? **(BRFSS 2014)**

\_\_\_\_/\_\_\_\_

- 1 = January
- 2 = February
- 3 = March
- 4 = April
- 5 = May
- 6 = June
- 7 = July
- 8 = August
- 9 = September
- 10 = October
- 11 = November
- 12 = December
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

ENTER YEAR NOW, 7777 = (VOL) DON'T KNOW/NOT SURE; 9999 = (VOL) REFUSED

1980 – 2014

7777

9999

\_\_\_\_\_

Q3. Where did you have your last HIV test – at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else? **(BRFSS 2014)**

- 1 = Private doctor or HMO office
- 2 = Counseling and testing site
- 3 = Hospital
- 4 = Clinic
- 5 = Jail or prison (or other correctional facility)
- 6 = Drug treatment facility
- 7 = At home
- 8 = Somewhere else (SPECIFY)
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

### Section R: Disability

The following questions are about health problems or impairments you may have.

R1. Are you limited in any way in any activities because of physical, mental, or emotional problems? **(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused



R2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **(BRFSS 2014)**

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

### Section S: Mental Health

Now, I am going to ask you some questions about how you have been feeling lately.

S1. About how often during the past 30 days did you feel NERVOUS – would you say all of the time, most of the time, some of the time, a little of the time, or none of the time? **(BRFSS 2013)**

- 1 = All
- 2 = Most
- 3 = Some
- 4 = A little
- 5 = None
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

S2. During the past 30 days, about how often did you feel HOPELESS – all of the time, most of the time, some of the time, a little of the time, or none of the time? **(BRFSS 2013)**

- 1 = All
- 2 = Most
- 3 = Some
- 4 = A little
- 5 = None
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

S3. During the past 30 days, about how often did you feel RESTLESS OR FIDGETY? [If necessary: all, most, some, a little, or none of the time?] **(BRFSS 2013)**

- 1 = All
- 2 = Most
- 3 = Some
- 4 = A little
- 5 = None
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

S4. During the past 30 days, about how often did you feel SO DEPRESSED THAT NOTHING COULD CHEER YOU UP? [If necessary: all, most, some, a little, or none of the time?] (**BRFSS 2013**)

- 1 = All
- 2 = Most
- 3 = Some
- 4 = A little
- 5 = None
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

S5. During the past 30 days, about how often did you feel EVERYTHING WAS AN EFFORT? [If necessary: all, most, some, a little, or none of the time?] (**BRFSS 2013**)

- 1 = All
- 2 = Most
- 3 = Some
- 4 = A little
- 5 = None
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

S6. During the past 30 days, about how often did you feel WORTHLESS? [If necessary: all, most, some, a little, or none of the time?] (**BRFSS 2013**)

- 1 = All
- 2 = Most
- 3 = Some
- 4 = A little
- 5 = None
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**\*\*\*\*\*GENERATE K6 score\*\*\*\*\***

**FOR S1 – S6,**

**RETAIN ORIGINAL VALUES FOR S1-S6 BUT RECODE NEW VALUES FOR:**

**CODE 1 "All of the time" = 4**

**CODE 2 "Most of the time" = 3**

**CODE 3 "Some of the time" = 2**

**CODE 4 A little of the of time" = 1**

**CODE 5 "None of the time" = 0**

**CODE 7 "DON'T KNOW" = 0**

**CODE 9 "REFUSED" = 0**

**k6score = S1 + S2 + S3 + S4 + S5 + S6**

S7. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem? **(BRFSS 2013)**

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

S8. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it? **(NSDUH 2010)**

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**SKIP TO NEXT SECTION**

**SKIP TO NEXT SECTION**

**SKIP TO NEXT SECTION**

S9. Which of these statements explains why you did not get the mental health treatment or counseling you needed? **(MULTIPLE RESPONSE) (NSDUH 2010)**

- 1 = You couldn't afford the cost.
- 2 = You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
- 3 = You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
- 4 = Your health insurance does not cover any mental health treatment or counseling.
- 5 = Your health insurance does not pay enough for mental health treatment or counseling.
- 6 = You did not know where to go to get services.
- 7 = You were concerned that the information you gave the counselor might not be kept confidential.
- 8 = You were concerned that you might be committed to a psychiatric (sahy-kee-a-trik) hospital or might have to take medicine.
- 9 = Some other reason or reasons (SPECIFY)
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

## **Section U: General Preparedness**

We would like to ask you some questions about preparedness for large-scale disasters or emergencies. By large-scale disaster or emergency we mean any event that leaves you isolated in your home or displaces you from your home for at least 3 days. This might include tornados, severe storms, terrorist events, or infectious disease outbreaks.

U1. Do you or does your household have a family emergency plan where you and family members would meet or call after a disaster?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

U2. Disaster supply kits include a 3-day supply of water and non-perishable food for everyone who lives in your household, a 3-day supply of prescription medication for each person who takes prescribed medicines, a working battery operated radio, flashlight, and batteries. Do you or does your household have a disaster supply kit for use in the case of a large-scale disaster or emergency?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

### Section V: Concluding Questions

Now I just have a few more questions before we end the interview.

**IF FLAGGED AS CELL PHONE, GO TO V3a.**

**ELSE, CONTINUE**

V1. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. *(BRFSS 2011, 2014)*

- 1 = Yes
- 2 = No **SKIP TO V3**
- 7 = (VOL) Don't know/Not sure **SKIP TO V3**
- 9 = (VOL) Refused **SKIP TO V3**

V2. How many of these telephone numbers are residential numbers? *(BRFSS 2011, 2014)*

- \_ Residential telephone numbers [RANGE 0-6]
- 6 = 6 or more
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

V3. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. *(BRFSS 2011, 2014)*

- 1 = Yes **SKIP TO V4**
- 2 = No **SKIP TO INSTRUCTIONS BEFORE V6a**
- 7 = (VOL) Don't know/Not sure **SKIP TO INSTRUCTIONS BEFORE V6a**
- 9 = (VOL) Refused **SKIP TO INSTRUCTIONS BEFORE V6a**

V3a. In addition to your cell phone, do you also have a regular landline telephone at home?

- 1 = Yes
- 2 = No **SKIP TO V5**
- 7 = (VOL) Don't know/Not sure **SKIP TO V5**
- 9 = (VOL) Refused **SKIP TO V5**

V4. Of all the phone calls that you receive, are (READ LIST) **(NYCHS 2013)**

- 1 = All or almost all calls received on cell phones,
- 2 = Some received on cell phones and some received on land lines, or
- 3 = Very few or none on cell phones
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**IF FLAGGED AS CELL PHONE, CONTINUE TO V5  
ELSE SKIP TO INSTRUCTIONS BEFORE V6a**

V5. May I have your name and address? This information will also allow us to send you a \$10 check to thank you for your time today.

IF NEEDED: I also to remind you that all information you provide will be kept completely confidential. We will not share this information with anyone else or mail you anything other than the \$10 check.

\_\_\_\_\_ NAME  
\_\_\_\_\_ HOUSE ADDRESS NUMBER  
\_\_\_\_\_ NAME OF STREET (VERIFY SPELLING)  
\_\_\_\_\_ STREET TYPE  
\_\_\_\_\_ APT. NO  
\_\_\_\_\_ CITY  
\_\_\_\_\_ STATE  
\_\_\_\_\_ ZIP CODE

- 7 = (VOL) Don't Know/Not Sure
- 9 = (VOL) Refused

**GO TO V8  
GO TO V8**

V6. Is this the address for your home where you live?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**SKIP TO INSTRUCTIONS BEFORE V7A  
CONTINUE TO INSTRUCTIONS BEFORE V6a  
CONTINUE TO INSTRUCTIONS BEFORE V6A  
CONTINUE TO INSTRUCTIONS BEFORE VV6A**

**IF S2 = 99997 OR 99999, SKIP TO V6b, ELSE CONTINUE TO V6a.**

V6a. Earlier you told me your zip code is (FILL FROM S2). I want to confirm I recorded that correctly.

- 1 = Yes
- 2 = No

**SKIP TO V7  
CONTINUE TO V6b**

V6b. (IF S2 = 99997 OR 99999: Zip code is very important for this study as it allows us to make sure we are interviewing people in all of the neighborhoods in Chicago so that everyone is represented.) Would you please tell me your zip code?

ENTER ZIP CODE \_\_\_\_\_ (GO TO INSTRUCTIONS BEFORE V7)

(99997=Don't know; 99999=Refused)

**IF V6b = 99997 OR 99999, SKIP TO V10 ELSE CONTINUE TO V7**

**IF V6a = 1, RETAIN ZIP CODE PROVIDED AT S2 AS ZIP CODE FOR CASE, OTHERWISE UPDATE ZIP CODE FOR CASE TO ANSWER PROVIDED AT V6b.**

V7. To make sure all Chicago neighborhoods are represented, we need to know where our study participants live. The best way to do this is to collect addresses. Can you provide me your address?

IF NEEDED: It is important that we collect this information so we can ensure that all neighborhoods in Chicago are represented. I also want to remind you that all information you provide will be kept completely confidential. We will not share this information with anyone else or mail you anything at all.

- 1 = Gave address
- 2 = Refused address

**GO TO V8**

\_\_\_\_\_ HOUSE ADDRESS NUMBER  
\_\_\_\_\_ NAME OF STREET (VERIFY SPELLING)  
\_\_\_\_\_ STREET TYPE  
\_\_\_\_\_ APT. NO

**IF GIS SYSTEM DOES NOT RETURN A VALID ADDRESS (GIS CODE FIELDS ARE BLANK), ASK V7a, ELSE SKIP TO CLOSING**

V7a. Unfortunately, our system is not accepting that address. Please let me confirm the address and spelling one more time. The address I have is (FILL FROM V5). Is this correct?

- 1 = Yes
- 2 = No
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

**CONTINUE TO V8**  
**RETURN TO V5/V7 AND CORRECT ADDRESS**  
**SKIP TO V8**  
**SKIP TO V8**

V8. Can you tell me just the name of the street you live on?

\_\_\_\_\_ NAME OF STREET  
7 = (VOL) Don't Know/Not sure  
9 = (VOL) Refused

**GO TO V9**  
**GO TO V10**  
**GO TO V10**

V9. And what is the name of the street down the corner from you that crosses your street?

\_\_\_\_\_ NAME OF STREET  
7 = (VOL) Don't know/Not sure  
9 = (VOL) Refused

**GO TO INSTRUCTIONS BELOW**  
**GO TO V10**  
**GO TO V10**

**IF GIS SYSTEM DOES NOT RETURN A VALID ADDRESS (GIS CODE FIELDS ARE BLANK) ASK V9a, ELSE SKIP TO CLOSING**

V9a. Unfortunately, our system does not recognize that intersection. Please let me confirm the street names and spellings one more time. The streets I have are (FILL FROM V8 and V9). Is this correct?

1 = Yes

2 = No, (FILL V8) is incorrect

3 = No, (FILL V9) is incorrect

4 = No, both (FILL V8 AND V9) are incorrect

7 = (VOL) Don't know/Not sure

9 = (VOL) Refused

**CONTINUE TO V10**

**RETURN TO V8 AND SKIP V9**

**RETURN TO V9**

**RETURN TO V8**

**CONTINUE TO V10**

**CONTINUE TO V10**

V10.This is my last question. Can you please tell me in which neighborhood in the city you live? [IF NEEDED: For this study it is extremely important that all Chicago neighborhoods are represented.]

(ENTER NEIGHBORHOOD CODE FROM TACKUP)

<b>Code</b>	<b>Neighborhood</b>	<b>Code</b>	<b>Neighborhood</b>	<b>Code</b>	<b>Neighborhood</b>
1	Albany Park	35	Grand Boulevard	69	O'Hare
2	Andersonville	36	Grand Crossing	70	Old Town
3	Archer Heights	37	Grant Park	71	Portage Park
4	Armour Square	38	Greektown	72	Printers Row
5	Ashburn	39	Hegewisch	73	Pullman
6	Auburn Gresham	40	Hermosa	74	River North
7	Austin	41	Humboldt Park	75	Riverdale
8	Avalon Park	42	Hyde Park	76	Rogers Park
9	Avondale	43	Irving Park	77	Roseland
10	Belmont Cragin	44	Jackson Park	78	Rush & Division
11	Beverly	45	Jefferson Park	79	Sauganash / Forest Glen
12	Boystown	46	Kenwood	80	Sheffield / DePaul
13	Bridgeport	47	Lake View	81	South Chicago
14	Brighton Park	48	Lincoln Park	82	South Deering
15	Bucktown	49	Lincoln Square	83	South Shore
16	Burnside	50	Little Italy, UIC	84	Streeterville
17	Calumet Heights	51	Little Village	85	Ukrainian Village
18	Chatham	52	Logan Square	86	United Center
19	Chicago Lawn	53	Loop	87	Uptown
20	Chinatown	54	Lower West Side	88	Washington Heights
21	Clearing	55	Magnificent Mile	89	Washington Park
22	Douglas	56	Mckinley Park	90	West Elsdon
23	Dunning	57	Millenium Park	91	West Lawn
24	East Side	58	Montclare	92	West Loop
25	East Village	59	Morgan Park	93	West Pullman
26	Edgewater	60	Mount Greenwood	94	West Ridge
27	Edison Park	61	Museum Campus	95	West Town
28	Englewood	62	Near South Side	96	Wicker Park
29	Fuller Park	63	New City	97	Woodlawn
30	Gage Park	64	North Center	98	Wrigleyville
31	Galewood	65	North Lawndale		
32	Garfield Park	66	North Park	777	(VOL) Don't know
33	Garfield Ridge	67	Norwood Park	888	Other (SPECIFY)
34	Gold Coast	68	Oakland	999	(VOL) Refused



**Closing Statement****Please read:**

These are all the questions I have. Thank you very much for participating in this important survey for the Chicago Department of Public Health.

If you have any questions about this study, you can call (312) 529-9719.

## Activity List for Common Leisure Activities (To be used for Physical Activity section)

### Code Description

0 1	Active Gaming Devices (Wii Fit, Dance Dance revolution)	4 0	Rowing machine exercise
0 2	Aerobics video or class	4 1	Rugby
0 3	Backpacking	4 2	Scuba diving
0 4	Badminton	4 3	Skateboarding
0 5	Basketball	4 4	Skating – ice or roller
0 6	Bicycling machine exercise	4 5	Sledding, tobogganing
0 7	Bicycling	4 6	Snorkeling
0 8	Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)	4 7	Snow blowing
0 9	Bowling	4 8	Snow shoveling by hand
1 0	Boxing	4 9	Snow skiing
1 1	Calisthenics	5 0	Snowshoeing
1 2	Canoeing/rowing in competition	5 1	Soccer
1 3	Carpentry	5 2	Softball/Baseball
1 4	Dancing-ballet, ballroom, Latin, hip hop, zumba, etc	5 3	Squash
1 5	Elliptical/EFX machine exercise	5 4	Stair climbing/Stair master
1 6	Fishing from river bank or boat	5 5	Stream fishing in waders
1 7	Frisbee	5 6	Surfing
1 8	Gardening (spading, weeding, digging, filling)	5 7	Swimming
1 9	Golf (with motorized cart)	5 8	Swimming in laps
2 0	Golf (without motorized cart)	5 9	Table tennis
2 1	Handball	6 0	Tai Chi
2 2	Hiking – cross-country	6 1	Tennis
2 3	Hockey	6 2	Touch football
2 4	Horseback riding	6 3	Volleyball
2 5	Hunting large game – deer, elk	6 4	Walking
2 6	Hunting small game – quail	6 6	Waterskiing
2 7	Inline Skating	6 7	Weight lifting
2 8	Jogging	6 8	Wrestling
2 9	Lacrosse	6 9	Yoga
3 0	Mountain climbing	7 1	Childcare
3 1	Mowing lawn	7 2	Farm/Ranch Work (caring for livestock, stacking hay, etc.)
3 2	Paddleball	7 3	Household Activities (vacuuming, dusting, home repair, etc.)
3 3	Painting/papering house	7 4	Karate/Martial Arts
3 4	Pilates	7 5	Upper Body Cycle (wheelchair sports, ergometer, etc.)
3 5	Racquetball	7 6	Yard work (cutting/gathering wood, trimming hedges, etc.)
3 6	Raking lawn	7 7	Don't know
3 7	Running	9 8	Other_____
3 8	Rock Climbing	9 9	Refused
3 9	Rope skipping		