

Healthy Chicago Telephone Survey

2016 Questionnaire

SCREENER AND INTRODUCTION

Introduction (CELL PHONE)

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

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

- CS1. In order to ensure your safety I'd like to ask you, are you driving a car right now?
- 1 = Yes
 - 2 = No
 - 9 = (VOL) Refused

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

- CS2. When would be a better time to call you back?
- 1 = Schedule Callback
 - 9 = (VOL) Refused

- CS3. Are you 18 years of age or older?
- 1 = Yes
 - 2 = No
 - 9 = (VOL) Refused

**(IF CS3=2, ASK CS4.
IF CS3=1, GO TO CS7.)**

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

- CS4. Is this your own cell phone or does it belong to one of your parents or a guardian?
- 1 = Cell Phone Belongs To Minor
 - 2 = Cell Phone Belongs To Parent or Guardian
 - 7 = (VOL) Don't know/Not sure
 - 9 = (VOL) Refused

- CS5. May I please speak with the parent or guardian to whom this phone belongs?
- 1 = Brought Parent/Guardian to Phone
 - 2 = Parent/Guardian Not Available
 - 9 = (VOL) Refused

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

IF CS5=2, CONTINUE TO CS6.

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

- CS6. When would be a better time to call back and speak to a parent or guardian?
1 = Schedule Callback
9 = (VOL) Refused

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

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

- CS7. Is this (PHONE NUMBER)?
1 = Yes
2 = No
9 = (VOL) Refused

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

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

Introduction 1 (LANDLINE VERSION)

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

- LS1. May I please speak with any adult, 18 years of age or older, who resides in this household?
1 = Yes, RESPONDENT IS OVER 18
2 = Yes, NEW PERSON COMING TO PHONE
3 = (VOL) THIS IS A BUSINESS
9 = (VOL) Refused

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

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

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

ENTER ZIP CODE _____

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

- S3. Just to confirm I entered it correctly, is your zip code (RESPONSE FROM S2)?
1 = Yes
2 = No
7 = (VOL) Don't now
9 = (VOL) Refused

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

1 = Yes

2 = No

7 = (VOL) Don't know/Not

sure 9 = (VOL) Refused

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

IF S4= 7 OR 9, THEN TERMINATE AS SOFT

REFUSAL ELSE ASK S5.)

S5. In what city or town do you live?

(ENTER CITY CODE FROM TACKUP)

(96=Other; 97=Don't know; 99=Refused)

____ Enter City Code

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

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

HOUSEHOLD RESPONDENT SELECTION FOR LANDLINE PHONES ONLY:

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

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

_____ 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."

HH2. Are you the adult?

1 = Yes

2 = No

9 = (VOL) Refused

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

HH3. May I speak with the adult?

1 = Yes - available (SKIP TO S6)

2 = No - not available – [GO TO HH6]

9 = (VOL) Refused

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

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

___ MEN
___ WOMEN

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]

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

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?

1 = Gave response

7 = (VOL) Don't know/Not sure 9

= (VOL) Refused

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.)

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 15 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information. If you prefer not to answer any question, please tell me and I will simply go on to the next question.

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

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

- 1 = Male
- 2 = Female
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

Section A: Health Status

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

- 1 = Excellent
- 2 = Very good
- 3 = Good
- 4 = Fair
- 5 = Poor

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)**

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)**

Please Read

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

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

3 = Medicare

4 = Medicaid or other state program

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

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

Or

8 = Some other source

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)**

1 = Yes, only one 2 =

More than one 3 =

No

7 = (VOL) Don't know/Not sure 9

= (VOL) Refused

C7. **[Long Version]** 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, Long Version)**

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

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

3 = Within the past 5 years (2 years but less than 5 years ago)

4 = 5 or more years ago

5 = Never

7 = (VOL) Don't know/Not sure 9

= (VOL) Refused

C10. **[Long Version]** 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)

1 = Very satisfied

2 = Somewhat satisfied

3 = Not at all satisfied

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. **[Long Version]** 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)**

Please read 1

= Never

2 = Sometimes

3 = Usually

4 = Always

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*)

Read only if necessary:

1 = 6 months or less

2 = More than 6 months, but not more than one year

3 = More than 1 year, but not more than 2 years

4 = More than 2 years, but not more than 5 years ago

Do not read:

6 = Never

7 = Don't know / Not sure 9

= Refused

Section E: Hypertension

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

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

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

1= Yes

2 = Yes, but female told only during pregnancy

SKIP TO NEXT SECTION

3 = No

SKIP TO NEXT SECTION

4 = Told borderline high or pre-hypertensive

SKIP TO NEXT SECTION

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

SKIP TO NEXT SECTION

9 = (VOL) Refused

SKIP TO NEXT SECTION

Section G: Chronic Health Conditions

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

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

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

1= Yes

2 = No

SKIP TO G7

7 = Don't know/Not sure

SKIP TO G7

9 = (VOL) Refused

SKIP TO G7

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

1 = Yes

2 = No

7 = Don't know/Not sure

9 = (VOL) Refused

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

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

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

1 = Yes

2 = Yes, but female told only during pregnancy 3

= No

4 = No, pre-diabetes or borderline diabetes 7

= Don't know/Not sure

9 = (VOL) Refused

Section J: Tobacco Use

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

NOTE: 5 packs = 100 cigarettes

- 1 = Yes
- 2 = No **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)**

- 1 = Every day
- 2 = Some days
- 3 = Not at all **SKIP TO J4**
- 7 = (VOL) Don't know/Not sure **SKIP TO J5**
- 9 = (VOL) Refused **SKIP TO J5**

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

- 1 = Yes **SKIP TO J5**
- 2 = No **SKIP TO J5**
- 7 = (VOL) Don't know/Not sure **SKIP TO J5**
- 9 = (VOL) Refused **SKIP TO J5**

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

- 1 = Within the past month (less than 1 month ago)
- 2 = Within the past 3 months (1 month but less than 3 months ago)
- 3 = Within the past 6 months (3 months but less than 6 months ago)
- 4 = Within the past year (6 months but less than 1 year ago)
- 5 = Within the past 5 years (1 year but less than 5 years ago)
- 6 = Within the past 10 years (5 years but less than 10 years ago)
- 7 = 10 years or more
- 8 = Never smoked regularly
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

J5. 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?

1 = Yes

2 = No

SKIP TO SECTION AC

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

SKIP TO SECTION AC

9 = (VOL) Refused

SKIP TO SECTION AC

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

1 = Yes

2 = No

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

9 = (VOL) Refused

Section AC: Driving Behavior

The next question is about when you drove a car or motor vehicle in Chicago.

AC2. **[Long Version]** During the past 30 days, when you drove in Chicago, how often did you read or send a text message or email while you were driving? [NYCHS/National Survey of Distracted Driving] READ LIST.

1 = On all driving trips

2 = On most driving trips

3 = On some driving trips

4 = On almost no driving trips

5 = Never

SKIP TO SECTION K

6 = You did not drive in Chicago in the past 30 days

SKIP TO SECTION K

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

SKIP TO SECTION K

9 = (VOL) Refused

SKIP TO SECTION K

AC3. **[Long Version]** If you SEND a text message or e-mail while driving, do you USUALLY... [READ LIST]

1 = Continue to drive while completing the message

2 = Pull over to a safe location to send the message

3 = Hand the phone to a passenger to do your messaging

4 = Use a Voice Command feature (speech dictation)

5 = Wait until you reach a red light or stop sign to send the message

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

9 = (VOL) Refused

Section K: Demographics

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

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

_____ 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...?

Please read:

1 = 65 or older

2 = 45-64

3 = 30-44

4 = 25-29, or

5 = 18-24

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

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

Interviewer Note: One or more categories may be selected.

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

2 = Yes, Puerto Rican

3 = Yes, Cuban

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

Do not read:

5 = No

7 = Don't know/Not sure 9

= Refused

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

Interviewer Note: Select all that apply.

Please read:

10 = White

20 = Black or African American

30 = American Indian or Alaska Native

40 = Asian

50 = Pacific Islander, or

60 = Something else (SPECIFY)

Do not read:

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

99 = (VOL) Refused

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

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

K7. IF MORE THAN ONE SELECTED IN K5 AND K6, ASK: Which one of these groups would you say best represents your race? ELSE SKIP TO K7A. (*BRFSS 2014*)

ONLY LIST THOSE SELECTED IN K5 AND K6

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

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

- | | |
|--------------------------------|-------------------|
| 1 = USA | SKIP TO K8 |
| 2 = Outside USA | |
| 77 = (VOL) Don't know/Not sure | SKIP TO K8 |
| 99 = (VOL) Refused | SKIP TO K8 |

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

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

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

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

_____ Number of adults [RANGE 1-20]

99 = (VOL) Refused/Don't know

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

- _ _ Number of children [RANGE 0-25]
- 0 = None
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

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

Read only if necessary:

- 1 = Never attended school or only attended kindergarten
- 2 = Grades 1 through 8 (Elementary)
- 3 = Grades 9 through 11 (Some high school)
- 4 = Grade 12 or GED (High school graduate)
- 5 = College 1 year to 3 years (Some college or technical school)
- 6 = College 4 years or more (College graduate)

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

Please read:

- 1 = Employed for wages
- 2 = Self-employed
- 3 = Out of work for 1 year or more
- 4 = Out of work for less than 1 year
- 5 = A Homemaker
- 6 = A Student
- 7 = Retired

Or

- 8 = Unable to work

IF K10 (NUMBER OF CHILDREN IN HH) or (HH1 or K9) (ADULTS IN HH) = 77 or 99, skip to FS1

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.

IF NHOUSE = 1 THEN PVTYLVL = 11,880

IF NHOUSE = 2 THEN PVTYLVL = 16,020

IF NHOUSE = 3 THEN PVTYLVL = 20,160

IF NHOUSE = 4 THEN PVTYLVL = 24,300

IF NHOUSE = 5 THEN PVTYLVL = 28,440

IF NHOUSE = 6 THEN PVTYLVL = 32,580

IF NHOUSE = 7 THEN PVTYLVL = 36,730

IF NHOUSE = 8 THEN PVTYLVL = 40,890

IF NHOUSE GT 8 THEN PVTYLVL = 40,890 + ((NHOUSE-8) * 4,160)

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

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

ASK ALL:

02 = Less than \$[PVTYLVL * 2]

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

01 = Less than \$[PVTYLVL]

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

05 = Less than \$[PVTYLVL * 5]

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

06 = Less than \$[PVTYLVL * 6]

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

04 = Less than \$[PVTYLVL * 4]

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

07 = \$[PVTYLVL * 6]

03 = Less than \$[PVTYLVL * 3]

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

IF K14_02 = 77 or 99, ASK K14A

ELSE SKIP TO INSTRUCTIONS BEFORE K14B.

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

1 = YES

2 = NO

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

9 = (VOL) Refused

IF K14 = 02 (100-199%) OR K14a = 2, ASK K14B.

ELSE SKIP TO K15.

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

1 = YES

2 = NO

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

9 = (VOL) Refused

IF C1 = 2 AND K14 = 01 OR K14A = 1 OR K14b = 1 THEN READ:

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

Financial Security (FS)

FS1. Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? You may choose more than one method. Would you... (MULTIPLE RESPONSE)

- 1 = Put it on your credit card and pay it off in full at the next statement
- 2 = Put it on your credit card and pay it off over time
- 3 = With the money currently in your checking/savings account or with cash
- 4 = Using money from a bank loan or line of credit
- 5 = By borrowing from a friend or family member
- 6 = Using a payday loan, deposit advance or overdraft
- 7 = By selling something
- 88 = Some other way? [specify]
- 8 = You wouldn't be able to pay for the expense right now [single select]
- 77 = (VOL) Don't know/Not sure
- 99 = (VOL) Refused

FS2. Do you or anyone in your household currently have a checking or savings account?

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

Body Mass Index (BMI)

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

Round fractions down

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

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

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

9999 = (VOL) Refused

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

Round fractions up

1 _ _ _ POUNDS [RANGE 50-600]

2 _ _ _ KILOGRAMS [RANGE 20-275]

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

9999 = (VOL) Refused

$BMI = 703 * LBS / inches^2$

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

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

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

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

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

1 = YES, WEIGH LESS **SKIP TO K17c**

2 = NO, DON'T WEIGH LESS

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

9 = (VOL) Refused

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

1 = YES, WEIGH LESS **SKIP TO K21**

2 = NO, DON'T WEIGH LESS **SKIP TO K21**

7 = (VOL) Don't know/Not sure **SKIP TO K21**

9 = (VOL) Refused **SKIP TO K21**

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

1 = YES, WEIGH LESS

2 = NO, DON'T WEIGH LESS **SKIP TO K21**

7 = (VOL) Don't know/Not sure **SKIP TO K21**

9 = (VOL) Refused

SKIP TO K21

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

1 = YES, WEIGH LESS

SKIP TO K21

2 = NO, DON'T WEIGH LESS

SKIP TO K21

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

SKIP TO K21

9 = (VOL) Refused

SKIP TO K21

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

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]?

1 = YES, WEIGH LESS

SKIP TO K18c

2 = NO, DON'T WEIGH LESS

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

9 = (VOL) Refused

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

1 = YES, WEIGH LESS

SKIP TO K21

2 = NO, DON'T WEIGH LESS

SKIP TO K21

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

SKIP TO K21

9 = (VOL) Refused

SKIP TO K21

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

1 = YES, WEIGH LESS

2 = NO, DON'T WEIGH LESS

SKIP TO K21

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

SKIP TO K21

9 = (VOL) Refused

SKIP TO K21

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

1 = YES, WEIGH LESS

SKIP TO K21

2 = NO, DON'T WEIGH LESS

SKIP TO K21

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

SKIP TO K21

9 = (VOL) Refused

SKIP TO K21

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

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]?

- 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]?

- 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]?

- 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]?

- 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]?

- 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]?

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

K20c. Is your height less than [critical height for METRIC OVERWEIGHT]?

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

K20d. Is your height less than [critical height for METRIC UNDERWEIGHT]?

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

K21. Do you own or rent your home? (*BRFSS 2011, 2014*)

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

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

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.

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

Please read:

- 1 = 1 Straight
- 2 = 2 Lesbian or gay
- 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?

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

- 1 = Yes, Transgender, male-to female
- 2 = Yes, Transgender, female-to-male
- 3 = Yes, Transgender, gender non-conforming
- 4 = 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.

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.

Section L: Fruits and Vegetables

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

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

_____ NUMBER OF SERVINGS [RANGE 0 – 50]

77 = Don't know/Not sure

99 = Refused

- L2. **[Long Version]** 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)**

_____ NUMBER OF SERVINGS [RANGE 0 – 50]

77 = Don't know/Not sure

99 = Refused

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

1= Very difficult

2 = Somewhat difficult

3 = Somewhat easy, or

4 = Very easy?

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

9 = (VOL) Refused

- 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.

(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

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)**

- 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)**

- 1 = ONCE A WEEK OR MORE
- 2 = SEVERAL TIMES A MONTH
- 3 = AT LEAST ONCE A MONTH
- 4 = A FEW TIMES A YEAR
- 5 = NEVER
- 6 = (VOL) PHYSICALLY UNABLE TO RIDE A BIKE
- 7 = (VOL) DON'T KNOW/NOT SURE
- 9 = (VOL) REFUSED

Section N: Breast/Cervical Cancer Screening

The next questions are about breast and cervical cancer screening.

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

- 1 = Yes
- 2 = No **SKIP TO N3**
- 7 = (VOL) Don't know/Not sure **SKIP TO N3**
- 9 = (VOL) Refused **SKIP TO N3**

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

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

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

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

N4. **[Long Version]** How long has it been since your last Pap test? **(BRFSS2013)**

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

N5. **[Long Version]** Have you had a hysterectomy? **(BRFSS 2013)**

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

Section P: Colorectal Cancer Screening

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

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

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

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

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

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

P3. Sigmoidoscopy 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)*

- 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)*

- 1 = Sigmoidoscopy
- 2 = Colonoscopy
- 7 = (VOL) Don't know / Not sure
- 9 = (VOL) Refused

P4. How long has it been since you had your last sigmoidoscopy or colonoscopy? *(BRFSS 2013)*

- 1 = Within the past year (anytime less than 12 months ago)
- 2 = Within the past 2 years (1 year but less than 2 years ago)
- 3 = Within the past 3 years (2 years but less than 3 years ago)
- 4 = Within the past 5 years (3 years but less than 5 years ago)
- 5 = Within the past 10 years (5 years but less than 10 years ago)
- 6 = 10 or more years ago
- 7 = (VOL) Don't know/ Notsure
- 9 = (VOL) Refused

Section S: Mental Health

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

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

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

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

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

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

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

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

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

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

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

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

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

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

FOR S1 – S6,

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

CODE 1 “All of the time” = 4

CODE 2 “Most of the time” = 3

CODE 3 “Some of the time” = 2

CODE 4 A little of the of time” = 1

CODE 5 “None of the time” = 0

CODE 7 “DON'T KNOW” = 0

CODE 9 “REFUSED” = 0

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

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

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

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

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

S9. Which of these statements explains why you did not get the mental health treatment or counseling you

needed? (MULTIPLE RESPONSE) (*NSDUH 2010*)

1 = You couldn't afford the cost.

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

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

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

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

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

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

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

9 = Some other reason or reasons (SPECIFY)

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

99 = (VOL) Refused

Section W: Alcohol and Prescription Drug Use

[Long Version] Now I have a few questions about 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)**

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.

1 _____ Days per week [RANGE 1-7]
2 _____ Days in past 30 [RANGE 1-30]
888 = No drinks in the past 30 days

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)**

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.

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

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

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)**

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.

__ 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

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.

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

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.

1 = Yes

2 = No

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

9 = (VOL) Refused

SKIP TO W6

SKIP TO W6

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.

1 = Yes

2 = 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?

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.

1 = Yes

2 = 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.

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?

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

Section Z: Neighborhood Conditions

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

- 1 = Yes, all of the time
- 2 = Yes, most of the time
- 3 = Sometimes
- 4 = No, mostly not
- 7 = (VOL) Don't know/Not Sure
- 9 = (VOL) Refused

Section Y: Discrimination

[Long version] The next question is about the way other people have treated you or your beliefs about how other people have treated you. We want to see how these experiences might be related to a person's health.

Y2. Now, thinking about your day to day life, how often are you treated with less respect than other people?

- 1 = Often
- 2 = Sometimes
- 3 = Rarely
- 4 = Never
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

SKIP TO NEXT SECTION
SKIP TO NEXT SECTION
SKIP TO NEXT SECTION

Y2a. What do you think is the reason for these experiences? [select all that apply] READ LIST.

- 1 = Your gender
- 2 = Your race or ethnicity
- 3 = Your age
- 4 = Your religion
- 5 = Your sexual orientation
- 6 = Some other reason
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

Section V: Concluding Questions

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

IF FLAGGED AS CELL PHONE, GO TO V3a.

ELSE, CONTINUE

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

1 = Yes

2 = No **SKIP TO V3**

7 = (VOL) Don't know/Not sure **SKIP TO V3**

9 = (VOL) Refused **SKIP TO V3**

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

_ Residential telephone numbers [RANGE 0-6]

6 = 6 or more

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

9 = (VOL) Refused

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

1 = Yes **SKIP TO V4**

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

7 = (VOL) Don't know/Not sure **SKIP TO INSTRUCTIONS BEFORE V6a**

9 = (VOL) Refused **SKIP TO INSTRUCTIONS BEFORE V6a**

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

1 = Yes

2 = No **SKIP TO V5**

7 = (VOL) Don't know/Not sure **SKIP TO V5**

9 = (VOL) Refused **SKIP TO V5**

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

1 = All or almost all calls received on cell phones,

2 = Some received on cell phones and some received on land lines, or

3 = Very few or none on cell phones

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

9 = (VOL) Refused

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

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

_____ 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?

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.

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?

ENTER ZIP CODE _____ (GO TO INSTRUCTIONS BEFORE V7)

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

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

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

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

IF NEEDED: It is important that we collect this information so we can ensure that all neighborhoods in Chicago are represented. I also want to remind you that all information you provide will be kept completely confidential.

We will not share this information with anyone else or mail you anything at all.

- 1 = Gave address
- 2 = Refused address **GO TO V8**

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

IF GIS SYSTEM DOES NOT RETURN A VALID ADDRESS (GIS CODE FIELDS ARE BLANK), ASK V7a, ELSE SKIP TO CLOSING V7a. Unfortunately, our system is not accepting that address. Please let me confirm the address and spelling one more time. The address I have is (FILL FROM V5). Is this correct?

- 1 = Yes **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?

_____ 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?

_____ 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?

- 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.]

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.

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