

Healthy Chicago Telephone Survey

2015 Questionnaire

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.

Hola, me llamo _____, y estoy llamando de parte del Departamento de Salud Pública de Chicago. Estamos realizando un estudio importante para mejorar la salud de los habitantes de Chicago.

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.

Su número de teléfono fue elegido al azar. Si califica para el estudio, le proporcionaremos diez dólares por completar la encuesta. Cualquier información que nos proporcione será confidencial.

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

Por su seguridad quisiera preguntarle, ¿Se encuentra conduciendo un automóvil en este momento?

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?

¿Cuándo sería más conveniente volverle a llamar?

1 = Schedule Callback

9 = (VOL) Refused

(IF CS2=1, SCHEDULE CALLBACK.

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

"Muchas gracias por su tiempo."

CS3. Are you 18 years of age or older?

¿Tiene usted 18 años de edad o más?

[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.")

"Muchas gracias por su tiempo."

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

¿Es usted dueño de este teléfono celular o pertenece a uno de sus padres o guardián?

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."

Muchas gracias, pero en este momento, solo estamos entrevistando personas mayores a los 18 años.

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

"Muchas gracias por su tiempo."

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

¿Puedo hablar con el padre o guardián a cual le pertenece este teléfono?

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.")

"Muchas gracias por su tiempo."

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

¿Cuál sería el mejor momento en que podría llamar de nuevo para hablar con uno de sus padres o la persona que tiene el teléfono celular?

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.")

"Muchas gracias por su tiempo."

CS7. Is this (PHONE NUMBER)?

¿Me he comunicado al [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."

Muchas gracias pero parece que he marcado el número equivocado. Es posible que se llame nuevamente a este número en otro momento.

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

"Gracias por su tiempo."

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

Para poder asegurar que nuestra información sea correcta, me gustaría poder verificarla con usted. ¿Es este un teléfono celular?

[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.")

"Muchas gracias por su tiempo."

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.

Hola, me llamo _____, y estoy llamando de parte del Departamento de Salud Publica de Chicago. Estamos realizando un estudio importante para mejorar la salud de los habitantes de Chicago. Su numero de teléfono fue elegido al azar. Cualquier información que nos proporcione será confidencial.

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

¿Puedo hablar con cualquier adulto de 18 años o mas de edad, que vive en este hogar?

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 INTRODUCTION 1 AND LS1.

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

"Muchas gracias por su tiempo."

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

"Muchas gracias por su tiempo."

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?
¿Vive usted en una residencia particular? O sea, no en un dormitorio universitario u otro tipo de situación de vivienda en grupo.

READ ONLY IF NECESSARY: "By private residence, we mean someplace like a house or apartment."
Por residencia particular nos referimos a un lugar como un apartamento o una casa.

1 = Yes

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

Muchas gracias, pero por el momento sólo estamos entrevistando a personas que viven en residencias particulares.

- 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?

Para esta encuesta, queremos asegurar que todos los vecindarios de Chicago sean representados.¿ Para poder identificar el vecindario donde usted vive, me podría dar su código postal?

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)?
¿Solo para confirmar que lo anote correctamente, ¿es su código postal (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	60634
60602	60617		60651	60018	60638
60603	60618		60652		60645
60604	60619	60636	60653	60106	60655
60605		60637	60654	60131	60656
60606	60621				60707
60607	60622	60639		60620	60804
60608	60623	60640	60657	60629	60827
60609	60624	60641	60659	60631	
60610	60625	60642	60660	60633	
60611	60626	60643	60661		
60612	60628	60644	60666		
60613					
60614	60630	60646			
60615		60647			

- S4. (Can you just tell me,) Is your household located in the city of Chicago?
(Me podría decir) ¿Esta localizado su hogar en la ciudad de 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?
¿En que ciudad o municipal vive usted?

(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."

"Lo siento pero usted no es eligible para este estudio. Solamente estamos entrevistando a personas que actualmente viven en Chicago. Gracias por su tiempo."

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?

Para esta encuesta, necesito seleccionar al azar a un adulto que viva en su casa. ¿Cuántas personas de las que viven en su casa, incluyendo usted, tienen 18 años o más?

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

Los miembros del hogar son aquellos que pasan la mayor parte de su tiempo viviendo en el hogar.

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."

Estas son todas las preguntas que tengo para usted. Gracias por su tiempo.

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

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

HH2. Are you the adult?

¿Es usted el adulto?

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.)

(IF HH2=1 THEN READ "En ese caso, usted es la persona con la que necesito hablar." AND CONTINUE WITH INTRODUCTION 2 ELSE GO TO HH3.)

HH3. May I speak with the adult?

¿Puedo hablar con el adulto?

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?
¿Cuántos de estos adultos son hombres y cuántos son mujeres?

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 ≤ 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]

¿Podría hablar con _____?

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. May I please have the adult's name so we can ask for them when we call back? / **(IF HH5=3 or 4:)** May I please have the (PICKED PERSON'S) name so that we can speak with [them] when we call back?

¿Me podría decir el nombre del adulto para que podamos hablar con él/ella cuando volvamos a llamar? / **(IF HH5=3 or 4:)** ¿Me podría decir el nombre de (PICKED PERSON'S) para que podamos hablar con [él/ella] cuando volvamos a llamar?

1 = Gave response

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

9 = (VOL) Refused

(IF HH6=1, THEN SKIP TO S6 AND SCHEDULE CALLBACK.

ELSE THANK RESPONDENT AND TERMINATE INTERVIEW.)

S6. INTERVIEWER: SELECT LANGUAGE

1 = English

2 = Spanish

INTRO2

(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.)

(IF HH5 = 2: Hola mi nombre es _____, y estoy llamando de parte del Departamento de Salud Pública de Chicago. Estamos realizando un estudio importante para mejorar la salud de los habitantes de Chicago. Su hogar ha sido elegido al azar para representar su vecindario. Todas sus respuestas serán confidenciales.)

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.

Su información de contacto como su numero de teléfono no será compartido con el Departamento de Salud o con ninguna otra persona. Participación es voluntaria: usted puede parar la entrevista en cualquier momento o decidir no responder a cualquier pregunta. La entrevista toma alrededor de veinticinco minutos. Si tiene alguna pregunta que yo no pueda responder, le daré un numero telefónico donde podrá obtener más información. Si en cualquier momento decide no responder a una pregunta, me avisa y seguiré con la próxima pregunta.

1 = CONTINUE, QUESTIONS ANSWERED

2 = WANT TELEPHONE NUMBER, SCHEDULE CALLBACK

9 = REFUSED

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

Como a veces es difícil determinarlo por teléfono, me piden confirmar con todos . . . ¿Es usted hombre o mujer?

1 = Male

2 = Female

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

9 = (VOL) Refused

Section A: Health Status

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

Diría usted que su estado de salud general es:

1 = Excellent

Excelente

2 = Very good

Muy bueno

3 = Good

Bueno

4 = Fair

Regular

5 = Poor

Malo

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)*

Con respecto a su salud física, que incluye enfermedades físicas y lesiones, en los últimos 30 días ¿por cuántos días su salud física no fue buena?

____ 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)*

Ahora piense en su salud mental, lo que incluye estrés, depresión y problemas emocionales, en los últimos 30 días ¿por cuántos días su salud mental no fue buena?

____ 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)*

En los últimos 30 días, ¿por cuántos días la mala salud física o mental le impidieron realizar sus actividades habituales, como cuidados personales, trabajo o actividades recreativas?

____ Enter Days

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

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

¿Tiene actualmente algún problema físico, mental o emocional que limite de alguna manera sus actividades?

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

Section C: Health Care Access

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

¿Tiene algún tipo de cobertura de seguro médico, como seguro de salud, planes prepagos como los que brindan las HMO (organizaciones de atención médica administrada) u otros planes gubernamentales como Medicare o Servicios de Salud a Poblaciones Indígenas?

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

C2a. What is the **PRIMARY** source of your health care coverage? Is it... *(BRFSS 2014)*

¿Cuál es su principal seguro de cobertura médica? Es...

Please Read

1 = A plan purchased through an employer or union **(includes plans purchased through another person's employer)**

Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)

2 = A plan that you or another family member buys on your own

Un plan que usted u otro miembro de su familia paga por su cuenta

3 = Medicare

Medicare

4 = Medicaid or other state program

Medicaid u otro programa estatal

5 = TRICARE (formerly CHAMPUS), VA, or Military

TRICARE (antiguamente llamado CHAMPUS), VA, o el plan de las Fuerzas Armadas

6 = Alaska Native, Indian Health Service, Tribal Health Services

Servicios para los nativos de Alaska, Servicio de Salud de Poblaciones Indígenas (Indian Health Service), servicios de salud tribales

Or

8 = Some other source

Otro seguro

Do not read:

7 = Don't know/Not sure

9 = Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (GetCovered Illinois), ask if it was a private health insurance plan purchased on

their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 2, if Medicaid select 4.

C6. Do you have 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)

¿Tiene usted una persona a quien considera su médico de cabecera o proveedor de cuidados médicos? (IF YES: ¿Usted tiene sólo uno o más de uno?)

- 1 = Yes, only one
- 2 = 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)

¿ Más o menos hace cuanto tiempo tiene que visita a un médico u otro proveedor de la salud para un chequeo rutinario? Un chequeo de rutina es un examen físico general, que no se realiza a consecuencia de una lesión, enfermedad o afección específica.

- 1 = Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
- 2 = Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
- 3 = Within the past 5 years (2 years but less than 5 years ago)
En los últimos 5 años (hace 2 años pero menos de 5)
- 4 = 5 or more years ago
Hace 5 años o más
- 5 = Never
Nunca
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

C8. Was there a time in the past 12 months when you needed medical care but did NOT get it? Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalizations. (NYCHS 2013)

Durante los últimos 12 meses, ¿hubo alguna ocasión en la que haya necesitado cuidado médico pero no lo obtuvo? El cuidado médico incluye visitas al doctor, pruebas, procedimientos, medicamentos recetados y hospitalizaciones.

- 1 = Yes
SÍ
- 2 = No
No SKIP C10
- 7 = (VOL) Don't know/Not sure SKIP C10
- 9 = (VOL) Refused SKIP C10

C9. There are many reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason. (adapted from BRFSS 2014)

Hay otras razones por las cuales las personas tardan en obtener la atención médica que necesitan. ¿Se ha tardado en obtener la atención médica que necesita por alguna de las siguientes razones en los últimos 12 meses? Seleccione la razón más importante.

Please read

1 = Cost

Costo

2 = You couldn't get through on the telephone.

No logró que pasara la llamada.

3 = You couldn't get an appointment soon enough.

No pudo conseguir una cita pronto.

4 = Once you got there, you had to wait too long to see the doctor.

Cuando llegó, tuvo que esperar demasiado para ver al médico.

5 = The (clinic/doctor's) office wasn't open when you got there.

El consultorio clínico o del médico no estaba abierto cuando llegó.

6 = You didn't have transportation.

No tenía transporte.

Do not read:

8 = Other _____ (specify)

7 = Don't know/Not sure

9 = Refused

C10. In general, how satisfied are you with the health care you received in the past 12 months? Would you say—
(*adapted from BRFSS 2013 and NHIS 2015*)

En general, ¿que tan satisfecho esta con los servicios de salud que ha recibido en los últimos 12 meses? ¿Diría que está...?

1 = Very satisfied

Muy satisfecho

2 = Somewhat satisfied

Algo satisfecho

3 = Not at all satisfied

Algo insatisfecho

Do not read

4 = No health care in past 12 months

7 = Don't know/Not sure

9 = Refused

IFC1 = 2 SKIP TO NEXT SECTION

C11. In the last 12 months, how often was it easy to get the care, tests or treatment you thought you needed through your health plan? Would you say.... (*CAHPS Health Plan Surveys 4.0*)

En los últimos 12 meses, ¿con qué frecuencia le fue fácil conseguir a través de su plan de salud la atención, las pruebas o el tratamiento que creía que necesitaba?

Please read

1 = Never

Nunca

2 = Sometimes

A veces

3 = Usually

La mayoría de las veces

4 = Always

Siempre

Do not read

5 = Didn't need care, tests or treatment in past 12 months

7 = Don't know/Not sure

9 = Refused

Section D: Oral Health

D2. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? (*BRFSS 2010*)

¿Cuándo fue la última vez en que un dentista o un higienista dental le hizo una limpieza dental?

Read only if necessary:

1 = Hace 6 meses o menos

2 = Hace más de 6 meses pero no hace más de un año

3 = Hace más de 1 año pero no hace más de 2 años

4 = Hace más de 2 años pero no hace más de 5 años

Do not read:

6 = Never

7 = Don't know / Not sure

9 = Refused

Section E: Hypertension Awareness

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

Ahora, me gustaría hacerle algunas preguntas sobre otras afecciones generales.

E1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

(BRFSS 2013)

¿ALGUNA VEZ un médico, una enfermera u otro profesional de la salud le dijo que tenía presión arterial alta?

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

Read only if necessary: Por “otro profesional de la salud” nos referimos a una enfermera especializada, un auxiliar médico o algún otro profesional de la salud con licencia para ejercer.

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

(If “Yes” and respondent is female, ask: “¿Esto fué únicamente durante su embarazo?”)

1= Yes

IF K1=2 OR 7 OR 9: 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**

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.”

¿ALGUNA VEZ un médico, una enfermera u otro profesional de la salud le dijo que tenía alguna de las siguientes afecciones? Para cada una, responde “Sí”, “No” o “No estoy seguro”.

Has a doctor, nurse, or other health professional EVER told you that you had...READ ITEMS?

¿ALGUNA VEZ un médico, una enfermera u otro profesional de la salud le dijo que tenía...?

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

¿Asma?

1= Yes

Sí

2 = No **SKIP TO G7**

No

7 = Don’t know/Not sure **SKIP TO G7**

No estoy seguro

9 = (VOL) Refused **SKIP TO G7**

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

¿Sigue teniendo asma?

1 = Yes

Sí

2 = No

No

7 = Don't know/Not sure

No estoy seguro

9 = (VOL) Refused

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

¿ Diabetes?

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

(If "yes" and respondent is female, ask: "¿Esto fue únicamente durante su embarazo?")

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 X: Immunization

Now I will ask you questions about the flu vaccine. There are two ways to get the flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™.

Ahora, le haré preguntas sobre la vacuna contra la influenza o gripe. Hay dos maneras de vacunarse contra la influenza: una es mediante una inyección en el brazo, y la otra es mediante un aerosol o atomizador nasal llamado FluMist™.

X1. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?

En los últimos 12 meses, ¿le pusieron una inyección contra la influenza o le aplicaron la vacuna en atomizador en la nariz?

READ IF NECESSARY: A new flu shot came out in 2011 that injects vaccine into the skin with a very small needle. It is called Fluzone Intradermal vaccine. This is also considered a flu shot. (**BRFSS 2014**)

LEA LO SIGUIENTE SI ES NECESARIO:

En el 2011 salió una nueva vacuna contra la influenza que se inyecta en la piel con una aguja muy pequeña. Se llama vacuna Fluzone Intradérmica. También es considerada una inyección contra la influenza.

1 = Yes

Sí

2 = No

SKIP TO NEXT SECTION

No

7 = Don't know / Not sure

SKIP TO NEXT SECTION

9 = (VOL) Refused

SKIP TO NEXT SECTION

X2. During what month and year did you receive your most recent flu shot injected into your arm or flu vaccine that was sprayed in your nose? (**BRFSS 2014**)

¿En qué mes y año recibió la vacuna más reciente contra la influenza ya fuera inyectada en su brazo o en atomizador aplicado en la nariz?

____/____

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

2014 – 2015

7777

9999

Section J: Tobacco Use

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

¿Ha fumado al menos 100 cigarrillos en toda su vida?

NOTE: 5 packs = 100 cigarettes

NOTA: 5 paquetes = 100 cigarrillos

1 = Yes

2 = No **SKIP TO J5**

7 = (VOL) Don't know/Not sure **SKIP TO J5**

9 = (VOL) Refused **SKIP TO J5**

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

Actualmente ¿fuma cigarrillos todos los días, algunos días o no fuma para nada?

1 = Every day

Todos los días

2 = Some days

Algunos días

3 = Not at all **SKIP TO J4**

No fuma para nada

7 = (VOL) Don't know/Not sure **SKIP TO J5**

No sabe/ No está seguro

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)

En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar?

- | | |
|-------------------------------|-------------------|
| 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)

¿Cuánto tiempo hace que fumó por última vez un cigarrillo, aunque sea una o dos caladas?

- 1 = Within the past month (less than 1 month ago)
En el mes pasado (hace menos de 1 mes)
- 2 = Within the past 3 months (1 month but less than 3 months ago)
En los últimos 3 meses (hace 1 mes pero menos de 3)
- 3 = Within the past 6 months (3 months but less than 6 months ago)
En los últimos 6 meses (hace 3 meses pero menos de 6)
- 4 = Within the past year (6 months but less than 1 year ago)
En el último año (hace 6 meses pero menos de 1 año)
- 5 = Within the past 5 years (1 year but less than 5 years ago)
En los últimos 5 años (hace 1 año pero menos de 5)
- 6 = Within the past 10 years (5 years but less than 10 years ago)
En los últimos 10 años (hace 5 años pero menos de 10)
- 7 = 10 years or more
10 años o más
- 8 = Never smoked regularly
Nunca ha fumado de manera regular
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

J5. The next questions are about electronic cigarettes, or e-cigarettes. In this survey, "e-cigarette" is a general term referring to any electronic vapor product such as an e-cigarette, e-hookah, e-pipe, vape pen, hookah pen, or personal vaporizer. Have you ever tried an e-cigarette?

Las siguientes preguntas son sobre los cigarrillos electrónicos. En esta encuesta, "cigarrillo electrónico" es el término general que se refiere a cualquier producto electrónico que produzca vapor como: cigarrillo electrónico, narguile electrónico, pipa electrónica, lapicera de vapor, narguile portátil o vaporizador personal. ¿Ha intentado alguna vez un e-cigarillo?

- | | |
|-------------------------------|-------------------|
| 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?

¿En los últimos 30 días, ha fumado cigarrillos electrónicos?

1 = Yes

2 = No **SKIP TO J8**

7 = (VOL) Don't know/Not sure **SKIP TO J8**

9 = (VOL) Refused **SKIP TO J8**

Section K: Demographics

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

Ahora me gustaría hacerle algunas preguntas sobre usted y su hogar.

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

¿Qué edad tiene?

_____ Code age in years [RANGE 18-98] **SKIP TO K4**

7 = (VOL) Don't know/Not sure **CONTINUE TO K3**

9 = (VOL) Refused **CONTINUE TO K3**

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

No necesitamos saber su edad exacta, ¿pero me podría decir si usted tiene...?

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)*

¿Es usted latino, hispano o de origen de español?

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

If "Yes", ASK: ¿Es usted?

Interviewer Note: One or more categories may be selected.

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

Mexicano, méxicoamericano, chicano

2 = Yes, Puerto Rican

Puertorriqueño

3 = Yes, Cuban

Cubano

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

De otro origen latino, hispano o español

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)*

¿A cuál o cuáles de las siguientes razas diría usted que pertenece?

Interviewer Note: Select all that apply.

Please read:

10 = White

Blanco

20 = Black or African American

Negro o afroamericano

30 = American Indian or Alaska Native

Indoamericano o nativo de Alaska

40 = Asian

Asiático

50 = Pacific Islander, or

Isleño del Pacífico, o

60 = Something else (SPECIFY)

Otro

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)?

¿Diría que es ...(READ LIST, MULTIPLE RECORD)?

41 = Asian Indian

Indoasiático

42 = Chinese

Chino

43 = Filipino

Filipino

44 = Japanese

Japonés

45 = Korean

Coreano

46 = Vietnamese

Vietnamita

47 = Other Asian

Otro origen asiático

51 = Native Hawaiian

Nativo de Hawái

52 = Guamanian or Chamorro

Guameño o chamorro

53 = Samoan

Samoano

54 = Other Pacific Islander

Otro isleño del Pacífico

99 = (VOL) Refused

Se niega a contestar

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 K7A. *(BRFSS 2014)*

Cuál de los siguientes grupos diría usted que es el más representativo de su raza?

ONLY LIST THOSE SELECTED IN K5 AND K6

10 = White

Blanco

20 = Black or African American

Negro o afroamericano

30 = American Indian or Alaska Native

Indoamericano o nativo de Alaska

40 = Asian

Asiático

41 = Asian Indian

Indoasiático

42 = Chinese

Chino

43 = Filipino

Filipino

44 = Japanese

Japonés

45 = Korean

Coreano

46 = Vietnamese

Vietnamita

47 = Other Asian

Otro origen asiático

51 = Native Hawaiian

Nativo de Hawái

52 = Guamanian or Chamorro

Guameño o chamorro

53 = Samoan

Samoano

54 = Other Pacific Islander

Otro isleño del Pacífico

60 = Other

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

99 = (VOL) Refused

K7A. Where were you born? Please tell me the country. *(NYCHS 2013)*

¿Dónde nació? Por favor, dígame en qué país.

INTERVIEWER NOTE: If the respondent indicates "Puerto Rico", code "2" (Outside USA).

1 = USA

SKIP TO K8

2 = Outside USA

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

SKIP TO K8

99 = (VOL) Refused

SKIP TO K8

K7B. How long have you lived in this country? *(NYCHS 2013)*

¿Cuánto tiempo ha vivido en este país?

Read only if necessary:

1 = Less than 5 years

Menos de 5 años

2 = 5 to 9 years

de 5 a 9 años

3 = 10 or more years

10 años o más

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

99 = (VOL) Refused

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

¿Es usted...?

1 = Married

Casado

2 = Divorced

Divorciado

3 = Widowed

Viudo

4 = Separated

Separado

5 = Never married

Nunca estuvo casado

6 = A member of an unmarried couple

Vive en pareja sin estar casado

7 = A member of a civil union

Parte de una pareja que vive en union libre

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?

¿Cuántas personas de las que viven en su casa, incluyendo usted, tienen 18 años o más?

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

Los miembros del hogar son aquellos que pasan la mayor parte de su tiempo viviendo en el hogar.

_____ 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*)

¿Cuántos niños menores de 18 años viven con usted?

__ _ 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*)

¿Cuál es el grado escolar más alto que ha alcanzado?

Read only if necessary:

1 = Never attended school or only attended kindergarten

Nunca fue a la escuela o sólo fue al kínder

2 = Grades 1 through 8 (Elementary)

1.o a 8.o grado (escuela primaria)

3 = Grades 9 through 12 (Some high school)

9.o a 11.o grado (algunos estudios secundarios)

4 = Grade 12 or GED (High school graduate)

12.º grado o diploma GED (graduado de escuela secundaria superior)

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

1 a 3 años de universidad (algunos estudios universitarios o de escuela técnica)

6 = College 4 years or more (College graduate)

4 años o más de universidad (graduado de estudios universitarios)

Do not read:

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

9 = (VOL) Refused

K12a. Are you currently...? (*BRFSS 2014*)

¿Es usted actualmente...?

Please read:

- 1 = Employed for wages
Empleado asalariado
- 2 = Self-employed
Trabajador independiente
- 3 = Out of work for 1 year or more
Desempleado por 1 año o más
- 4 = Out of work for less than 1 year
Ha estado desempleado por menos de 1 año
- 5 = A Homemaker
La mujer o el hombre que se ocupa de las tareas de la casa
- 6 = A Student
Estudiante
- 7 = Retired
Jubilado
- Or**
- 8 = Unable to work
No puede trabajar
- Do not read:**
- 9 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)**

La siguiente pregunta tiene que ver con su ingreso del hogar combinado. [READ IF NHOUSE>1: Cuando hablamos de ingreso del hogar, significa el ingreso combinado de todas las personas que viven en su casa, incluyendo compañeros de casa o esas personas que reciben ingresos por incapacidad.] Tomando en cuenta todas sus fuentes de ingresos, los ingresos anuales de su hogar

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

ASK ALL:

- 02 = Less than \$[PVTYLVL * 2] **IF "NO," ASK 05; IF "YES," ASK 01**
Son menos de \$[PVTYLVL * 2]
- 01 = Less than \$[PVTYLVL] **IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (< 100%)**
Son menos de \$[PVTYLVL *]
- 05 = Less than \$[PVTYLVL * 5] **IF "NO", ASK 06 (500-599%); IF "YES" ASK 04 (300-399%)**
Son menos de \$[PVTYLVL * 5]
- 06 = Less than \$[PVTYLVL * 6] **IF "NO", CODE 07 (>600%); IF "YES" CODE 06 (500-599%)**
Son menos de \$[PVTYLVL * 6]

04 = Less than \$[PVTYLVL * 4] IF "NO", CODE 05; IF "YES" ASK 03 (200-299%)

Son menos de \$[PVTYLVL * 4]

07 = \$[PVTYLVL * 6]

03 = Less than \$[PVTYLVL * 3] IF "NO", CODE 04; IF "YES" CODE 03

Son menos de \$[PVTYLVL * 3]

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)

¿Me puede decir si su ingreso anual del hogar es menos de \$ PVTYLVL?

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)

Su ingreso anual del hogar de todas las fuentes es [PVTYLVL * 1.33]?:

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.

Usted antes indicó que actualmente no tiene cobertura médica. Quisiera informarle que tal vez usted reúna los requisitos necesarios para recibir seguro médico asequible. Puede llamar al número 866-311-1119 para más información.

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

Aproximadamente, ¿cuánto mide sin zapatos?

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)

Aproximadamente, ¿cuánto pesa sin zapatos?

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]?

¿Pesa menos de [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]?

¿Pesa menos de [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]?

¿Pesa menos de [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]?

¿Pesa menos de [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 = $.0035 * (K15 \text{ height CM}) * (K15 \text{ height CM})$

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

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

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

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

¿Pesa menos de [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]?

¿Pesa menos de [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]?

¿Pesa menos de [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]?

¿Pesa menos de [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 $(20.09 * K16 \text{ weight LB})$

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

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

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]?

¿Mide menos de [critical height for OBESE]?

- 1 = YES, LESS
- 2 = NO, NOT LESS **SKIP TO K19c**
- 7 = (VOL) Don't know/Not sure **SKIP TO K19c**
- 9 = (VOL) Refused **SKIP TO K19c**

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

¿Mide menos de [critical height for 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**

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

¿Mide menos de [critical height for 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**

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

¿Mide menos de [critical height for 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**

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]?

¿Mide menos de [critical height for METRIC OBESE]?

- 1 = YES, LESS
- 2 = NO, NOT LESS **SKIP TO K20c**
- 7 = (VOL) Don't know/Not sure **SKIP TO K20c**
- 9 = (VOL) Refused **SKIP TO K20c**

K20b. Is your height less than [critical height for METRIC VERY OBESE]?

¿Mide menos de [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]?

¿Mide menos de [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]?

¿Mide menos de [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*)

¿Vive en casa propia o rentada?

- | | |
|-------------------------------|--|
| 1 = Own | |
| 2 = Rent | |
| 3 = Other arrangement | |
| 7 = (VOL) Don't know/Not sure | |
| 9 = (VOL) Refused | |

The next two questions are about sexual orientation and gender identity.

Las siguientes dos preguntas se refieren a su orientación sexual e identidad de género.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations and gender identities.

INTERVIEWER NOTE: Le hacemos esta pregunta para poder entender mejor la salud y las necesidades de atención médica de personas con diferentes orientaciones sexuales e identidades de género.

INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number of the text/word.

K22. Do you consider yourself to be: (*BRFSS 2014*)

Usted se considera:

Please read:

1 = 1 Straight

1 Heterosexual

2 = 2 Lesbian or gay

2 Lesbiana o gay (homosexual)

3 = Bisexual

3 Bisexual

Do not read:

4 = Other

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

9 = (VOL) Refused

K25. Do you consider yourself to be transgender?

¿Se considera usted transgénero?

If yes, ask "Do you consider yourself to be 1. Male-to-female, 2. Female-to-male, or 3. Gender non-conforming?"

If yes, ask "**¿Se considera usted ser 1. hombre- a mujer, 2. mujer- a hombre, o 3. el género no conforme?**"

1 = Yes, Transgender, male-to female

Si, Transgénero, hombre- a mujer

2 = Yes, Transgender, female-to-male

Si, Transgénero, mujer- a hombre

3 = Yes, Transgender, gender non-conforming

Si, Transgénero, el género no conforme

4 = No

No

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

9 = (VOL) Refused

INTERVIEWER NOTE: If asked about definition of transgender:

Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.

Algunas personas se describen a sí mismas como transgénero cuando experimentan una identidad de género diferente al sexo que presentaron al nacer. Por ejemplo, una persona que nació con un cuerpo masculino, pero que se siente mujer o vive como mujer, sería una persona transgénero. Algunas personas transgénero cambian su aspecto físico para que coincida con su identidad de género interna. Algunas personas transgénero toman hormonas y algunas se someten a cirugías. Una persona transgénero puede tener cualquier orientación sexual: heterosexual, gay, lesbiana o bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:

Some people think of themselves as gender **non-conforming** when they do not identify only as a man or only as a woman.

Algunas personas no están conformes con su género y no se identifican solamente como hombre o solamente como mujer.

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.

Las próximas preguntas son acerca de las frutas y vegetales que comió o tomo ayer. Por favor, piense en las frutas y verduras en todas sus presentaciones, ya sea crudas o cocinadas, frescas, congeladas y enlatadas. Piense en todas las comidas, refrigerios y alimentos que consumió en la casa y afuera de la casa.

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)*

¿Cuántas porciones totales de fruta comió usted ayer? Una porción equivale a una manzana media o un manojo de uvas.

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?

¿Usted comió (REPEAT ALL THE FRUITS RESPONDENT SAID). Eso se suma a X porciones. Diría que ayer comió x porciones de frutas?

_____ 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)*

¿Cuántas porciones totales de vegetales comió usted ayer? Una porción equivale a un manojo de brócoli o una taza de zanahorias.

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?

¿Usted comió (REPEAT ALL THE VEGETABLES RESPONDENT SAID). Eso se suma a X porciones. Diría que ayer comió x porciones de vegetales?

_____ 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)*

¿Que tan fácil o difícil es para usted conseguir productos de fruta o vegetales frescas?

1= Very difficult

1= muy difícil

2 = Somewhat difficult

2= algo difícil

3 = Somewhat easy, or

SKIP TO L6

3= algo fácil

4 = Very easy? **SKIP TO L6**

4 = o muy fácil?

7 = (VOL) Don't know/Not sure **SKIP TO L6**

9 = (VOL) Refused **SKIP TO L6**

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

Y es esto porque...

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?

¿Las tiendas en su vecindario no venden frutas y vegetales frescas?

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

¿La calidad de las frutas y vegetales donde usted hace compras es mala?

c. Fresh fruits and vegetables are too expensive?

¿Son muy costosos las frutas y vegetales frescas?

L6. During the past 30 days, how often did you drink regular soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice. You can answer in drinks per day, week or month. For example, twice a day, once a week and so forth.

¿Durante los últimos 30 días, con que frecuencia usted tomo soda o otras bebidas endulzadas como té frío endulzado, bebidas para hacer deportes, ponche de frutas u otras bebidas con sabor de frutas? No incluya bebidas sin azúcar, de dieta o jugos del 100%. Puede responder en bebidas por día, semana o mes. Por ejemplo, dos veces al día, una vez a la semana, y así sucesivamente.

(adapted from NYCHS 2013 and BRFSS 2014)

1 _____ Drinks per day [RANGE 1-9]

2 _____ Drinks per week [RANGE 1-69]

3 _____ Drinks per month [RANGE 1-300]

6 = Never

Nunca

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

9 = (VOL) Refused

Section M: Exercise (Physical Activity)

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)***

En el mes pasado, sin contar su trabajo diario, ¿realizó alguna actividad física o algún tipo de ejercicio como correr, caminar, calistenia, jugar al golf o labores de jardinería?

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

M11. In the past 12 months, how often have you ridden a bicycle in Chicago? Would you say once a week or more, several times a month, at least once a month, a few times a year, or never? **(NYCHS 2013)**

IF ASKED: This does not include a stationary bike.

En los últimos 12 meses, ¿con qué frecuencia ha andado en bicicleta en Chicago? ¿Diría usted que una o más veces por semana, varias veces al mes, por lo menos una vez al mes, algunas veces al año o nunca?

IF ASKED: Esto no incluye una bicicleta estática.

- 1 = ONCE A WEEK OR MORE
UNA O MÁS VECES POR SEMANA
- 2 = SEVERAL TIMES A MONTH
VARIAS VECES AL MES
- 3 = AT LEAST ONCE A MONTH
POR LO MENOS UNA VEZ AL MES
- 4 = A FEW TIMES A YEAR
ALGUNAS VECES AL AÑO
- 5 = NEVER
NUNCA
- 6 = (VOL) PHYSICALLY UNABLE TO RIDE A BIKE
- 7 = (VOL) DON'T KNOW/NOT SURE
- 9 = (VOL) REFUSED

The next question is about the usual way you travel to and from places such as work, shopping or school.

Ahora quisiera preguntarle sobre la forma usual en la que se desplaza de un lugar a otro como para ir al trabajo, de compras o la escuela.

M12. During the last 7 days, did you walk for at least 10 minutes at a time to get to and from places such as work, shopping, or other activities? **(NYCHS 2013)**

En los últimos 7 días, ¿caminó durante al menos 10 minutos a la vez para desplazarse de un lugar a otro como para ir al trabajo, de compras o realizar otras actividades?

READ IF NECESSARY: This refers to walking outside of your home.

READ IF NECESSARY: Esto se refiere a caminar fuera de su casa.

- 1 = YES
SÍ
- 2 = NO
NO

7 = DON'T KNOW/NOTE SURE

9 = 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.

Las preguntas siguientes se refieren al cáncer de mama y al cáncer del cuello uterino.

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

La mamografía es una radiografía que se realiza a cada uno de los senos para detectar el cáncer de mama. ¿Alguna vez se ha hecho una mamografía?

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)**

¿Cuándo fue la última vez que se hizo una mamografía?

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

En el último año (hace menos de 12 meses)

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

En los últimos 2 años (hace 1 año pero menos de 2)

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

En los últimos 3 años (hace 2 años pero menos de 3)

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

En los últimos 5 años (hace 3 años pero menos de 5)

5 = 5 or more years ago

Hace 5 años o más

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)**

La prueba de Papanicolaou o "Pap" es un examen para detectar el cáncer de cuello uterino. ¿Alguna vez se ha hecho una prueba de Papanicolaou?

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*)

¿Cuándo fue la última vez que se hizo la prueba de Papanicolaou?

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

En el último año (hace menos de 12 meses)

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

En los últimos 2 años (hace 1 año pero menos de 2)

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

En los últimos 3 años (hace 2 años pero menos de 3)

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

En los últimos 5 años (hace 3 años pero menos de 5)

5 = 5 or more years ago

Hace 5 años o más

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

9 = (VOL) Refused

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

¿Le han hecho una histerectomía?

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.

Las siguientes preguntas son sobre las pruebas de detección del cáncer colorrectal.

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*)

La prueba de sangre en las heces se puede hacer en casa con un kit especial para detectar la presencia de sangre en las heces. ¿Alguna vez se ha hecho esta prueba con un kit casero?

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*)

¿Cuándo fue la última vez que se hizo una prueba de sangre en las heces con un kit casero?

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

En el último año (hace menos de 12 meses)

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

En los últimos 2 años (hace 1 año pero menos de 2)

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

En los últimos 3 años (hace 2 años pero menos de 3)

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

En los últimos 5 años (hace 3 años pero menos de 5)

5 = 5 or more years ago

Hace 5 años o más

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

9 = (VOL) Refused

P3. Sigmoidoscopy and colonoscopy 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)**

NOTE: sigmoidoscopy (sig-moyd-ahs-kuh-pee); colonoscopy (koh-luhn-ahs-kuh-pee)

La sigmoidoscopia y la colonoscopia son exámenes en los que se inserta una sonda en el recto para examinar el colon a fin de detectar señales de cáncer u otros trastornos de salud. ¿Alguna vez se ha hecho alguno de estos exámenes?

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

P3a. For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy? **(BRFSS 2012)**

Para realizar la SIGMOIDOSCOPIA, se inserta un tubo flexible en el recto para detectar posibles problemas. La COLONOSCOPIA es un examen similar, pero se utiliza un tubo más largo. Por lo general, se le inyecta un medicamento en el brazo para que se duerma. Además, se le pide que vaya al examen acompañado de alguien que pueda llevarlo a la casa después del procedimiento. ¿EL EXAMEN MÁS RECIENTE que se hizo fue una sigmoidoscopia o una colonoscopia?

NOTE: sigmoidoscopy (sig-moyd-ahs-kuh-pee); colonoscopy (koh-luhn-ahs-kuh-pee)

1 = Sigmoidoscopy

La sigmoidoscopia

2 = Colonoscopy

La colonoscopia

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

9 = (VOL) Refused

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)**

¿Cuándo fue la última vez que se hizo una sigmoidoscopia o una colonoscopia?

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

En el último año (hace menos de 12 meses)

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

En los últimos 2 años (hace 1 año pero menos de 2)

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

En los últimos 3 años (hace 2 años pero menos de 3)

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

En los últimos 5 años (hace 3 años pero menos de 5)

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

En los últimos 10 años (hace 5 años pero menos de 10)

6 = 10 or more years ago

Hace 10 años o más

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.

Las preguntas siguientes se refieren al problema nacional de salud que representa el VIH, el virus que causa el SIDA. Por favor, recuerde que sus respuestas son estrictamente confidenciales y que no necesita contestar todas las preguntas si no lo desea. Le vamos a hacer preguntas sobre las pruebas que se haya hecho, pero no le pediremos los resultados de esas pruebas.

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)**

¿Alguna vez se ha hecho la prueba del VIH? No incluya las pruebas que le hayan realizado al donar sangre. Incluya las pruebas de saliva.

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)**

Sin incluir las donaciones de sangre, ¿en qué mes y año se realizó la prueba del VIH por última vez?

___ / ___

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

— — — —

Section AB: Sexual Behavior

IF K1=7 OR K7=9 SKIP TO NEXT SECTION.

The next few questions are about your sexual behavior. Again, your answers are strictly confidential and you don't have to answer any question you don't want to.

Las próximas preguntas están relacionadas con su propia conducta sexual. Una vez más, sus respuestas se mantienen estrictamente confidenciales y no tiene que contestar ninguna pregunta que no quiera.

IF K1=1 SKIP TO AB3.

AB1. During the past 12 months, with how many men have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation. **(NYC CHS 2013)**

¿Durante los últimos 12 meses, con cuántos hombres ha tenido relaciones sexuales? Con relaciones sexuales nos referimos al sexo oral, vaginal o anal, pero NO masturbación.

____ Number

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

999 = (VOL) Refused

AB2. During the past 12 months, with how many women have you had sex? **(NYC CHS 2013)**

¿Con cuántas mujeres ha tenido relaciones sexuales durante los últimos 12 meses?

READ IF NEEDED: By sex we mean oral, vaginal or anal sex, but not masturbation.

READ IF NEEDED: Por sexo nos referimos a sexo oral, vaginal o anal, pero no a la masturbación.

____ Number

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

999 = (VOL) Refused

IF K1=2 SKIP TO NEXT SECTION

AB3. During the past 12 months, with how many women have you had sex? By sex we mean oral, vaginal or anal sex, but not masturbation. **(NYC CHS 2013)**

¿Durante los últimos 12 meses, con cuántas mujeres ha tenido relaciones sexuales? Con relaciones sexuales nos referimos al sexo oral, vaginal, o anal pero no masturbación.

____ Number

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

999 = (VOL) Refused

AB4. During the past 12 months, with how many men have you had sex? **(NYC CHS 2013)**

¿Durante los últimos 12 meses, con cuántos hombres ha tenido relaciones sexuales?

READ IF NEEDED: By sex we mean oral, vaginal or anal sex, but not masturbation.

READ IF NEEDED: Por sexo nos referimos a sexo oral o anal, pero no a la masturbación.

____ Number

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

999 = (VOL) Refused

Section S: Mental Health

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

Ahora le voy a hacer algunas preguntas sobre cómo se ha sentido últimamente.

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)**

Durante los últimos 30 días, ¿con qué frecuencia se sintió nervioso"? Usted diría que todo el tiempo la mayor parte del tiempo, casi todo el tiempo, pocas veces o ninguna vez?

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)**

En los últimos 30 días, ¿con qué frecuencia se sintió desesperanzado, diría usted que todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez?

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)**

En los últimos 30 días, ¿con qué frecuencia se sintió agitado o inquieto? [If necessary: todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez]

- 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)*

En los últimos 30 días, ¿con qué frecuencia se sintió tan deprimido que nada pudo animarlo? [If necessary: todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez]

- 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)*

En los últimos 30 días, ¿con qué frecuencia sintió que todo le costaba trabajo? [If necessary: todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez]

- 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)*

En los últimos 30 días, ¿con qué frecuencia se sintió inútil? [If necessary: todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez]

- 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*)

¿Está tomando medicamentos o recibiendo tratamiento de un médico o de otro profesional de la salud para algún tipo de problema mental o emocional?

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*)

¿Durante los últimos 12 meses, hubo cualquier momento cuando necesitaba tratamiento de salud mental o consejería para usted mismo pero no lo consiguió?

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*)

¿Cual de estas declaraciones explica por qué usted no consiguió el tratamiento de salud mental o consejería que necesitabas? (MULTIPLE RESPONSE)

1 = You couldn’t afford the cost.

Usted no podía pagar el costo.

2 = You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.

Estaba preocupado que recibir tratamiento de salud mental o consejería pudiera causar sus vecinos o comunidad a tener una opinión negativa de usted.

3 = You were concerned that getting mental health treatment or counseling might have a negative effect on your job.

Estaba preocupado que recibir tratamiento de salud mental o consejería pudiera tener un efecto negativo en su trabajo.

4 = Your health insurance does not cover any mental health treatment or counseling.

Su seguro de salud no cubre cualquier tratamiento de salud mental o consejería.

5 = Your health insurance does not pay enough for mental health treatment or counseling.

Su seguro de salud no paga suficiente para tratamiento de salud mental o consejería.

6 = You did not know where to go to get services.

No sabía donde ir para conseguir servicios.

7 = You were concerned that the information you gave the counselor might not be kept confidential.

Estaba preocupado que la informacion que usted le dio al consejero podría no ser mantenido confidencial.

8 = You were concerned that you might be committed to a psychiatric (sahy-kee-a-trik) hospital or might have to take medicine.

Estaba preocupado que usted podría ser confiado a un hospital psiquiátrico o podría que tener que tomar medicamentos.

9 = Some other reason or reasons (SPECIFY)

Alguna otra razon o razones.

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

99 = (VOL) Refused

Section W: Alcohol and Prescription Drug Use

Now I have a few questions about alcohol.

Ahora unas preguntas acerca del alcohol.

W1. A drink of alcohol is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. During the past 30 days, how many days per week or per month did you have at least 1 drink of any alcoholic beverage? **(NYCHS 2013)**

Una bebida de alcohol es una lata o botella de cerveza, 1 vaso de vino, una lata o botella de wine cooler, un cóctel, o un trago de licor.

Durante los últimos 30 días, ¿cuántos días a la semana o al mes tomó usted por lo menos una bebida alcohólica?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

NOTE: Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una medida de licor. Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

1 _____ Days per week [RANGE 1-7]

2 _____ Days in past 30 [RANGE 1-30]

888 = No drinks in the past 30 days

Ninguna bebida durante los últimos 30 días

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

999 = (VOL) Refused

ASK IF W1 > 0 BUT NOT 888, 777 OR 999

W2. On the days when you drank, about how many drinks did you drink on average? **(NYCHS 2013)**

Durante los días que bebió, ¿aproximadamente cuantas bebidas bebió usted en promedio?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

NOTE: Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una medida de licor. Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

__ NUMBER OF DRINKS [RANGE OF 1-50 WITH A MINIMUM OF 1 DRINK]

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

99 = (VOL) Refused

ASK IF W1 > 0 BUT NOT 888, 777 OR 999

W3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF MALE READ: 5 or more drinks on one occasion?] [IF FEMALE READ: 4 or more drinks on one occasion?] **(NYCHS 2013)**

Tomando en cuenta todos los tipos de bebidas alcohólicas, ¿durante los últimos 30 días cuántas veces ha tomado [IF MALE READ: 5 o más bebidas en una ocasión?] [IF FEMALE READ: 4 o más bebidas en una ocasión?]

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

NOTE: Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una medida de licor. Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

__ NUMBER OF TIMES [CATI RANGE 0 -50]

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

99 = (VOL) Refused

ASK IF W1 > 0 BUT NOT 888, 777 OR 999

W4. During the past 30 days, what is the largest number of drinks you had on any occasion? **(NYCHS 2013)**

Durante los últimos 30 días, ¿cuál es el mayor número de bebidas que ha tomado en una sola ocasión?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

NOTE: Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una medida de licor. Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

__ NUMBER OF DRINKS [CATI RANGE FOR MEN: 1-50; CATI RANGE FOR WOMEN: 1-50]

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

99 = (VOL) Refused

The next few questions are about medications that require a prescription. Do not include 'over the counter' medications. Your answers are strictly confidential and your name or phone number will not be given to the health department. It is important that you provide accurate answers.

Las siguientes preguntas son sobre medicamentos que le obliga tener una prescripción. No incluya medicamentos 'de venta sin prescripción'. Sus respuestas son totalmente confidenciales y ni su nombre ni su número de teléfono serán compartidos con el departamento de salud. Es importante que usted nos proporcione respuestas certeras.

W5. In the past 12 months, have you ever taken a prescription pain reliever such as oxycodone or hydrocodone that was prescribed to you?

En los últimos 12 meses, ¿alguna vez tomó un analgésico recetado, como oxicodona o hidrocodona, que le hayan recetado?

READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

READ IF NEEDED: No cuente medicamentos 'de venta sin prescripción' como aspirina, Tylenol o Advil que puede comprar en farmacias sin una prescripción del médico.

1 = Yes

Sí

2 = No

SKIP TO W6

No

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

SKIP TO W6

9 = (VOL) Refused

SKIP TO W6

W5a. When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.

Cuando tomó usted el analgésico prescrito en los últimos 12 meses, alguna vez, incluso si fue una sola vez, ¿tomó más de lo que fue prescrito para usted? Esto incluye tomar una dosis más alta o tomarlo más frecuentemente de lo que se le indicó.

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

W6. In the past 12 months have you ever, even once taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

En los últimos 12 meses alguna vez, incluso si fue una sola vez, ¿ha tomado usted un analgésico prescrito como oxicodona o hidrocodona que no fue prescrito para usted?

READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.

READ IF NEEDED: No cuente medicamentos 'de venta sin prescripción' como aspirina, Tylenol o Advil que puede comprar en farmacias sin una prescripción del médico.

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

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.

Nos gustaría hacerle algunas preguntas sobre la preparación para emergencias o desastres a gran escala. Por emergencia o desastre a gran escala nos referimos a cualquier evento que te deja aislado en su casa o lo desplaza de su hogar durante al menos 3 días. Esto podría incluir tornados, tormentas severas, eventos terroristas o brotes de enfermedades infecciosas.

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

¿Tienen usted o su unidad familiar un plan de urgencia de familia dónde usted y los miembros de familia se encontrarían o llamarían después de un desastre?

1 = Yes

Sí

2 = No

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?

Los equipos de suministro de desastre incluyen un suministro de 3 días de agua y alimentos no perecederos para cada uno que vive en su unidad familiar, un suministro de 3 días de la medicación de prescripción para cada persona que toma medicinas prescritas, un radio de batería que funciona, linterna, y baterías. ¿Tiene usted o su unidad familiar un equipo de suministro de desastre para el uso en caso de un desastre en gran escala o emergencia?

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

Section AA: Social Cohesion

The next questions are about the neighborhood you live in. We want to see whether how people feel about their neighborhood might affect their health. For each one, please say whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

Las siguientes preguntas son sobre el vecindario en el que vive. Queremos saber si lo que las personas sienten por su vecindario podría afectar su salud. Para cada pregunta, diga si está completamente de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o completamente en desacuerdo.

AA1. I really feel part of my neighborhood. (*adapted from Kim et al. 2013*) Would you say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Realmente me siento parte de mi vecindario. ¿Diría que está completamente de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o completamente en desacuerdo?

1 = Strongly agree

Completamente de acuerdo

2 = Agree

De acuerdo

3 = Neither agree nor disagree

Ni de acuerdo ni en desacuerdo

4 = Disagree

En desacuerdo

5 = Strongly disagree

Completamente en desacuerdo

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

9 = (VOL) Refused

AA2. Most people in my neighborhood can be trusted. (*adapted from Kim et al. 2013*) Would you say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Puedo confiar en la mayoría de las personas de mi vecindario. ¿Diría que está completamente de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o completamente en desacuerdo?

1 = Strongly agree

Completamente de acuerdo

2 = Agree

De acuerdo

3 = Neither agree nor disagree

Ni de acuerdo ni en desacuerdo

4 = Disagree

En desacuerdo

5 = Strongly disagree

Completamente en desacuerdo

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

9 = (VOL) Refused

AA3. If you were in trouble, there are lots of people in your neighborhood who would help you. (*adapted from Kim et al. 2013*) Would you say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?

Si estuviera en problemas, hay muchas personas de mi vecindario que me ayudarían. ¿Diría que está completamente de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o completamente en desacuerdo?

1 = Strongly agree

Completamente de acuerdo

2 = Agree

De acuerdo

3 = Neither agree nor disagree

Ni de acuerdo ni en desacuerdo

4 = Disagree

En desacuerdo

5 = Strongly disagree

Completamente en desacuerdo

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

9 = (VOL) Refused

AA4. Most people in my neighborhood are friendly. (*adapted from Kim et al. 2013*) (Would you say you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree?)

La mayoría de las personas de mi vecindario son amistosas. ¿Diría que está completamente de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o completamente en desacuerdo?

1 = Strongly agree

Completamente de acuerdo

2 = Agree

De acuerdo

3 = Neither agree nor disagree

Ni de acuerdo ni en desacuerdo

4 = Disagree

En desacuerdo

5 = Strongly disagree

Completamente en desacuerdo

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

9 = (VOL) Refused

Section Z: Neighborhood Conditions

Z2. Are these things a problem or found in your neighborhood?

¿Los siguientes aspectos están presentes o son un problema en su vecindario?

Z2a. Litter or trash on the sidewalks or street? (*adapted from Elo et al., 2010*)

Desorden o basura en la acera o calles

1= Yes

Sí

2 = No

No

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

9 = (VOL) Refused

Z2b. Graffiti on buildings and walls? (*adapted from Elo et al., 2010*)

Grafiti en el edificio y paredes

1= Yes

Sí

2 = No

No

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

9 = (VOL) Refused

Z2c. Abandoned cars? (*adapted from Elo et al., 2010*)

Carros abandonados

1= Yes

Sí

2 = No

No

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

9 = (VOL) Refused

Z2d. Vacant, abandoned or boarded up buildings? (*adapted from [Elo et al., 2010](#)*)

Edificios abandonados, vacíos o entablados

1= Yes

Sí

2 = No

No

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

9 = (VOL) Refused

Z2e. Houses and yards not kept up? (*adapted from [Elo et al., 2010](#)*)

Casas y patios sin mantenimiento

1= Yes

Sí

2 = No

No

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

9 = (VOL) Refused

Z3. Do you feel safe in your neighborhood? (*[Aminzadeh et al., 2013](#)*) (READ LIST)

¿Se siente seguro(a) en su vecindario?

1 = Yes, all of the time

Sí, en todo momento

2 = Yes, most of the time

Sí, la mayor parte del tiempo

3 = Sometimes

A veces

4 = No, mostly not

No, la mayor parte del tiempo

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

9 = (VOL) Refused

Section Y: Discrimination

The next few questions are about experiences you may have had at any time in your lifetime. We want to see how these experiences might be related to a person's health.

Las próximas preguntas son sobre experiencias que pudo haber tenido en cualquier momento de su vida. Queremos saber cómo estas experiencias podrían afectar la salud de una persona.

Y1. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, or color?

¿Alguna vez ha experimentado discriminación, no se ha permitido hacer algo, se le ha molestado o hecho sentir inferior en alguna de las siguientes situaciones debido a su raza, etnia o color?

Y1a. At school? ([Krieger et al., 2005](#))

¿En la escuela?

- | | |
|-------------------------------|--------------------|
| 1 = Yes | |
| 2 = No | SKIP TO Y1b |
| 7 = (VOL) Don't know/Not sure | SKIP TO Y1b |
| 9 = (VOL) Refused | SKIP TO Y1b |

Y1ab. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

- | | |
|-------------------------------|---------------------------|
| 1 = Once | Una vez |
| 2 = Two or three times | Dos o tres veces |
| 3 = Four or more times | Cuatro o más veces |
| 7 = (VOL) Don't know/Not sure | |
| 9 = (VOL) Refused | |

Y1b. Getting hired or getting a job? ([Krieger et al., 2005](#))

¿Al ser contratado u obtener un empleo?

- | | |
|-------------------------------|--------------------|
| 1 = Yes | |
| 2 = No | SKIP TO Y1c |
| 7 = (VOL) Don't know/Not sure | SKIP TO Y1c |
| 9 = (VOL) Refused | SKIP TO Y1c |

Y1bb. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

- | | |
|-------------------------------|---------------------------|
| 1 = Once | Una vez |
| 2 = Two or three times | Dos o tres veces |
| 3 = Four or more times | Cuatro o más veces |
| 7 = (VOL) Don't know/Not sure | |
| 9 = (VOL) Refused | |

Y1c. At work? ([Krieger et al., 2005](#))

¿En el trabajo?

- | | |
|-------------------------------|--------------------|
| 1 = Yes | |
| 2 = No | SKIP TO Y1d |
| 7 = (VOL) Don't know/Not sure | SKIP TO Y1d |
| 9 = (VOL) Refused | SKIP TO Y1d |

Y1cb. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

1 = Once

Una vez

2 = Two or three times

Dos o tres veces

3 = Four or more times

Cuatro o más veces

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

9 = (VOL) Refused

Y1d. Getting housing? ([Krieger et al., 2005](#))

¿Al obtener una casa?

1 = Yes

2 = No

SKIP TO Y1e

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

SKIP TO Y1e

9 = (VOL) Refused

SKIP TO Y1e

Y1db. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

1 = Once

Una vez

2 = Two or three times

Dos o tres veces

3 = Four or more times

Cuatro o más veces

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

9 = (VOL) Refused

Y1e. Getting medical care? ([Krieger et al., 2005](#))

¿Al obtener asistencia médica?

1 = Yes

2 = No

SKIP TO Y1f

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

SKIP TO Y1f

9 = (VOL) Refused

SKIP TO Y1f

Y1eb. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

1 = Once

Una vez

2 = Two or three times

Dos o tres veces

3 = Four or more times

Cuatro o más veces

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

9 = (VOL) Refused

Y1f. Getting service in a store or restaurant? ([Krieger et al., 2005](#))

¿El requerir servicio en una tienda o restaurante?

- | | |
|-------------------------------|-------------|
| 1 = Yes | |
| 2 = No | SKIP TO Y1g |
| 7 = (VOL) Don't know/Not sure | SKIP TO Y1g |
| 9 = (VOL) Refused | SKIP TO Y1g |

Y1fb. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

- | | |
|-------------------------------|---------------------------|
| 1 = Once | Una vez |
| 2 = Two or three times | Dos o tres veces |
| 3 = Four or more times | Cuatro o más veces |
| 7 = (VOL) Don't know/Not sure | |
| 9 = (VOL) Refused | |

Y1g. Getting credit, bank loans, or a mortgage? ([Krieger et al., 2005](#))

¿Al obtener crédito, préstamos bancarios o hipotecarios?

- | | |
|-------------------------------|-------------|
| 1 = Yes | |
| 2 = No | SKIP TO Y1h |
| 7 = (VOL) Don't know/Not sure | SKIP TO Y1h |
| 9 = (VOL) Refused | SKIP TO Y1h |

Y1gb. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

- | | |
|-------------------------------|---------------------------|
| 1 = Once | Una vez |
| 2 = Two or three times | Dos o tres veces |
| 3 = Four or more times | Cuatro o más veces |
| 7 = (VOL) Don't know/Not sure | |
| 9 = (VOL) Refused | |

Y1h. On the street or in a public setting? ([Krieger et al., 2005](#))

¿En la calle, en un lugar público?

- | | |
|-------------------------------|-------------|
| 1 = Yes | |
| 2 = No | SKIP TO Y1i |
| 7 = (VOL) Don't know/Not sure | SKIP TO Y1i |
| 9 = (VOL) Refused | SKIP TO Y1i |

Y1hb. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

- 1 = Once
Una vez
- 2 = Two or three times
Dos o tres veces
- 3 = Four or more times
Cuatro o más veces
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

Y1i. From the police or in the courts? ([Krieger et al., 2005](#))

¿De la policía o en las cortes?

- 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**

Y2ib. How many times did this happen? ([Krieger et al., 2005](#))

¿Cuántas veces ocurrió esto?

- 1 = Once
Una vez
- 2 = Two or three times
Dos o tres veces
- 3 = Four or more times
Cuatro o más veces
- 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.

Ahora sólo tengo unas pocas preguntas mas antes de terminar la encuesta.

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](#))

¿Tiene más de un número de teléfono en su casa? No incluya teléfonos celulares ni teléfonos que solo se utilicen para una computadora o un fax.

- 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)

¿Cuántos de estos números de teléfono son particulares?

- _ 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)

¿Tiene usted un teléfono celular para uso personal? Incluya los celulares utilizados para uso personal y laboral.

- | | |
|-------------------------------|--|
| 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?

¿Además de su teléfono celular, tiene también un teléfono fijo en su hogar?

- | | |
|-------------------------------|-------------------|
| 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)

De todas las llamadas telefónicas que recibe usted,

- 1 = All or almost all calls received on cell phones,
recibe todas o casi todas las llamadas por celular,
- 2 = Some received on cell phones and some received on land lines, or
recibe algunas llamadas por celular y otras por las líneas telefónicas fijas, o
- 3 = Very few or none on cell phones
recibe pocas llamadas o ningunas por celular.
- 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.

¿Me podría dar su nombre y dirección? Esta información también nos permitirá enviarle el cheque de diez dólares como agradecimiento por el tiempo que se tomo respondiendo nuestras preguntas.

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.

IF NEEDED: también necesito recordarle que toda la información que nos proporcione se mantendrá completamente confidencial. No compartiremos esta información con nadie más y tampoco le enviaremos algo además del cheque de \$10 dólares.

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

7 = (VOL) Don't Know/Not Sure **GO TO V8**

9 = (VOL) Refused **GO TO V8**

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

¿Es esta la dirección de la casa donde vive?

1 = Yes **SKIP TO INSTRUCTIONS BEFORE V7a**

2 = No **CONTINUE TO INSTRUCTIONS BEFORE V6a**

7 = (VOL) Don't know/Not sure **CONTINUE TO INSTRUCTIONS BEFORE V6A**

9 = (VOL) Refused **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.

Anteriormente, usted me dijo que su código postal es (FILL FROM S2). Quiero asegurarme que lo registre correctamente.

1 = Yes

SKIP TO V7

2 = No

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?

(IF S2 = 99997 OR 99999: El código postal es muy importante para este estudio ya que nos permite asegurar que estamos entrevistando a personas en todos los vecindarios de Chicago para que todos sean representados.) ¿Me podría decir su código postal?

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?

¿Para asegurar que todos los vecindarios de Chicago sean representados, necesitamos saber en donde viven nuestros participantes. El mejor modo de hacer esto es recopilar direcciones. Puede usted proporcionarme su dirección?

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.

IF NEEDED : Es importante recopilar esta información para asegurar que todos los vecindarios de Chicago sean representados. También quiero recordarle que toda la información que nos proporcione se mantendrá completamente confidencial. No compartiremos esta información con nadie más ni le enviaremos nada.

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?

Desafortunadamente, nuestra sistema no esta aceptando esa dirección. Permíteme confirmar la dirección y como se deletrea una vez mas. La dirección que tengo es (FILL FROM V5). ¿Es esto correcto?

- | | |
|-------------------------------|--|
| 1 = Yes | CONTINUE TO V8 |
| 2 = No | RETURN TO V5/V7 AND CORRECT ADDRESS |
| 7 = (VOL) Don't know/Not sure | SKIP TO V8 |
| 9 = (VOL) Refused | SKIP TO V8 |

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

¿Me podría por lo menos decir el nombre de la calle en cual vive?

- | | |
|-------------------------------|------------------|
| _____ NAME OF STREET | GO TO V9 |
| 7 = (VOL) Don't Know/Not sure | GO TO V10 |
| 9 = (VOL) Refused | GO TO V10 |

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

¿Y cuál es el nombre de la calle de la esquina que cruza su calle?

- | | |
|-------------------------------|---------------------------------|
| _____ NAME OF STREET | GO TO INSTRUCTIONS BELOW |
| 7 = (VOL) Don't know/Not sure | GO TO V10 |
| 9 = (VOL) Refused | 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?

Desafortunadamente, nuestra sistema no reconoce esa intersección. Permíteme confirmarle el nombre de las calles y como se deletrea una vez más. Las calles que tengo son (FILL FROM V8 and V9). ¿Es esto correcto?

- | | |
|---|---------------------------------|
| 1 = Yes | CONTINUE TO V10 |
| 2 = No, (FILL V8) is incorrect | RETURN TO V8 AND SKIP V9 |
| 3 = No, (FILL V9) is incorrect | RETURN TO V9 |
| 4 = No, both (FILL V8 AND V9) are incorrect | RETURN TO V8 |
| 7 = (VOL) Don't know/Not sure | CONTINUE TO V10 |
| 9 = (VOL) Refused | 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.]

Esta es mi última pregunta. ¿Me podría decir en cual vecindario de la ciudad vive usted? [IF NEEDED : Para este estudio, es muy importante que todos los vecindarios de Chicago sean representado.

Code	Neighborhood	Code	Neighborhood	Code	Neighborhood
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.

Estas son todas las preguntas que tengo para usted. Muchas gracias por haber participado en este estudio importante para el Departamento de Salud Pública de Chicago.

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

Si tiene alguna pregunta acerca de este estudio, puede llamar al (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		