

Administration  
Research and Evaluation Office



Request For Proposal  
2019 Boston Behavioral Risk Factor Survey

November 13, 2018

| <b>RFP Timeline</b>  |   |
|--|---|
| Sunday, November 11, 2018<br><i>and</i><br>Sunday, November 18, 2018 | Publication of RFP announcement printed in The Boston Globe   |
| Tuesday, November 13, 2018   | RFP available online at <a href="http://www.bphc.org/RFP">www.bphc.org/RFP</a> at 10:00 AM  |
| Monday, November 19, 2018  | Questions are due in writing by 4:00 PM to<br>Research@bphc.org<br>Subject: <i>BBRFS Questions</i>  |
| Monday, November 26, 2018  | Responses to questions available for viewing on<br><a href="http://www.bphc.org/RFP">www.bphc.org/RFP</a>   |
| Monday, December 10, 2018  | <p>Proposal due by 4:00 PM – Submit (1) original and (2) color copies (do not bind) and PDF file of proposal on a labeled USB flash drive to:</p> <p style="text-align: center;">Boston Public Health Commission<br/>Attention: Research and Evaluation Office<br/>1010 Massachusetts Avenue, Floor 2<br/>Boston MA 02118</p> <p>Clearly mark envelope or box:</p> <ol style="list-style-type: none"> <li>1. Company Name, Address, “2019 Boston Behavioral Risk Factor Survey”</li> </ol> <p style="text-align: center;"><b>No Exceptions to This Deadline</b></p> |
| Monday, December 31, 2018  | <p>Notification of Decision</p> <p>The desired date for notification of award to the proposer, BPHC has the discretion to extend this date without notice. The contract(s) results from this RFP shall be in effect when all necessary contract documentation is fully executed by BPHC and awarded vendor(s).</p>  |

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## Overview

The Boston Public Health Commission (BPHC) is the local public health department for the city of Boston. BPHC's mission is to protect, preserve, and promote the health and well-being of all Boston residents, particularly the most vulnerable populations.

The Boston Public Health Commission (BPHC) has conducted surveys for the Boston Behavioral Risk Factor Surveillance System (BBRFSS) approximately every other year since 1999. The BBRFSS is an independent surveillance system modelled on the nation-wide BRFSS surveillance system originating from the Centers for Disease Control and Prevention (CDC) which is conducted in each state by the CDC in partnership with the state health departments. While independent of the CDC, the Boston BRFSS follows the national BRFSS protocols (e.g., design, sampling) with minor adjustments to accommodate the city resident target population. Health indicators from this survey conducted in Boston reflect the entire Boston adult population living in households. The robust design and sampling strategy permit comparisons to state and national data while providing for neighborhood-level analyses conducted with a health equity lens.

Results from the survey are used by BPHC and many public health partners to assess the health status of Boston residents; to plan and implement health initiatives; to identify health problems within population groups; to identify racial/ethnic inequities in access to and utilization of health care, in risk behaviors, and selected health conditions; to establish and monitor health objectives; to support health-related legislative activities; to evaluate disease prevention activities and programs; and to assist in receiving federal grants and other funding.

## Scope of Service

The BPHC is seeking a vendor to conduct on-going monthly BBRFSS data collection among Boston residents for a 12-month period beginning in late January 2019. The survey instrument will be provided by the BPHC Research & Evaluation Office and will average 26-27 minutes in interview length. The final survey instrument will be similar to the sample survey instrument provided in this RFP. BPHC anticipates the final 2019 survey instrument will differ from the attached 2017 survey instrument by approximately 20 question changes (20 deletions and replacements).

### Survey Methodology and Screening

BPHC requires data collection to follow a random-digit-dial (RDD) method utilizing a computer-assisted telephone interview (CATI) system. All Boston households with landline telephones are to be included in a landline frame in order to achieve a representative sample of non-institutionalized adults ages 18 and older in Boston who reside in private domiciles. In addition, a substantial portion of interviews will be collected in a cell phone frame of non-institutionalized Boston resident adults ages 18 and older who use a cell-phone. As per CDC-BRFSS protocol, the proposed sampling plan will utilize a disproportionate stratified random sampling (DSS) method in which high density stratum will be sampled at a higher rate than the medium density stratum to increase the efficiency of the data collection process. The proposed landline frame and cell phone frame sampling plans should be described in detail and consistent with CDC-BRFSS protocols, and may include strategy adjustment to improve Boston resident response rates while maintaining proportional geographical representation (please see Small Area Sampling section below).

BPHC requests cost estimates for seven landline/cell-phone combination options. These are overlapping dual frames in which some percentage of interviews are collected within the landline phone frame, and the remainder are collected within the cell-phone frame. In this mix, the cell-phone users are not necessarily cell-phone only users. Please see the cost estimate tables for more information on the proportion of landline and cell-phone in the sample options.

Survey methodology should be conducted according to standard BRFSS survey methods outlined by the Centers for Disease Control and Prevention, with exceptions noted here and below. The survey partial complete point, the point after which partially completed interviews will be accepted toward the final sample size count, will fall at a minimum 75% completion of the survey instrument. Partials may constitute a maximum of 5% of the sample total for each of the two frames. Additionally the residency screener for the respondent selection process utilizes zip code of residence (Boston zip codes for purposes of this survey include and are limited to: 02108, 02109, 02110, 02111, 02113, 02114, 02115, 02116, 02118, 02119, 02120, 02121, 02122, 02124, 02125, 02126, 02127, 02128, 02129, 02130, 02131, 02132, 02134, 02135, 02136, 02199, 02210, 02215, 02163, and 02467.)

Respondents who do not reside in Boston (i.e., do not meet the residency screener question) will not be eligible for participation. Further, BPHC does not plan to conduct an advance mailing to the potential participant pool, nor a mailing for a follow-up survey of non-responders. The acquisition of the landline and cell-phone sampling frames is the responsibility of the applicant and should be included in the proposal.

Responses to this RFP should clearly outline their understanding of the appropriate survey methodology, and further should specify methodology assumptions, such as net incidence, coverage, and response rates.

### **Small Area Sampling**

Previous iterations of the Boston BRFSS have utilized cell phone sampling methods that are more commonly applied for efficient sampling in small area research (county and city level). This included a cell sample design based on telephone exchanges that have their rate centers (the midpoint of the rate area) in the vicinity of the Boston area. The location of the rate center was used as a rough indicator for the location of survey respondents. To determine the rate centers, previous vendors have created a map of the study area and overlaid the location of the local cellular rate centers. The rate centers were then stratified into high density and medium density based on the percentage of respondents who reported that they lived in Boston based on previous Boston BRFSS data.

To further improve identification of eligible respondents, a zip code matching process was used in which cell phone samples were obtained with the zip code of the billing address appended. This resulted in three groups: those with a zip code matching the Boston area, those non-matching to Boston, and those without zip code data. All three groups were sampled to ensure representation of the Boston population. The zip code matching and those without zip code data were sampled at higher rates than the non-matching group.

These methods are a departure from standard CDC BRFSS protocol designed specifically for larger geographies (i.e., states). Applicants should indicate their understanding and experience with cell phone sampling in geographically small areas.

### **Asian Respondent Oversample**

In order to achieve a survey sample which is more representative of Boston's Asian community, the BPHC conducts an oversample in specific zip codes. In past surveying, a 2:1 oversample of respondents in five specific zip codes (02111, 02115, 02134, 02135, and 02215) that were identified as "high" Asian population was conducted. A similar oversample is planned for the 2019 Boston BRFSS. Applicants should describe their approach in achieving an Asian oversample.

### **Federal Regulations on Cell Phone Surveying**

Current federal regulations specify that researchers attempting to survey respondents on their personal cellular telephone devices must adhere to hand dialing methods in order to contact those individuals. As such, cell phone sampling can often be more costly than landline telephone sampling which has the option of dialing efficiencies such as the use of an auto-dialer.

It is our understanding that federal regulations prohibiting auto dialing of cellular telephones for research purposes may possibly change in 2019. If such a change were to occur, it could potentially decrease the cost of collection of interviews via cell phone. This contract will be awarded as a firm fixed price contract. However, should regulations change such that more efficient cell phone sampling methods (such as auto-dialing) become permissible, the BPHC would like each applicant to increase the number of cell phone interviews completed (the total cell phone interview sample size) to balance their decreased data collection cost. Please provide the percentage of additional cell phone interviews you will provide should such a change occur. This percent will be for each month AFTER the change in regulations to the end of the data collection period. For example, if regulations change in March, for April through December an applicant may project being able to provide an additional 25% more cell phone interviews each month than originally contracted. The sample size may not at any time decrease during the contract period.

### **Languages**

BPHC desires that the survey be conducted in both English and Spanish according to the linguistic needs of each individual respondent, with the dialect tailored to best reflect that spoken by Boston's Spanish-speaking community. The selected applicant will prepare the Spanish-translation of the survey instrument. BPHC would require an opportunity to review this translation for accuracy and cultural appropriateness prior to CATI programming and fielding.

Please include details on your organization's capacity to complete interviews among Spanish-speaking Boston residents and fully describe your protocol for identifying then completing interviews among Spanish-speaking respondents in a manner that ensures maximizing the Spanish-speaking sample of respondents.

### **Interviewer Training and Quality Assurance**

Applicants are expected to include an interviewer training process for the 2019 Boston Behavioral Risk Factor Survey, including mock-interview procedures, exercises on

pronunciation of medical conditions, exercises on gaining cooperation of interviewees, and preparation to respond to interviewee questions. Sensitivity on the part of the interview team is especially important given the nature of some survey topics. Please describe the quality assurance protocol that will be followed.

A respondent who is verbally abusive or who clearly asks to be removed from calling should not be contacted again once they have refused. However, eligible persons who may initially refuse to participate with a ‘soft’ refusal should be contacted again by an interviewer trained in refusal conversion strategies.

BPHC would like the selected applicant to provide a toll-free line to respondents which would allow them to call at their convenience if they had questions about the survey, wanted to complete the interview, or wanted to give feedback. In addition, a BPHC staff number will be available for respondents wishing to follow-up directly with BPHC to verify the survey authenticity or provide feedback.

BPHC requires remote access for pretesting of CATI system programming prior to the start of live interviewing. Also, BPHC Research requires the ability to remotely live-monitor interviewers via audio tie-in, and visual of the CATI program, upon request. Monthly status reports to monitor data collection progress are also desired.

## **Deliverables**

Deliverables include first month’s raw dataset, a first three month’s dataset, a mid-year dataset, and end year unweighted and weighted SAS datasets and methods report for interviews among Boston residents. The weighted dataset should include a design weight consistent with CDC BRFSS methods. Additionally, data should be post-stratified twice, using CDC methods, producing two distinct final weight variables by applying a raking algorithm to iteratively adjust the design weighted sample to match the population for specific demographic dimensions. The first final weight shall include raking on race/ethnicity, race/ethnicity by gender, gender by age group, educational status, marital status, race/ethnicity by age group. The second final weight shall include raking on the CDC specified dimensions for 2019 BRFSS. These will include such elements as age by gender, age group by gender, race/ethnicity, education, marital status, housing tenure, gender by race/ethnicity, age group by race/ethnicity, phone ownership.<sup>1</sup> BPHC would like the selected applicant to provide details to BPHC Research staff on the weight variables design and calculation in the fall of 2019 for BPHC review and approval. Please describe in the proposal your organization’s expertise and experience conducting BRFSS and/or similar complex survey design weight calculations, including consideration of an overlapping dual frame sample design, and your ability to adapt such calculations to the Boston population. Additionally, please describe your expertise with applying imputation techniques for treatment of missing data, and methods for containing design effects during the weighting process.

The final methods report should include descriptions of the sample design for both landline and cell phone samples, the screening process, the data collection protocol, the survey content, the quality assurance protocol and interviewer monitoring, a thorough description of the weight design methodologies, data processing procedures, data quality indicators and survey response rates. In addition, a survey code book that matches variable names to their corresponding question numbers and/or description, including design variables, is required. A copy of the statistical software code used in weighting should be included.

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<sup>1</sup> [http://www.cdc.gov/brfss/annual\\_data/2011/2011\\_weighting.htm](http://www.cdc.gov/brfss/annual_data/2011/2011_weighting.htm) (accessed June 13, 2014)

Please complete the cost of services table on the following page by providing prices for the items listed. All prices listed by the applicant shall be inclusive of all charges, including delivery. In response to this RFP please describe how your organization can meet the needs of the BPHC in regards to the project elements outlined above.

**Cost of Service: Interviews**

For data collected via requested overlapping dual-frame sampling method specified in the RFP:

| Total Sample Size | Price<br><i>(e.g.: \$100,000.00)</i> |                                 |                                 |                                 |                                 |                                 |                                 |
|-------------------|--------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
|                   | Landline 50%/<br>Cell-Phone 50%      | Landline 45%/<br>Cell-Phone 55% | Landline 40%/<br>Cell-Phone 60% | Landline 35%/<br>Cell-Phone 65% | Landline 30%/<br>Cell-Phone 70% | Landline 25%/<br>Cell-Phone 75% | Landline 20%/<br>Cell-Phone 80% |
| 2,000 Interviews  |                                      |                                 |                                 |                                 |                                 |                                 |                                 |
| 2,500 Interviews  |                                      |                                 |                                 |                                 |                                 |                                 |                                 |
| 3,000 Interviews  |                                      |                                 |                                 |                                 |                                 |                                 |                                 |
| 3,500 Interviews  |                                      |                                 |                                 |                                 |                                 |                                 |                                 |
| 4,000 Interviews  |                                      |                                 |                                 |                                 |                                 |                                 |                                 |

## Requirements

### Qualifications

A qualified applicant must possess the following in order to have their proposal considered and perform the service as described herein:

- 1) Have a minimum of 5 years of experience in the collection of interview surveys with a complex survey design via a computer-aided telephone interviewing process.
- 2) Experience weighting data collected from a complex survey design.
- 3) Experience collecting data from both landline and cellular telephone samples.
- 4) Experience collecting health survey data with highly sensitive topics.

### Proposal Requirements

- a. Each Applicant shall thoroughly examine the RFP. Failure to make such examinations will not relieve the Applicant from any obligation under the Applicant's Proposal as submitted, nor shall it serve as the basis for change orders or equitable adjustments. Clarification should be requested in all cases of apparent conflict or confusion regarding the RFP.
- b. Questions: It is the responsibility of the Applicant to promptly notify the Boston Public Health Commission's Research and Evaluation Office of questions, ambiguities, inconsistencies, errors, or omissions, which they may discover upon examination of the contract documents/specifications, the sites and the local conditions.
  - Requests: All requests for clarification and interpretation must be made in writing by email to [Research@bphc.org](mailto:Research@bphc.org) (subject: *BBRFSS Question*) and received by 4:00 PM on Monday, November 19, 2018.
  - Addenda: If necessary, interpretations, corrections and changes to this RFP may be made by the BPHC through an addenda which shall be part of the RFP. Clarifications and interpretations offered by BPHC in any form other than formal written addenda shall be invalid. Addenda will be issued online at [www.bphc.org/RFP](http://www.bphc.org/RFP). Applicants shall acknowledge Addenda by signing and including with Proposal. Failure of the Applicant to acknowledge addenda by signing and returning with the Proposal forms may cause rejection of the Proposal by the BPHC. Failure of the Applicant to receive any addenda shall not relieve it from any obligation under its Proposal as submitted.

## Preparation and Submission

- a. Completion of Forms: Use only the forms furnished with the RFP documents by the Boston Public Health Commission. Do not alter forms. Do not include any recaptulations of the proposed work. Do not provide any information not requested. Do not strike out, line out, write-out or erase any information. Complete all spaces provided. Do not leave any blanks. Include “N/A” in any space not needed or used.
- b. In writing the proposal, provide a clear and concise description of how the requirements can be met as set forth in the Scope of Services listed in the RFP including the Cost of Services (page 11) to indicate pricing. The Boston Public Health Commission is exempt from payment for Massachusetts sales tax and tax should not be included.
- c. The proposal must be typed with size 12 font and Titled: *2019 Boston Behavioral Risk Factor Survey*
- d. Do not bind proposals. Submit the following: one (1) original, signed in blue ink, two (2) additional color copies including appendix, numbered and unbound (one-sided for ease of copying), and a PDF file of proposal on a labeled USB flash drive.
- e. Review and sign the Submission Checklist (page 13) which contains all information required in the RFP to ensure inclusion of all requested information and forms.
- f. Proposal must be received in sealed envelope or box clearly labeled “Company Name, Address, 2019 Boston Behavioral Risk Factor Survey” by 4:00 PM on Monday, December 10, 2018 to:

Boston Public Health Commission  
Attn: Research and Evaluation Office  
1010 Massachusetts Avenue, Floor 2  
Boston MA 02118

*The responsibility for submitting a response to a proposal to the Boston Public Health Commission on or before the due date and time is solely and strictly the responsibility of the applicant. BPHC is in no way be responsible for delays caused by the United States Mail service or caused by any other occurrence. Fax or email proposals will not be accepted.*

- g. Proposal Withdrawal: Proposals May be withdrawn by email to [Research@bphc.org](mailto:Research@bphc.org) prior to date and time of Proposal opening. Withdrawn proposals may be resubmitted until date and time of Proposal opening.
- h. Proposals Rejection: The BPHC reserves the right to waive informalities in any or all Proposals; to reject any or all Proposals; to revise the RFP and re-request for proposals, if it is in the public’s interest to do so.
- i. Applicant must review the specifications of this RFP, prepare and submit all required documents in the order listed within the Submission Checklist. Proposal may be rejected if required documentation in specified order as indicated is not submitted.

## Terms of Service

- a. The Contract will be awarded within forty-five (45) days after receipt of Proposals (Saturdays, Sundays and legal Holidays excluded). No Proposal shall be considered selected until BPHC has issued a written Notice of Award sent by email or mail to the contact email address or address provided by the successful Applicant.
- b. Services are expected to be performed by the awarded vendor on or about January 1, 2019 to on or about June 30, 2020.
- c. The contract resulting from this RFP is formed when BPHC approves and signs the applicable Standard Contract. Service shall begin on the date of the contract start date agreed upon.
- d. All vendors who contract with Boston Public Health Commission must comply with the City of Boston Living Wage Ordinance.
- e. All work performed under the contract shall be performed by employees of the Applicant. The Applicant agrees to assume responsibility for the actions and conduct of any of its employees. The Boston Public Health Commission reserves the right to cancel the contract for any violation of BPHC policies.
- f. The Boston Public Health Commission is the local board of health for the City of Boston. As such, the BPHC is the holder of private medical information. This work may expose the awarded vendor such information. Therefore, BPHC requires the awarded vendor to sign a HIPAA Business Associate Agreement to protect the privacy of the clients of the BPHC.
- g. The following is required for invoice and payments:
  - Vendors must submit a typed or printed invoice; hand written invoices are not acceptable.
  - A valid Purchase Order Number must be obtained prior to preparing invoices. Purchase Orders must be typed or printed on each invoice.
  - All invoices must have a unique invoice number.
  - Invoices without the required information or documentation, will not be processed. The vendor will be informed in writing to revise and resubmit the invoice.
  - Invoice payments will be released within 30 days of the invoice date after approval by the authorized BPHC personnel.

**-THIS PAGE IS INTENTIONALLY LEFT BLANK-**

**Submission Checklist**

Submit the following; one (1) original signed in blue ink, two (2) additional color copies including all appendix, numbered and unbound and PDF file of proposal on a labeled USB flash drive with all required information, following in the order outlined below. Do **not** bind proposals.

| <b>Check when Complete</b> | <b>Proposal Documents</b>                | <b>Page</b> | <b>Signature Required where X</b> |
|----------------------------|--|-------------|-----------------------------------|
| <input type="checkbox"/>   | Cover Page                               | 14          | X                                 |
| <input type="checkbox"/>   | Submission Checklist                     | 13          | X                                 |
| <input type="checkbox"/>   | Business Profile                         | -           | -                                 |
| <input type="checkbox"/>   | Description of Service                   | -           | -                                 |
| <input type="checkbox"/>   | Cost of Service: Interviews              | -           | -                                 |
| <input type="checkbox"/>   | Non-Collusion Form & Tax Compliance Form | 16          | X                                 |
| <input type="checkbox"/>   | Reference Form                           | 15          | X                                 |
| <input type="checkbox"/>   | W-9 Form                                 | -           | X                                 |
| <input type="checkbox"/>   | All addenda <i>(if applicable)</i>       | -           | X                                 |

*Failure to submit all of the above information may result in disqualification from the review process.*

**Applicant Contact**

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## Cover Form

**Request for Proposal:** 2019 Boston Behavioral Risk Factor Survey

**Date Released:** November 13, 2018

Completion and submission of the cover form of the proposal information below indicates the intention of the applicant to comply with specifications, requirements, and terms of the Boston Public Health Commission's request for proposal.

This form serves as the cover page for proposals. Proposals will be rejected without Cover Form.

### Applicant Information

Company or Entity Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Taxpayer Identification #: \_\_\_\_\_

Vendor Classification:

*If applicable, please check the classifications and submit certification(s) in the proposal.*

Minority Owned Business Enterprise       Lesbian, Gay, Bisexual or Transgender Business Enterprise

Woman Owned Business Enterprise       Service-Disabled Owned Business Enterprise

Minority and Woman Business Enterprise       Veteran Owned Business Enterprise

Minority Women Non-Profit Organization       Disability Owned Business Enterprise

Minority Non-Profit Organization

### Applicant Contact

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_



## Reference Form

**Request for Proposal:** 2019 Boston Behavioral Risk Factor Survey

**Date Released:** November 13, 2018

### Applicant Information

Company / Entity Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

List three (3) service contracts related or similar to the scope of service as described within the past ten (10) years.

### Business Reference 1

Company or Entity: \_\_\_\_\_

Contact Name & Telephone: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_

Contract Start / End Date: \_\_\_\_\_

### Business Reference 2

Company or Entity: \_\_\_\_\_

Contact Name & Telephone: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_

Contract Start / End Date: \_\_\_\_\_

### Business Reference 3

Company or Entity: \_\_\_\_\_

Contact Name & Telephone: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_

Amount of Contract: \_\_\_\_\_

Contract Start / End Date: \_\_\_\_\_



## Non-Collusion Form & Tax Compliance Form

### Certificate of Non-Collusion

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

---

Signature of Individual submitting bid or proposal

---

Printed Name Individual submitting bid or proposal

---

Company or Entity Name

### Tax Compliance Certification

Pursuant to M.G.L. c. 62C, §49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

---

Signature of Individual submitting bid or proposal

---

Printed Name Individual submitting bid or proposal

---

Company or Entity Name

**BOSTON Behavioral Risk Factor Survey 2017**  
**SAMPLE Questionnaire**

**Behavioral Risk Factor Surveillance System  
2017 Questionnaire – Boston  
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## SAMPLE READ-IN: FRAME

1. Landline
2. Cell Phone

### Interviewer's Script

**Answering Machine message text** [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN AN ANSWERING MACHINE]:

Hello, my name is \_\_\_\_\_. I am calling on behalf of the Boston Public Health Commission to conduct an important study on the health of Boston residents. We will call again in the next few days to conduct the interview. If you have any questions, please call us at 844-544-0184 at your convenience. Thanks."

**Privacy Manager Message** [TO BE LEFT ON 1ST, 4TH, AND 9TH ATTEMPT RESULTING IN A PRIVACY MANAGER]: "(NAME) Calling on behalf of the Boston Public Health Commission"

### Interviewer's Script from Field Test

**//ASK ALL//**

#### INTRO1

HELLO, I'm calling for the Boston Public Health Commission. My name is       (name)      . We're gathering information on the health of Boston residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

- 01 Continue
- 02 Terminate Screen
- 14 Continue in Spanish

**//IF FRAME=2 (CELL PHONE)//**

**SAFE** Is this a safe time to talk with you?

- 01 Yes **[Go to TOWN]**
- 02 No **TERMINATE**
- 03 Respondent Says – They Do Not Live in Boston
- 04 Termination Screen
- 14 CONTINUE IN SPANISH

**//IF SAFE=03//**

**INTRO2** You may still be eligible to participate.

- 01 Continue to next question
- 07 Termination screen
- 09 Not a safe time/driving

**For Resumed Interviews and frame =1 (LANDLINE):**

**//if SEL NE 20 and calltype =1//**

**INTRO1**

**HELLO, I'm calling for the Boston Public Health Commission. My name is (name) . We're gathering information on the health of Boston residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices. This call may be monitored and recorded for quality control. When we called previously the computer randomly selected the <SEL1> 18 years of age or older to be interviewed.**

**May I please speak to him/her?**

**01 Transfer to respondent [go to newadult]**

**05 Selected on the line**

**02 Termination screen**

**14 CONTINUE IN SPANISH**

**//ASK ALL//**

**TOWN**

**I have just a few questions to find out if you are eligible for the study and any information you give me will be confidential.**

**What city or town do you live in?**

- 01 Boston
- 02 Allston
- 03 Brighton
- 04 Back Bay
- 05 Beacon Hill
- 06 Charlestown
- 07 Chinatown
- 08 Dorchester
- 09 Downtown
- 10 East Boston
- 11 Egleston Square
- 12 Fenway
- 13 Fields Corner
- 14 Hyde Park
- 15 Jamaica Plain
- 16 Mattapan
- 17 Mission Hill
- 18 North End
- 19 Readville
- 20 Roslindale
- 21 Roxbury
- 22 South Boston
- 23 South End
- 24 West End
- 25 West Roxbury
- 88 OTHER CITY/ TOWN/STATE
- 77 DON'T KNOW
- 99 REFUSED//ASK IF TOWN=88, 77, 99 (NON-BOSTON RESIDENT)//

**TERM2** “Thank you very much, but we are only interviewing Boston residents.” 1 Continue  
**//ASSIGN DISPO=26//**

*Qualified Level 1*

**//ASK IF TOWN=01-25//**

**ZIPCODE** What is your zip code where you live? [**If needed, say:** I mean the zip code of your residence, that is, where you live?]

|          |  |
|----------|--|
| 02 _ _ _ | Zip code   |
| 77777    | Don't know/not sure <b>S/O NON-BOSTON RESIDENT</b> |
| 99999    | Refused <b>S/O NON-BOSTON RESIDENT</b>             |

**[PLEASE NOTE: Boston zip codes are the following: 02108, 02109, 02110, 02111, 02113, 02114, 02115, 02116, 02118, 02119, 02120, 02121, 02122, 02124, 02125, 02126, 02127, 02128, 02129, 02130, 02131, 02132, 02134, 02135, 02136, 02163, 02199, 02210, 02215, 02467, 02101, 02112, 02117, 02123, 02133, 02137, 02196, 02201, 02205, 02211, 02212, and 02241**

**//ASK IF ZIPCODE ≠ 02108, 02109, 02110, 02111, 02113, 02114, 02115, 02116, 02118, 02119, 02120, 02121, 02122, 02124, 02125, 02126, 02127, 02128, 02129, 02130, 02131, 02132, 02134, 02135, 02136, 02163, 02199, 02210, 02215, 02467, 02101, 02112, 02117, 02123, 02133, 02137, 02196, 02201, 02205, 02211, 02212, 02241 //**

**ZIPCK** I just want to confirm, you said your zip code is [ZIPCODE]. Is that correct?

|    |   |
|----|---|
| 01 | Yes, correct zip code <b>//TERM3//</b>  |
| 02 | No, incorrect zip code <b>//REASK//</b> |

**//ASK IF ZIPCK=01//**

**TERM3** “Thank you very much, but we are not interviewing in your zip code today. You may receive a call again at some point in the future.” 1 Continue **//ASSIGN DISPO=27//**

*Qualified Level 2*

**//ASK IF ZIPCODE=02108, 02109, 02110, 02111, 02113, 02114, 02115, 02116, 02118, 02119, 02120, 02121, 02122, 02124, 02125, 02126, 02127, 02128, 02129, 02130, 02131, 02132, 02134, 02135, 02136, 02163, 02199, 02210, 02215, 02467, 02101, 02112, 02117, 02123, 02133, 02137, 02196, 02201, 02205, 02211, 02212, OR 02241 //**

**PVTRESID**

**IF FRAME=1, ASK:** Is this a private residence?

**IF FRAME=2, ASK:** Do you live in a private residence?

|         |                     |
|---------|---------------------|
| 01. Yes | <b>GO TO CELLPH</b> |
| 02. No  |                     |

**//ASK IF PVTRESID=2//**

**SOPVTRES** Thank you very much, but we are only interviewing private residences in Boston. 1 Continue **//ASSIGN DISP=28//**

*Qualified Level 3*

**//ASK IF PVTRESID=1//**

**CELLPH** Is this a cell phone?

[**Read only if necessary:** By cell phone we mean a telephone that is mobile and usable outside of your neighborhood.]

1. Yes
2. No

**CATI DUMMY QUESTION: AUTOPUNCH RESPONSE TO 'CELLFON'. IF CELLPH=1 (YES), CELLFON=2 (YES). IF CELLPH=2 (NO), CELLFON=1 (NO).**

**CELLFON**

- 1 No, not a cellular telephone. **GO TO RESPONDENT SELECTION**
- 2 Yes **ASK LANDLINE**

**//ASK IF CELLFON=2//**

**LANDLINE** Do you also have a landline telephone in your home that is used to make and receive calls?

**READ ONLY IF NECESSARY:** “By landline telephone, we mean a “regular” telephone in your home that is connected to outside telephone lines through a cable or cord and is used for making or receiving calls. Please include landline phones used for both business and personal use.”

**Interviewer Note:** Telephone service over the internet counts as landline service (includes Vonage, Magic Jack and other home-based phone services.).

PLEASE CONFIRM NEGATIVE RESPONSES TO ENSURE THAT RESPONDENT HAS HEARD AND UNDERSTOOD CORRECTLY.

- 1 YES **Go to PCTCELL**
- 2 NO **Go to RESPONDENT SELECTION**
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**IF "No", GO TO RESPONDENT SELECTION**

**IF "Don't Know" or "Refused",**

**TERM4 "Thank you for your time" //ASSIGN DISPO=29//**

**//ASK IF LANDLINE=1//**

**PCTCELL** Thinking about all the phone calls that you receive on your landline or cell phone, what percent, between 0 and 100, are received on your cell phone?

- \_\_\_ Enter Percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know/Not sure
- 9 9 9 Refused

**RESPONDENT SELECTION**

**CATI NOTE:**

- **IF CELLPH=1 (is a cell phone) continue;**
- **Otherwise go to Adult Random Selection**

**//ASK IF CELLPH=1 (CELL PHONE)//**

**CADULT** Are you 18 years of age or older?

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

- 1 YES
- 2 NO
- 7 DON'T KNOW / NOT SURE
- 9 REFUSED

**//ASK IF CADULT=1//**

**ASKGNDR2** I am required to verify your sex. Could you please tell me if you are a man or a woman?

- 21 Male //GO TO YOURTHE1//
- 22 Female //GO TO YOURTHE1//

**//ASK IF CADULT=7,9//**

**TERM5** Thank you very much for your time. 01 CONTINUE, **//TERM DISP = 30//**

**//ASK IF CADULT=2//**

**CADULT2**

Is there an adult that also uses this cell phone?

- 1 YES [GO TO CADULT3]
- 2 NO

**//ASK IF CADULT2=2// (no adult uses cell phone)**

**TERM6** Thank you very much, but we are only interviewing persons aged 18 or older at this time. 01 CONTINUE **// TERM DISP = 30//**

**//ASK IF CADULT2=1//**

**CADULT3**

May I speak with him or her?

- 1 SWITCHING TO RESPONDENT
- 2 RESPONDENT NOT AVAILABLE/CALLBACK

**/if CADULT3=1 GO TO INTRO1/**

**/if CADULT3=2 autocode 105, callback/**

**//ASK IF CELLFON=2 OR LANDLINE=2 OR PCTCELL=1-999//**

**Adult Random Selection**

**//DISPLAY IF CELLPH=2//:** 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?

**//DISPLAY IF CELLPH=1//:** [If needed say: For this study, households are first randomly selected in the area, and then one adult is selected in each household to be interviewed. It is important to the accuracy of the study that those selected for the study participate, because this is what ensures that the results will represent all Boston residents.]

**ADULTS**     \_\_\_     Number of adults [RANGE 0-18]

**//if CELLFON=1 AND ADULTS = 0 //**

**XX3**            I'm sorry we are only interviewing adult residents who are 18 years of age or older.

Thank you." **//IF ADULTS=0 ASSIGN DISPO 32//**

1. continue

**//ask if CELLFON=1 AND ADULTS = 1//**

**ONEADULT** Are you the adult?

01 YES

02            NO

**If "yes,"**

Then you are the person I need to speak with.

**//ASK IF ONEADULT=1//**

**ASKGNDR3** I am required to verify your sex. Could you please tell me if you are a man or a woman?

21            Male

22            Female

**//if CELLFON=1 AND ONEADULT=02//**

**ASKGENDR** Is the adult a man or a woman?

21            Male

22            Female

**//if CELLFON=1 AND ONEADULT=02//**

**GETADULT** May I speak with [fill in (him/her) from previous question]?

1            Yes, Adult coming to the phone.[GO TO NEWADULT]

2            No, not here (interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

**//ASK IF CELLFON=1 AND ADULTS>1//**

**MEN** How many of these adults are men  
— Number of men [RANGE 0-18]

**//ASK IF CELLFON=1 AND ADULTS>1//**

**WOMEN** ... and how many are women?  
— Number of women [RANGE 0-18]

**//if CELLFON=1 AND ADULTS>1//**

**NBIRTH** Among the adults in your household, may I please speak with the adult with the next birthday?

- 1 Yes, On the line [go to **yourthe1**]
- 2 Yes, Adult coming to the phone [ go to **NEWADULT**]
- 3 No, adult not available at this time [go to **GENDER**]

**//ask if nbirth = 3//**

**GENDER:**

[**READ IF NECESSARY**]

Is the adult a man or a woman?

- 21 Male
- 22 Female

(Interview will terminate) [INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]

**To the correct respondent:**

**//IF NBIRTH=2 OR GETADULT = 1//**

**NEWADULT**

HELLO, I'm calling for the Boston Public Health Commission. My name is \_\_\_\_\_. We're gathering information on the health of Boston residents. Your phone number has been chosen randomly, and I'd like to ask some questions about health and health practices.

1. Continue

**//ASK ALL//**

**YOURTHE1**

[Please read:] **I will not ask for your last name, address, or other personal information that can identify you. You do not have to answer any question you don't want to, and you can end the interview at any time. Any information you give me will be confidential.** This call may be monitored and recorded for quality control. **If you have any questions about the survey, I will provide a telephone number for you to call to get more information.**

[**If needed:** If you have any questions about this study, you can call the study director, Daniel Dooley, at the Boston Public Health Commission. His number is 617-534-2360. Your phone number will be erased from the data within two years from today.]

001 Person Interested, continue.

002

Go back to Adults question. WARNING: A NEW RESPONDENT WILL BE  
SELECTED AND YOU NEED A SUPERVISOR'S PASSWORD TO  
CONTINUE

Section 1: Health Status

---

**//ASK ALL//**

**1.1 (GENHLTH)**

Would you say that in general your health is—

**Please read:**

- 1     Excellent
- 2     Very good
- 3     Good
- 4     Fair

**Or**

- 5     Poor

**Do not read:**

- 7     Don't know / Not sure
- 9     Refused

**//ASK ALL//**

**1.2 (PHYSHLTH)**

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?

\_\_ \_\_ Number of days [RANGE 1-30]

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**//ASK ALL//**

**1.3 (MENTHLTH)**

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?

\_\_ \_\_ Number of days [RANGE 1-30]

- 8 8 None **[If PHYSHLTH and MENTHLTH = 88 (None), go to next**

**section]**

- 7 7 Don't know / Not sure
- 9 9 Refused

**//ASK IF NOT (1.2 AND 1.3 = 88)//**

**1.4 (POORHLTH)**

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?

| — | — | Number of days        |
|---|---|-----------------------|
| 8 | 8 | None                  |
| 7 | 7 | Don't know / Not sure |
| 9 | 9 | Refused               |

## Section 2: Sleep

---

**//ASK ALL//**

### 2.1

On average, how many hours of sleep do you get in a 24-hour period?

- \_\_\_ Number of hours [RANGE 1-24]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

## Section 3: Health Care Access

---

**//ASK ALL//**

### 3.1 (HLTHPLAN)

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- 1 Yes
- 2 No [Go to 3.3]
- 7 Don't know / Not sure [Go to 3.3]
- 9 Refused [Go to 3.3]

**//ASK IF 3.1 (HLTHPLAN)=1//**

### 3.2

What type of health care coverage do you use to pay for most of your medical care? Is it coverage through:

**Please read:**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, Masshealth, CommonHealth or Mass Health HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

**or**

- 08 Some other source

**Do not read:**

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

**PRE-3.3: ALL IN 3.2 SKIP to MEDCOST**

**//ASK IF 3.1 (HLTHPLAN) = 2,7,9//**

**3.3**

There are some types of coverage that you may not have considered. Please tell me if you have any of the following:

Coverage through: Coverage Code           — —

**Please read:**

- 01 Your employer
- 02 Someone else's employer
- 03 A plan that you or someone else buys on your own
- 04 Medicare
- 05 Medicaid, Masshealth, CommonHealth or Mass Health HMOs offered through Neighborhood Health Plan, Fallon Community Health Plan, BMC HealthNet, or Network Health
- 09 Commonwealth Care
- 06 The military, CHAMPUS, TriCare or the VA [or CHAMP-VA]
- 07 The Indian Health Service [or the Alaska Native Health Service]

**or**

- 08 Some other source

**Do not read:**

- 88 None
- 77 Don't know/Not Sure
- 99 Refused

**//ASK ALL//**

**3.4 (MEDCOST)**

Was there a time in the past 12 months when you needed to see a doctor but could not because of the cost?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**//ASK ALL//**

**3.5 (DRGCOST)**

Was there a time in the past 12 months when you did not take your medication as prescribed because of cost? Do not include over-the-counter (OTC) medication.

- 1 Yes
- 2 No

**Do not read:**

- 3 No medication was prescribed.

7 Don't know/Not sure  
9 Refused

**//ASK ALL//**

**3.6 (PERSDOC2)**

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

[If NO, ask: Is there MORE THAN ONE or is there NO person who you think of as your personal doctor or health care provider?]

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know/Not sure
- 9 Refused

**//ASK ALL//**

**3.7 (MEDHOME)**

When you are sick or need advice about your health, to which one of the following places do you usually go? Would you say: **[Please read]**

- 1 A public health clinic or community health center
- 2 A doctor's office
- 3 A hospital outpatient department
- 4 A hospital emergency room
- 5 Urgent care center
- 6 Some other kind of place **[PLEASE SPECIFY \_\_\_\_\_]**, OR
- 8 No usual place

**[Do not read]**

- 7 Don't know/Not sure
- 9 Refused

**//ASK IF 3.7 (MEDHOME) = 6//**

**3.7\_oth ENTER OTHER SPECIFY**

Section 4: Oral Health

---

**//ASK ALL//**

**4.1**

Do you have any kind of insurance coverage that pays for some or all of your routine dental care, including dental insurance, prepaid plans such as HMO's, or government plans such as Medicaid?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**//ASK ALL//**

**4.1a** Was there a time in the past 12 months when you needed to see a dentist but could not because of the cost?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**//ASK ALL//**

**4.2 (RMVTETH4)**

How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons, such as injury or orthodontics.

**NOTE: If wisdom teeth are removed because of tooth decay or gum disease, they should be included in the count for lost teeth.**

\_\_\_\_\_ Record Number of Teeth Lost (RANGE 1 TO 36)

- 66 All
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Section 5: Hypertension & Heart Health

---

**//ASK ALL//**

**5.1 (BPHIGH3)**

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

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

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

- 1 Yes
- 2 Yes, but female told only during pregnancy **[Go to 5.3 HRTATTK]**
- 3 No **[Go to 5.3 HRTATTK]**
- 4 Told borderline high or pre-hypertensive **[Go to 5.3 HRTATTK]**
- 7 Don't know / Not sure **[Go to 5.3 HRTATTK]**
- 9 Refused **[Go to 5.3 HRTATTK]**

**//ASK ALL//**

**5.3 (HRTATTK)**

Has a doctor, nurse, or other health professional EVER told you that you had a heart attack also called a myocardial infarction?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**5.4 (STROKE)**

Has a doctor, nurse, or other health professional EVER told you that you had a stroke?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 6: Diabetes

---

**//ASK ALL//**

**6.1 (DIABETE2)**

Have you ever been told by a doctor that you have diabetes?

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 Refused

Section 7: Sugar Sweetened Beverages

---

**//ASK ALL//**

**7.1T** Now I would like to ask you some questions about sugary beverages.

01 CONTINUE

**//ASK ALL//**

**7.1** During the past 30 days, how often did you drink regular soda or pop that contains sugar? Do not include diet soda or diet pop.

[Interviewer note: Please remind respondents to include regular soda that they mixed with alcohol.]

**Please read:** You can answer times per day, week or month; for example, twice a day, once a week and so forth.

- 1\_\_ \_\_ Times per day [RANGE = 101-199]
- 2\_\_ \_\_ Times per week [RANGE = 201-299]
- 3\_\_ \_\_ Times per month [RANGE = 301-399]
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**7.1A //ASK if [7.1#106-199,226-299,388-399]//**

INTERVIEWER: YOU RECORDED //insert response from 7.1//  
IS THAT CORRECT?

- 1 Yes, Correct as is
- 2 No, Re-ask question

**//ASK ALL//**

**7.2** During the past 30 days, how often did you drink sugar-sweetened fruit drinks (such as Kool-aid and lemonade), sweet tea, and sports or energy drinks (such as Gatorade and Red Bull)? Do not include 100% fruit juice, diet drinks, or artificially sweetened drinks. You can answer times per day, week, or month: for example, twice a day, once a week, and so forth.

- 1 \_\_ Times per day [RANGE = 101-199]
- 2 \_\_ Times per week [RANGE = 201-299]
- 3 \_\_ Times per month [RANGE = 301-399]

**Do Not Read**

- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**7.2A //ASK if [7.2#106-199,226-299,388-399]//**

INTERVIEWER: YOU RECORDED //insert response from 7.2//  
IS THAT CORRECT?

- 1 Yes, Correct as is
- 2 No, Re-ask question

Section 9: Water Consumption

---

**//ASK ALL//**

**9.1T**

**PLEASE READ:** Now I'd like you to think about all of the plain drinking water that you had yesterday regardless of where you drank it. By plain drinking water, I mean tap water or any bottled water that is not carbonated, with nothing added to it, not even lemon. 1 continue

**//ASK ALL//**

**9.1 (9.1)** How much plain drinking water did you drink yesterday?

**READ ONLY IF NEEDED:** Plain drinking water includes: Tap water, non-carbonated bottled water, spring water, well or cistern water. It does not include water used in making coffee, tea, or other drink mixes, water used to dilute beverages, water with anything added to it, such as lemon, or carbonated water, such as Perrier.

**PLEASE READ**

- 1 Less than 1 glass
- 2 1-2 glasses
- 3 3-4 glasses
- 4 5-6 glasses
- 5 More than 6 glasses
- 6 I did not drink water

- 7 Don't know/not sure
- 9 Refused

**//ASK IF 9.1=1-5, 7//**

**9.2** In thinking about the water you drank yesterday, which of the following best describes the water that you drank most often?

NOTE: Water from a fountain or bubbler is considered tap water. Water from a fountain or bubbler should only be considered filtered tap water if respondent knows it to be filtered.

**PLEASE READ**

- 1 Unfiltered tap water
- 2 Filtered tap water
- 3 Bottled water
- 4 Water from another source

**DO NOT READ**

- 7 Don't know/not sure
- 9 Refused

Section 10: Tobacco Use

---

**Please read:** Now I would like to ask you some questions about smoking.

**//ASK ALL//**

**10.1 (SMOKE100)** Have you smoked at least 100 cigarettes in your entire life?

**NOTE: 5 packs = 100 cigarettes**

- 1 Yes
- 2 No [Go to Q10.3]
- 7 Don't know / Not sure [Go to Q10.3]
- 9 Refused [Go to Q10.3]

**INTERVIEWER NOTE: "FOR CIGARETTES, DO NOT INCLUDE: ELECTRONIC CIGARETTES (E-CIGARETTES, NJOY, BLUETIP), HERBAL CIGARETTES, CIGARS, CIGARILLOS, LITTLE CIGARS, PIPES, BIDIS, KRETEKS, WATER PIPES (HOOKAHS), OR MARIJUANA."**

**//ASK IF 10.1 = 1//**

**10.2 (SMOKDAY2)** Do you now smoke cigarettes every day, some days, or not at all?

- 1 Everyday
- 2 Some days
- 3 Not at all

- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**10.3** Do you currently use cigars, cigarillos or little cigars, for example, Black and Milds, Game, Dutchmaster, every day, some days, or not at all?

- 1 Everyday
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**10.4** Thinking about the past 7 days, about how many hours a week were you exposed to other people's tobacco smoke when you were at home?

- \_\_\_ Number of hours per week [76 = 76 or more]
- 01 An hour or less per week, but more than none
- 88 None
- 77 Don't know
- 99 Refused

Section 11: Demographics

---

**//ASK ALL//**

**11.1 (AGE)** What is your age?

- \_\_\_ Code age in years **GO TO Q11.2**
- 0 7 Don't know / Not sure **GO TO Q11.2**
- 0 9 Refused

**//ASK IF 11.1=9//**

**11.1a** In which of these age categories do you belong? **[READ LIST]**

- 1 18-24
- 2 25-29
- 3 30-39
- 4 40-49
- 5 50-59
- 6 60-69
- 7 70-79
- 8 80 or older

**Do not read:**

- 77 Don't Know / Not Sure
- 99 Refused

**//ASK ALL//**

**11.2** [Among male respondents:] Are you Hispanic or Latino?  
 [Among female respondents:] Are you Hispanic or Latina?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**//MUL=6//**

**11.3 (MRACE)**

Which one or more of the following would you say is your race?  
**(Check all that apply)**

**Please read:**

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

**Or**

- 6 Other [specify]\_\_\_\_\_

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**//ASK IF 11.3 = 6//**

**11.3oth ENTER OTHER SPECIFY**

**//ASK IF (11.2=2 AND 11.3=6 ONLY) OR (11.2=2 AND 11.3=7-9)**

**11.3pa** How do you identify your ethnicity, ancestry or heritage?

- 1 Gave response
- 7 Don't know / Not sure
- 9 Refused

**//ASK IF (11.2=2 AND 11.3=6 ONLY AND 11.3preanc=1) OR (11.2=2 AND 11.3=7-9 AND 11.3preanc=1)//**

**11.3anc** How do you identify your ethnicity, ancestry or heritage?

**11.3a\_1 //REQUIRED [SPECIFY] \_\_\_\_\_**

**11.3a\_2 //NOT REQUIRED [SPECIFY] \_\_\_\_\_**

**11.3a\_3 //NOT REQUIRED [SPECIFY] \_\_\_\_\_**

**CATI Note: If more than one response to 11.3 (MRACE), continue. Otherwise, go to pre-Q11.5**

**//ASK IF 11.3 = MUL//**

**//MUL=6//**

**11.4 (ORACE2)**

Which one of these groups would you say best represents your race?

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander

5 American Indian or Alaska Native

6 Other [specify]\_\_\_\_\_

**Do not read:**

7 Don't know / Not sure

9 Refused

**//ASK IF 11.3=1-3**

**11.5** Now I will ask how you identify your ethnicity, ancestry or heritage. Are you... ?  
[CHECK ALL THAT APPLY]

**//If 11.2=1 display 1-7 and 33**

**//If 11.3=1 display 26-32 and 33**

**//If 11.3=2 display 18-23 and 33**

**//If 11.3=3 display 10-16 and 33**

(Hispanic/Latino ethnicity/heritage) **//mul=7//**

- 1 Columbian
- 2 Dominican
- 3 Guatamalan
- 4 Honduran
- 5 Mexican
- 6 Puerto Rican
- 7 Salvadorian

(Asian ethnicity/heritage) **//mul=7//**

- 10 Asian Indian
- 11 Cambodian
- 12 Chinese
- 13 Filipino
- 14 Japanese
- 15 Korean
- 16 Vietnamese

(Black ethnicity/heritage) **//mul=6//**

- 18 African American
- 19 Barbadian
- 20 Cape Verdean
- 21 Haitian
- 22 Jamaican
- 23 Nigerian

(White ethnicity/heritage) **//mul=7//**

- 26 Irish
- 27 Italian
- 28 English
- 29 German
- 30 Polish
- 31 Russian
- 32 French

(ASKED of all ancestry respondents)

- 33 Other [PLEASE SPECIFY]

**[DO NOT READ]**

- 77 Don't Know/Not Sure

**//ASK IF 11.5=33//**

**11.5po INTERVIEWER NOTE: [DO NOT READ] Did respondent give a response for 33- Other ethnicity, ancestry or heritage?**

- 1 Gave response
- 7 Don't know / Not sure
- 9 Refused

**//ASK IF 11.5po=1//**

**11.5o\_1 ENTER OTHER SPECIFY**

**//REQUIRED** [SPECIFY] \_\_\_\_\_

**11.5o\_2 //NOT REQUIRED** [SPECIFY] \_\_\_\_\_

**11.5o\_3 //NOT REQUIRED** [SPECIFY] \_\_\_\_\_

**//ASK ALL//**

**11.6** Were you born in the mainland United States or somewhere else? (If somewhere else, probe for place of birth.)

|                          |    |               |    |
|--------------------------|----|---------------|----|
| Mainland US [Go to 11.7] | 01 | Japan         | 40 |
| Puerto Rico              | 02 | Kenya         | 41 |
| Algeria                  | 03 | Liechtenstein | 42 |
| Argentina                | 04 | Malaysia      | 43 |
| Australia                | 05 | Mexico        | 44 |
| Austria                  | 06 | Morocco       | 45 |
| Belgium                  | 07 | Netherlands   | 46 |
| Belize                   | 08 | New Zealand   | 47 |
| Bolivia                  | 09 | Nicaragua     | 48 |
| Brazil                   | 10 | Nigeria       | 49 |
| Cameroon                 | 11 | Norway        | 50 |
| Chile                    | 12 | Panama        | 51 |
| China                    | 13 | Paraguay      | 52 |
| Colombia                 | 14 | Peru          | 53 |
| Costa Rica               | 15 | Philippines   | 54 |
| Czechoslovakia           | 16 | Poland        | 55 |
| Denmark                  | 17 | Portugal      | 56 |
| Dominican Republic       | 18 | Romania       | 57 |
| Ecuador                  | 19 | Russia        | 58 |
| Egypt                    | 20 | Saudi Arabia  | 59 |
| El Salvador              | 21 | Singapore     | 60 |
| Ethiopia                 | 22 | South Africa  | 61 |
| Finland                  | 23 | South Korea   | 62 |
| France                   | 24 | Spain         | 63 |
| Germany                  | 25 | Sweden        | 64 |
| Greece                   | 26 | Switzerland   | 65 |
| Guam                     | 27 | Taiwan        | 66 |
| Guatemala                | 28 | Tanzania      | 67 |
| Haiti                    | 29 | Thailand      | 68 |

|           |    |    |                |                 |
|-----------|----|----|----------------|-----------------|
| Honduras  | 30 |    | Tunisia        | 69              |
| Hong Kong |    | 31 | Turkey         | 70              |
| Hungary   | 32 |    | United Kingdom | 71              |
| India     | 33 |    | Uruguay        | 72              |
| Indonesia | 34 |    | Venezuela      | 73              |
| Iran      | 35 |    | Vietnam        | 74              |
| Iraq      | 36 |    | US: Alaska     | 75 [Go to 11.7] |
| Ireland   | 37 |    | US: Hawaii     | 76 [Go to 11.7] |
| Israel    | 38 |    |                |                 |
| Italy     | 39 |    | DK/not sure    | 77              |
| Jamaica   | 78 |    | Other(specify) | 88              |
|           |    |    | Refused        | 99              |

**[11.6 is on two screens. if a DK or Refused response the first screen of 11.6, skip to 11.7. If a DK or Refused response on the second screen of 11.6 (which country specifically were you born) go to 11.6a.]**

**//ASK IF 11.6 = 88//**

**11.6\_oth                    ENTER OTHER SPECIFY**

**//ASK IF 11.6 = 02-74 or 11.6= 78, 88//**

**11.6a** How many years have you lived in this country?

- \_\_\_\_ Years (round fractions up) [RANGE 0-76] [76 = 76 or more]  
7 7 Don't know/not sure  
9 9 Refused

**//ASK IF (11.6a = 01-76 and 11.1 AGE = 18-99) AND (11.6a > 11.1 AGE)//**

**11.6\_ck (UPDTAG)**

I'm sorry, you indicated you were {CATI: fill-in response from 11.1 AGE} years old, and you stated you have lived in this country for {CATI: fill-in response from 11.6a} years which is greater than your age. Which is correct?

- 01** Years in country is correct (Update age) **GO TO 11.1 AGE**  
**02** Age is correct (Update years in country) **GO TO 11.6a**  
**03** Refused **CONTINUE**

**//ASK ALL//**

**11.7** What is the primary language spoken in your home?

- 1 English  
2 Spanish  
3 Portuguese or Portuguese Creole  
4 Chinese  
5 Vietnamese  
6 Haitian Creole  
8 Cambodian/Khmer  
10 Italian  
11 Russian  
12 Other (specify) \_\_\_\_\_  
77 Don't know/not sure  
99 Refused

**//ASK IF 11.7 = 12//**

**11.7\_oth** ENTER OTHER SPECIFY

**//ASK ALL//**

**11.8 (MARITAL)**

Are you?

**Please read:**

- 1 Married  
2 Divorced  
3 Widowed  
4 Separated  
5 Never married

**Or**

6 A member of an unmarried couple living together

**Do not read:**

9 Refused

**//ASK ALL//**

**11.9** If you have children less than 18 years of age living in your household, going from OLDEST to YOUNGEST, what are their current ages? [READ AS NEEDED: The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth.]

**[Record up to 9 people.]**

\_\_\_ \_\_\_ Code ages [RANGE 1-17]

11.9\_1 What is the age of the oldest child – Child #1

11.9\_2 What is the age of the second oldest child – Child #2 [Etc.]

0 0 <1 year

8 8 None/No more

9 8 Don't know/not sure

9 9 Refused

**//ASK IF Q11.9 iteration/child X<88 AND 11.9 iteration/child X-1 IS LESS THAN 11.9 iteration/child X//**

**11.9CHK** I need to record the ages of the children younger than 18 living in your household going from the OLDEST child to the YOUNGEST child. I will re-ask these questions. To begin, I will ask for the age of the household's OLDEST child.

1. Re-Ask 11.9 **GO BACK TO 11.9**

**//ASK ALL//**

**11.10** What is the highest grade or year of school you completed?

**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 Some college or technical school (1 year to 3 years of college or Associate's degree)

6 College graduate (4 to 5 years college ending in Bachelor's degree)

8 Some graduate school or graduate degree (such as Masters, Doctorate,

MD)

**Do not read:**

9 Refused

**//ASK ALL//**

**11.11 (EMPLOY)**

Are you currently?

**Please read:**

- 01 Employed full-time for wages
- 10 Employed part-time for wages
- 02 Self-employed
- 03 Out of work for 1 year or more
- 04 Out of work for less than 1 year
- 05 A Homemaker
- 06 A Student
- 07 Retired

**Or**

- 08 Unable to work

**Do not read:**

- 09 Refused

**//ASK ALL//**

**11.12 (RENTHOM1)**

Do you own or rent your home?

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

**Read only if necessary:**

- 1 Own
- 2 Rent
- 3 Other arrangement

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**11.13 (INCOME)**

Is your annual household income from all sources? 1. Continue

[INTERVIEWER NOTE: If respondent asks why income information is needed or initially refuses PLEASE READ: This information is very useful in helping us understand the relationship between health and financial resources. Please remember that the information you provide is strictly confidential and not linked to your name.]

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

**Read as appropriate:**

**//ASK ALL//**

**11.13A[04]** Less than \$25,000 (\$20,000 to less than \$25,000)

- 1 Yes

- 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," ask 05; if "yes," ask 03]

**//ASK IF 11.13A = 1//**

**11.13B [03]** Less than \$20,000 (\$15,000 to less than \$20,000)

- 1 Yes
  - 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," code 04; if "yes," ask 02]

**//ASK IF 11.13B = 1//**

**11.13C[02]** Less than \$15,000 (\$10,000 to less than \$15,000)

- 1 Yes
  - 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," code 03; if "yes," ask 01]

**//ASK IF 11.13C = 1//**

**11.13D [01]** Less than \$10,000

- 1 Yes
  - 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," code 02]

**//ASK IF 11.13A = 2//**

**11.13E [05]** Less than \$35,000 (\$25,000 to less than \$35,000)

- 1 Yes
  - 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," ask 06]

**//ASK IF 11.13E = 2//**

**11.13F [06]** Less than \$50,000 (\$35,000 to less than \$50,000)

- 1 Yes
  - 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," ask 07]

**//ASK IF 11.13F = 2//**

**11.13G [07]** Less than \$75,000 (\$50,000 to less than \$75,000)

- 1 Yes
  - 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," ask 08]

**//ASK IF 11.13G = 2//**

**11.13H [08]** Less than \$100,000 (\$75,000 to less than \$100,000)

- 1 Yes
  - 2 No
  - 7 Don't Know
  - 9 Refused
- [If "no," ask 09]

**//ASK IF 11.13H = 2//**

**11.13I [09]** \$100,000 or more

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**//ASK ALL//**

**P11.14**

About how much do you weigh without shoes?  
ENTER "P" FOR WEIGHT GIVEN IN POUNDS  
ENTER "K" FOR WEIGHT GIVEN IN KILOGRAMS

P pounds  
K kilograms

- 7 Don't Know
- 9 Refused

**//ASK IF 11.14 = P//**

**11.14 (WEIGHT2)**

About how much do you weigh without shoes?  
**DP NOTE: If respondent answers in metrics, put "9" in column //**

**Round fractions up**

— — — — Weight  
(pounds) [Range 50-776,]

**//ASK IF 11.14 =50-79 OR 351-776//**

**11.14\_A:** Just to double-check, you indicated \:11.14: pounds as your weight.

IS THIS CORRECT?

1. Yes
2. No [go back to 11.14]

**//ASK IF 11.14 = K//**

**11.14M** About how much do you weigh without shoes?

**NOTE: If respondent answers in metrics, put “9” in column //.**

**Round fractions up**

— — — Weight(kilograms) [Range 23-352,]

**//ASK IF S7Q19M = 23-352 AND PS7Q19 = “K”//**

**11.14am:** Just to double-check, you indicated \:11.14m: kilograms as your weight.

IS THIS CORRECT?

1. Yes
2. No, [go back to 11.14m]

**//ASK ALL//**

**P11.15** About how tall are you without shoes?

ENTER "F" FOR HEIGHT GIVEN IN FEET  
ENTER "M" FOR HEIGHT GIVEN IN CENTIMETERS

F feet  
M centimeters  
  
7 Don't Know  
9 Refused

**//ASK IF P11.15=F//**

**11.15 (HEIGHT3)**

About how tall are you without shoes?

**NOTE: If respondent answers in metrics, put "9" in column 121.**

**Round fractions down**  
**[Enter height in Feet and Inches]**  
**[Ex: 5 feet 9 inches would be entered as 509]**

\_\_ / \_\_ Height[Range 300-311, 400-411, 500-511, 600-611, 700-711]

**//ASK IF 11.5= 300-407, 609-711]**

**11.5a:** Just to double check, you indicated you are //enter feet from 11.15// FEET //enter inches from 11.15// INCHES TALL.

IS THIS CORRECT?

1. Yes
2. No, go back to 11.15

**//ASK IF 11.15 = M//**

**11.15M** About how tall are you without shoes?

**NOTE: If respondent answers in metrics, put "9" in column //.**

**Round fractions down**  
**[Enter height in centimeters]**  
**[Ex: 2 meters 5 centimeters would be entered as 205]**

--- Height[Range 90-254]

**//ASK IF 11.15M = 90-254 AND P11.15=M//**

**11.15am:** Just to double check, you indicated you are //11.15m// centimeters tall.

IS THIS CORRECT?

1. Yes

2 No [go back to 11.15m]

**//ASK ALL//**

**11.16** Are you...

**Please read:**

- Housing
- 1 a public housing resident living in a building owned by the Boston  
Authority
- any 2 part of a household that receives rental assistance, such as "Section 8" or  
other rental assistance program
- 3 neither of the above

**Do not read:**

- 7 Don't know
- 9 Refused

**11.16ck** [If 11.12 (RENTHOM1)=1 and 11.16= 1 OR 2 please read:]

I'm sorry earlier you told me that you own your home, and now you stated that you live in public housing or receive rental assistance. Which is correct?

- 01 Live in public housing is correct (Update home ownership) **GO TO 11.12**
- 02 Own home is correct (Update public assistance status) **GO**
- TO 11.16**
- 03 Refused **CONTINUE**

**//ASK ALL//**

**11.17 (NUMHHOL2)**

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.

- 1 Yes
- 2 No [Go to CPDEMO1]
- 7 Don't know / Not sure [Go to CPDEMO1]
- 9 Refused [Go to CPDEMO1]

**//ASK IF 11.17=1//**

**11.17a (NUMPHON2)**

How many of these phone numbers are residential numbers?

- Residential telephone numbers [**6=6 or more**]
- 7 Don't know / Not sure
- 9 Refused

**//ASK IF CELLPH=2 (not a cell phone)//**

**11.18 (CPDEMO1)**

Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

- 1 Yes
- 2 No [Go to SEX]
- 7 Don't know / Not sure
- 9 Refused [Go to SEX]

**//ASK IF CELLPH=2 (not a cell phone) and 11.18=1,7//**

**11.18a (CPDEMO4)**

Thinking about all the phone calls that you receive on your landline and cell phone, what percent, between 0 and 100, are received on your cell phone?

- — — Enter percent (1 to 100)
- 8 8 8 Zero
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

**//ASK IF GENDER=21 or 22//**

**11.19 (SEX)**

[This question should be asked of all respondents where sex is not verified in screening process. – IF NUMADULT>1] I am required to verify your sex. Could you please tell me if you are a man or a woman?

- 1 Male
- 2 Female

**//IF SELECTED GENDER NE 11.19//**

**11.19CK**

INTERVIEWER: Are you sure the respondent is **//INSERT RESPONSE FROM s11q19//**?  
The respondent selected was **//INSERT RESPONSE FROM GENDER//**.

You need to go back and correct the mistake.  
[PRESS ENTER TO CONTINUE ... ]

**CATI Note: If respondent is a male, or if respondent is a female age 50 years old or older, go to 11.21.**

**//ASK IF (11.19=2 OR ASKGNDR2=22 OR ASKGENDR=22 OR ASKGNDR3=22) AND (11.1=07, 18-49 OR 11.1a=1-4,77,99)**

**11.20 (PREGNANT)** To your knowledge, are you now pregnant?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**11.21T** The next question is about sexual orientation.

1 Continue

**//ASK ALL//**

**11.21** Do you consider yourself to be:

**Please read:**

- 1 A) Straight or heterosexual
- 2 B) Gay, lesbian, or homosexual
- 3 C) Bisexual or
- 4 D) Something else [Other specify\_\_\_\_\_]

**Do not read:**

- 7 Don't Know/Not Sure
- 9 Refused

[**Additional information for interviewers:** If respondent requires further definition of the terms heterosexual, homosexual/gay/lesbian, and/or bisexual, please read the appropriate definition(s) as below:

**Heterosexual:** A person who has sex with and/or is primarily attracted to people of the opposite sex.

**Homosexual/Gay/Lesbian:** A person who has sex with and/or is primarily attracted to people of the same sex.

**Bisexual:** A person who has sex with and/or is attracted to people of either sex.]

**//ASK IF 11.21=4//**

**11.21o** ENTER OTHER SPECIFY

**//ASK ALL//**

**11.22T** 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 and may live as a woman.

1 Continue

**//ASK ALL//**

**11.22** Do you consider yourself to be transgender?  
IF YES, ASK "DO YOU CONSIDER YOURSELF TO BE A) MALE-TO-FEMALE, B) FEMALE-TO-MALE, OR C) GENDER NON-CONFORMING?"

- 1 Yes, Transgender, male-to-female
- 2 Transgender, female to male
- 3 Yes, Transgender, gender nonconforming
- 4 No
- 7 Don't know/not sure
- 9 Refused

**[NOTE:** Additional Information for interviewers 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.]

**//ASK ALL//**

**[Interviewer: DO NOT READ!]**

**Lang1.** In what language was this interview completed?

- 1 English
- 2 Spanish

Section 12: Depression/Anxiety

---

**//ASK ALL//**

**12.1T** Now, I am going to ask you some questions about how you have been feeling lately.

- 1 Continue

**//ASK ALL//**

**12.1** During the past 30 days, for about how many days have you felt worried, tense, or anxious?

- \_\_ \_\_ Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

**//ASK ALL//**

**12.2** During the past 30 days, for about how many days have you felt sad, blue, or depressed?

- \_\_ \_\_ Number of days
- 8 8 None
- 7 7 Don't know/Not sure
- 9 9 Refused

**//ASK ALL//**

**12.3** During the past year, have you received professional counseling or any kind of treatment, including medication, for sadness or depression?

**NOTES TO INTERVIEWERS:**

If respondent says they are on medication for depression, code as "YES".

If respondent says they have had just one counseling session, code as "YES".

Talking with clergy, social worker, school counselor, physician = "YES".

Talking with family, friend, teacher, lawyer = "NO".

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused



Section 13: Physical Activity

---

**//ASK ALL//**

**13.1T** The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

**INTERVIEWER INSTRUCTION: If respondent does not have a “regular job duty” or is retired, they may count the physical activity or exercise they spend the most time doing in a regular month.**

1 Continue

**//ASK ALL//**

**13.1** 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?

- 1 Yes
- 2 No [Go to Q13.8]
- 7 Don't know / Not sure [Go to Q13.8]
- 9 Refused [Go to Q13.8]

**//ASK IF 13.1=1//**

**13.2** What type of physical activity or exercise did you spend the most time doing during the past month?

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as “Other “.**

- (Specify) [See Coding List A]
- 9 7 Don't know / Not Sure [Go to Q13.8]
- 9 9 Refused [Go to Q13.8]

**//ASK IF 13.2 NE MISSING AND 13.2 NE 77, 99//**

**13.2CK**

INTERVIEWER: YOU'VE CHOSEN \_\_\_\_\_

IS THAT CORRECT?

- 1 YES
- 2 NO - GO BACK AND CHANGE RESPONSE

**//ASK IF 13.2=98//**

**13.2o** Enter Other Activity \_\_\_\_\_

**//ASK IF 13.2<97//**

**13.3** How many times per week or per month did you take part in this activity during the past month?

- 1\_\_ Times per week [range 101-150]
- 2\_\_ Times per month [range 201-250]
- 777 Don't know / Not sure
- 999 Refused

**//ASK IF 13.2<97//**

**13.4** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- \_:\_\_ Hours and minutes [RANGE = 1-59,100-159,200-259,300-359,400-459,500-559,600-659,700-759,800-859,900-959]
- 777 Don't know / Not sure
- 999 Refused

**//ASK IF 13.2 NE MISSING AND 13.2 NE 77 99//**

**13.5** What other type of physical activity gave you the next most exercise during the past month?

**INTERVIEWER INSTRUCTION: If the respondent's activity is not included in the Coding List A, choose the option listed as "Other".**

- \_\_ (Specify) [See Coding List A]
- 88 No other activity [Go to Q13.8]
- 97 Don't know / Not Sure [Go to Q13.8]
- 99 Refused [Go to Q13.8]

**//ASK IF 13.5 NE MISSING AND 13.5 NE 77, 99//**

**13.5CK**

INTERVIEWER: YOU'VE CHOSEN \_\_\_\_\_

IS THAT CORRECT?

- 1 YES
- 2 NO - GO BACK AND CHANGE RESPONSE

**//ASK IF 13.5=98//**

**13.5o** Enter Other Activity \_\_\_\_\_

**//ASK IF 13.5 NE MISSING AND 13.5 NE 77, 88, 99//**

**13.6** How many times per week or per month did you take part in this activity during the past month?

- 1\_\_ Times per week [range 101-199]
- 2\_\_ Times per month [range 201-299]
- 777 Don't know / Not sure
- 999 Refused

**//ASK IF 13.5 NE MISSING AND 13.5 NE 77, 88, 99//**

**13.7** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

  :     Hours and minutes [range=1-959]

7 7 7 Don't know / Not sure

9 9 9 Refused

**//ASK ALL//**

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

- 1\_\_ Times per week [range 101-199]
- 2\_\_ Times per month [range 201-299]
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Section 14: Asthma

---

**//ASK ALL//**

**14.1 (ASTHMA2)**

Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]
- 9 Refused [Go to next section]

**//ASK IF 14.1=1//**

**14.2 (ASTHNOW)**

- Do you still have asthma?
- 1 Yes
  - 2 No
  - 7 Don't know / Not sure
  - 9 Refused

Section 15: Falls

---

**CATI NOTE: If respondent is 45 years or older continue, otherwise go to next section.**

**//ASK IF 11.1=60-99 or 11.1a=6-8//**

**15.1T** Next, I will ask about recent falls. By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level. 1. Continue

**//ASK IF 11.1>59//**

**15.1 (TIMEFALL)**

In the past 12 months, how many times have you fallen?

- \_ \_ Number of times [76 = 76 or more]
- 8 8 None [Go to next section]
- 7 7 Don't know / Not sure [Go to next section]
- 9 9 Refused [Go to next section]

**//ASK IF 15.1=1//**

**15.2A**

Did this fall cause an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK IF 15.2A=2-76//**

**//DATA PROCESSOR: IF 15.1=1 AND 15.2a=1, SET 15.2=1. IF 15.1=1 AND 15.2a=2, SET 15.2=88//**

**15.2 (FALLINJR)**

How many of these falls caused an injury? By an injury, we mean the fall caused you to limit your regular activities for at least a day or to go see a doctor.

- \_ \_ Number of falls [76 = 76 or more]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

**Section 16: Alcohol & Drug Use**

---

**//ASK ALL//**

**16.1T** Now on a different topic,

- 1 Continue

**//ASK ALL//**

**16.1 (ALCDAY4)**

During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage or liquor?

- 1\_\_ \_\_ Days per week [range 101-107]
- 2\_\_ \_\_ Days in past 30 days [range 201-230]
- 8 8 8 No drinks in past 30 days [Go to PRE-NARC2]
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused [Go to PRE-NARC2]

PROGRAMMER NOTE: S16Q1 not missing – assign flag16 = 1

**//ASK IF 16.1 ne (888, 999)//**

**16.2 (AVEDRNK2)**

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

**INTERVIEWER NOTE:** 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 01-76]  
7 7 Don't know / Not sure  
9 9 Refused

**IF: \*\*\*(16.2#12-76)\*\*\***

**16.2CK**

Just to clarify, you said that you consume X drinks per day." 1  
Correct as is  
2 No, Re-ask question

**//ASK IF 16.1 ne 888, 999//**

**16.3 (DRNK3GE5)**

Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X=5 for men, X=4 for women] or more drinks on an occasion?

**INTERVIEWER NOTE:** If asked, "occasion" means in a row or within a few hours.

\_\_ \_\_ Number of times [range 01-76]  
8 8 None  
7 7 Don't know / Not sure  
9 9 Refused

**IF: \*\*\*(16.3#16-76)\*\*\***

**16.3CK**

Just to clarify, you said that you consume X drinks per day."  
Is this correct?

1 Correct as is  
2 No, Re-ask question

**//ASK ALL//**

**16.4 (NARC2)**

Non-medical drug use includes any use that was not prescribed by a health care professional, or drug use to get high or experience pleasurable effects, to see what the effects are like, or use with friends.

Have you taken prescription pain killers such as OxyContin, oxycodone, hydrocodone, morphine or other narcotics for non-medical purposes during the past year?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

16.5 Have you ever used marijuana or hashish?

- 1 Yes
- 2 No [Go to next section]
- 7 Don't Know/Not Sure [Go to next section]
- 9 Refused [Go to next section]

**//ASK IF 16.5=1//**

16.6 During the past 30 days, on how many days did you use marijuana or hashish?

- \_\_\_ Number of days [1-30]
- 88 None [Go to next section]
- 77 Don't know/Not sure
- 99 Refused

**//ASK IF 16.6=1-30 OR 77 OR 99//**

16.7 When you used marijuana or hashish during the past 30 days, was it for medical reasons to treat or decrease symptoms of a health condition, or was it for non-medical reasons to get pleasure or satisfaction (such as: excitement, to “fit in” with a group, increase awareness, to forget worries, for fun at a social gathering).

- 1 Only for medical reasons to treat or decrease symptoms of a health condition
- 2 Only for non-medical purposes to get pleasure or satisfaction
- 3 Both medical and non-medical reasons
- 7 Don't know/Not sure
- 9 Refused

**//ASK IF 16.6=1-30 OR 77 OR 99//**

16.8 During the past 12 months, did any of the following happen because you were using or had used marijuana?

**[INTERVIEWER: PLEASE READ AND PLEASE SELECT ALL THAT APPLY. IF RESPONDENT SAYS “NO” TO ALL, CODE AS (5)/NONE OF THESE.]**

- 1 Missed work or school
- 2 Injured yourself
- 3 Had a “bad trip” or panic attack
- 4 Needed to visit a doctor or hospital for any care for yourself
- 5 None of these
- 7 Don't know/Not sure
- 9 Refused

**CATI note: If respondent is male, go to the next section.**

**//ASK IF 11.19=2 OR ASKGNDR2=22 OR ASKGENDR=22 OR ASKGNDR3=22//**

**17.1T** The next questions are about women's health.

1 Continue

**//ASK IF 11.19=2 OR ASKGNDR2=22 OR ASKGENDR=22 OR ASKGNDR3=22//**

**17.1 (HADPAP2)**

A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- 1 Yes
- 2 No [Go to pre-HADMAM instruction]
- 7 Don't know / Not sure [Go to pre-HADMAM instruction]
- 9 Refused [Go to pre-HADMAM instruction]

**//ASK IF 17.1=1//**

**17.2 (LASTPAP2)**

How long has it been since you had your last Pap test?

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 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

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**Pre-HADMAM CATI Instruction:** Go to next section if respondent age less than 40 years. Otherwise proceed.

**//ASK IF (11.19=2 OR ASKGNDR2=22 OR ASKGENDR=22 OR ASKGNDR3=22), AND (11.1=40-99 OR 11.1a=4-8)//**

**17.3 (HADMAM)**

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- 1 Yes
- 2 No [Go to next section]
- 7 Don't know / Not sure [Go to next section]

9 Refused

[Go to next section]

**//ASK IF 17.3=1//**

**17.4 (HOWLONG)**

How long has it been since you had your last mammogram?

**Read only if necessary:**

- 1 Within the past year (anytime less than 12 months ago)
- 2 Within the past 2 years (1 year but less than 2 years ago)
- 3 Within the past 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

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

Section 18: Colorectal Cancer Screening

---

**CATI Note: If respondent is  $\leq$  49 years of age, go to next section.**

**//ASK IF (11.1=50-99 OR 11.1a=5-8)//**

**18.1T** The next questions are about colorectal cancer screening.

**//ASK IF (11.1=50-99 OR 11.1a=5-8)//**

**18.1 (HADSIGM3)**

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?

- |   |                       |                      |
|---|-----------------------|----------------------|
| 1 | Yes                   |                      |
| 2 | No                    | [Go to next section] |
| 7 | Don't know / Not sure | [Go to next section] |
| 9 | Refused               | [Go to next section] |

**//ASK IF 18.1=1//**

**18.2 (LASTSIG3)**

How long has it been since you had your last sigmoidoscopy or colonoscopy?

**Read only if necessary:**

- |   |   |
|---|---|
| 1 | Within the past year (anytime less than 12 months ago)        |
| 2 | Within the past 2 years (1 year but less than 2 years ago)    |
| 3 | Within the past 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  |

**Do not read:**

- |   |                       |
|---|-----------------------|
| 7 | Don't know / Not sure |
| 9 | Refused               |

Section 19: Food Security

---

**//ASK ALL//**

**19.1T** Next I'm going to read you two statements that people have made about their food situation. Please tell me whether these statements were OFTEN, SOMETIMES, or NEVER true for you or your household in the last 12 months.

**//ASK ALL//**

**19.1** “The food that we bought just didn’t last, and we didn’t have money to get more.” Was that often, sometimes, or never true for you or your household in the last 12 months?

[IF NECESSARY “Please tell me whether these statements were OFTEN, SOMETIMES, or NEVER true for you or your household in the last 12 months.”]

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Don’t know/Not sure
- 9 Refused

**//ASK ALL//**

**19.2 (19.4)** “We were hungry but didn’t eat because we couldn’t afford enough food.” Was that often, sometimes, or never true for you or your household in the last 12 months?

[IF NECESSARY “Please tell me whether these statements were OFTEN, SOMETIMES, or NEVER true for you or your household in the last 12 months.”]

- 1 Often true
- 2 Sometimes true
- 3 Never true
- 7 Don’t know/Not sure
- 9 Refused

**Section 20: Discrimination**

---

**//ASK ALL//**

**20.1T** Now I will ask about discrimination you may have experienced.  
1 Continue

**//ASK ALL//**

**20.1** In your day-to-day life, how often do you receive poorer service than other people at restaurants or stores? Would you say...

[PLEASE READ]

- 1 Almost everyday
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never

[DO NOT READ]

- 7 Don’t Know/Not sure



**//ASK ALL//**

20.2 In your day-to-day life, how often are you threatened or harassed? Would you say...

[PLEASE READ]

- 1 Almost everyday
- 2 At least once a week
- 3 A few times a month
- 4 A few times a year
- 5 Less than once a year
- 6 Never

[DO NOT READ]

- 7 Don't Know/Not sure
- 9 Refused

[PRE-20.3 INSTRUCTION: If 20.1 OR 20.2=(1-4), then go to 20.3. Else if, go to 20.4.]

20.3 What do you think is the main reason for these experiences? Is it because of...

[PLEASE READ]

- 01 Your ancestry or national origins
- 02 Your gender
- 03 Your race
- 04 Your age
- 05 Your religion
- 06 Some aspect of your physical appearance
- 07 Your sexual orientation
- 08 A physical disability
- 09 Other [specify] \_\_\_\_\_

[DO NOT READ]

- 77 Don't know/ not sure
- 99 Refused

**//ASK ALL//**

20.4 Have you ever felt you were stopped by the police just because of your race or ethnic background?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

## Section 21: Social Determinants

---

**//ASK ALL//**

**21.1T** Now I am going to ask you about other factors that can affect a person's health. 1.  
Continue

**//ASK ALL//**

**21.1** For how many years in a row have you lived in your current zip code? Please exclude time as a student living on a college or university campus.

- \_\_\_ Number of years
- 666 Less than a year
- 777 Don't know/not sure
- 999 Refused

**//ASK ALL//**

**21.2** How safe from crime do you consider your neighborhood to be? Would you say...

[Please read:]

- 1 Extremely safe
- 2 Safe
- 3 Unsafe
- 4 Extremely unsafe

Do not read:

- 7 Don't know/Not sure
- 9 Refused

**//ASK ALL//**

**21.3** In the past three years, how many places, including your current home, have you lived for one week or longer?

- \_\_\_ Number of places
- 77 Don't know/Not sure
- 99 Refused

[PRE-21.4 INSTRUCTION: If 21.3=2-76, then go to 21.4. Else if, go to 21.6.]

**21.4** Did you move because you could no longer afford that home?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**21.5** Have you been evicted at any time in the last 12 months?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**21.6** Have you ever served time or been sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

Section 22: Adverse Childhood Experiences

---

**//ASK ALL//**

**22.1T** I'd like to ask you some questions about events that happened during your childhood. This information will allow us to better understand problems that may occur early in life, and may help others in the future. This is a sensitive topic and some people may feel uncomfortable with these questions. At the end of this section, I will offer you a phone number for an organization that can provide information and referral for these issues. Please keep in mind that you can ask me to skip any question you do not want to answer.

All questions refer to the time period before you were 18 years of age. Now, looking back before you were 18 years of age—

**//ASK ALL//**

**22.1** Did you ever live with a parent or caregiver who was depressed, mentally ill, or suicidal?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**22.2** Did you ever live with a parent or caregiver who was a problem drinker or alcoholic, or who used illegal street drugs or abused prescription medications?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**22.3 (ACEPUNCH)**

How often did your parents or the adults in your home ever slap, hit, kick, punch or beat each other up?

- 1 Never
- 2 Once
- 3 More than once

**Do not read:**

- 7 Don't know / Not sure
- 9 Refused

**//ASK ALL//**

**22.4** Did you live with anyone who had served time or was sentenced to serve time in a prison, jail, or other correctional facility?

- 1 Yes
- 2 No
- 7 Don't know / Not sure
- 9 Refused

**//If 22.1=1, or 22.2=1, or 22.3 (ACEPUNCH)=2, 22.3 (ACEPUNCH) =3, or 22.4=1//**

**22.3T** As I mentioned when we started this section, I have a phone number for an organization that can provide information and referral for these issues. Would you like that number now? **[If yes proceed:]** You can dial 1-800-792-5200 to reach a referral service to locate an agency in your area.

Section 23: Physical and Sexual Violence

---

**//ASK ALL//**

**23.1T** The next questions deal with intimate partner abuse, physical violence, and sexual violence. I realize these are sensitive topics and some people may feel uncomfortable with these questions. Remember that your answers are strictly confidential and that you don't have to answer a question if you don't want to. If you believe it would not be safe for you to talk about this now, or at anytime during this part of the survey, please tell me to skip to the next topic. 1. Continue

**//ASK ALL//**

**23.2** Physical or sexual violence includes incidents involving a stranger, acquaintance, friend, family member, or someone you are in a relationship with. By physical or sexual violence we mean being pushed, slapped or hit, made to take part in any sexual activity when you didn't want to, or otherwise harmed by another person. During your lifetime as an adult, in other words since turning 18 years old, have you experienced any physical or sexual violence?

**[Do not include situations that involve threats, but no physical violence]**

- 1 Yes
- 2 No **[Go to PRE-23.6]**
- 3 Respondent requested to skip to next topic **[Go to next section]**
- 4 Respondent terminated interview at this point **[Go to end of interview]****//ASSIGN DISP 24//**
- 7 Don't know/Not sure **[Go to PRE-23.6]**
- 9 Refused **[Go to PRE-23.6]**

**//ASK IF 23.2=1//**

**23.3** During the past 12 months, have you experienced any physical or sexual violence?

**[Do not include situations that involve threats, but no physical violence]**

- 1 Yes
- 2 No **[Go to PRE-23.6]**

- 7 Don't know/Not sure [Go to PRE-23.6]
- 9 Refused [Go to PRE-23.6]

**PRE-23.6** Now, I am going to ask you questions specifically about unwanted sex. Unwanted sex includes things like someone putting anything into your {vagina [*If female*]}, anus, or mouth or making you do these things to them after you said or showed that you didn't want to.

It includes times when you were unable to give consent, for example, you were drunk or asleep, or you thought you would be hurt or punished if you refused.

**23.6** Has anyone EVER had sex with you after you said or showed that you didn't want them to or without your consent?

- 1 Yes
- 2 No [Go to end of section statement]
- 7 Don't know / Not sure [Go to end of section statement]
- 8 Respondent asks to skip rest of section [Go to end of section statement]
- 9 Refused [Go to end of section statement]

**//ASK IF 23.6=1//**

**23.7** Has this happened in the past 12 months?

- 1 Yes
- 2 No
- 7 Don't know/not sure
- 9 Refused

**//ASKIF 23.2=1,7,9 or IF 23.6=1,7,8,9//**

**23.7T** If you or anyone you know is ever in immediate danger, you can call 911 or the local police. There is also a confidential, multilingual hotline to help anyone who is being hurt, threatened, or controlled by an intimate partner, or help others who have experienced physical or sexual violence. Would you like the hotline's number? [**If yes, continue**] The hotline's number is 1-877-785-2020.

Section 24: Follow-up

---

**//ASK IF 23.1=1,2,3,7,9//**

**24.1** Finally, would you be willing to be contacted at some time in the future to participate in a follow-up survey?

- 1 Yes
- 2 No
- 7 Don't know/Not sure
- 9 Refused

**//ASK IF 23.1=1,2,3,7,9//**

**CLOSING** Please read closing statement: That's my last question. Everyone's answers will be combined to give us information about the health practices of people in Boston. Thank you very much for your time and cooperation.

## Activity List for Common Leisure Activities (To be used for Section 13: Physical Activity)

### Code Description (Physical Activity, Questions EXERACT3 and EXERACT4 above)

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