



Administration

Research and Evaluation Office

Request for Proposal

2021 Boston Behavioral Risk Factor Survey

October 20, 2020

I. 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.

BPHC seeks a vendor to conduct data collection for the 2021 Boston Behavioral Risk Factor Survey (BBRFSS). The Behavioral Risk Factor Surveillance System (BRFSS) is a nation-wide surveillance project originating from the Centers for Disease Control and Prevention (CDC). It is conducted in each state by the CDC in partnership with the state health departments. The Boston BRFSS is conducted independently of the CDC but follows the national BRFSS protocols.

As part of BPHC's efforts to have an equitable procurement process, BPHC will consider and encourage unrepresentative businesses that includes; Minority-owned Business Enterprises (MBE), Women-owned Business Enterprises (WBE), Veteran-owned Business Enterprises (VBE), Service-disabled Veteran-owned Business Enterprises (SDVOBE), Disability-owned Business Enterprise (DOBE), Lesbian Gay Bisexual Transgender Business Enterprises (LGBTBE), and local businesses to apply to this RFP.

Proposed needs

The BPHC is seeking a vendor to conduct on-going monthly BBRFSS data collection among Boston residents for a 12-month period beginning in January 2021. 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. We anticipate that the final 2021 survey instrument will differ from the attached 2019 survey instrument by approximately 20 question changes (20 deletions and replacements).

Scope of Service

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 cellphone. 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).

We would like 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 cellphone 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. 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. Partial responses may constitute a maximum of 5% of the sample total for each of the two frames. Additionally, two residency screener questions are to be included in the respondent selection process; these are city/town of residence and 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, 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 questions) will not be eligible for participation. 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 and coverage, response rate.

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 2021 Boston BRFSS. Applicants should describe their approach in achieving an Asian oversample.

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 your protocol for identifying then completing interviews among Spanish-speaking respondents.

Additionally, BPHC would like to receive add-on pricing for interviewing in each of the following languages (pricing by language individually): Chinese, Vietnamese, Haitian Creole, Portuguese, and Cape Verdean Creole.

Interviewer Training and Quality Assurance

Applicants are expected to include an interviewer training process for the 2021 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 2021 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.¹ BPHC would like the selected applicant to provide details to BPHC Research staff on the weight variables design and calculation in the fall of 2021 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.

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.

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

	Price (e.g.: \$100,000.00)				
Total Sample Size	Landline 35%/ Cell-Phone 65%	Landline 30%/ Cell-Phone 70%	Landline 25%/ Cell-Phone 75%	Landline 20%/ Cell-Phone 80%	Landline 15%/ Cell-Phone 85%
2,000 Interviews					
2,500 Interviews					
3,000 Interviews					
3,500 Interviews					
4,000 Interviews					

The contract time period is December 11, 2020 through June 30, 2022. The Applicant must conduct on-going monthly BBRFSS data collection among Boston residents for a full 12-month cycle beginning in January 2021. Deliverables, which must be submitted within two weeks of completing data collection for that period, include first month's raw dataset, first three month's dataset, and mid-year dataset. Final deliverables include end of project year unweighted and weighted SAS dataset and methods report for interviews among Boston residents. The final datasets and methods report for the data collection are to be submitted to BPHC by February 28, 2022.

Quality requirements

The quality requirements are reflected in the scope of services requested. Proposals will be scored out of 100 possible points from the following three categories: Cost of Services, References and Experience, and Other. One-third of the total available points can be earned for each of these three categories. "Other" includes elements such as the process by which the applicant proposes to successfully complete the project and the ability to meet the desired scope of services.

Timeline and Deadlines

10/18/2020	Publication of RFP announcement printed in The Boston Globe (printed again on 10/25/2020)
10/20/2020	The RFP is available online by 10:00AM at http://www.bphc.org/workingwithus/rfps-and-bids/Pages/RFPs-and-Bids.aspx .
10/26/2020	Questions due via email to research@bphc.org by 4:00PM.
11/02/2020	Responses to questions will be distributed in an addendum. Please check website for any addenda prior to submitting Proposal.
11/16/2020	PROPOSALS DUE by 4:00 PM – Please submit one (1) original and two (2) copies in a sealed envelope or box, properly addressed to the Boston Public Health Commission, 1010 Massachusetts Avenue, 6th Floor, Boston, MA 02118. ATTN: Research and Evaluation Office. Clearly mark each envelope with 1) name of the Proposal; 2) the name of Awarding Authority; 3) company name, business address 4) "PROPOSAL ENCLOSED".
	THERE ARE NO EXCEPTIONS TO THIS DEADLINE.
12/11/2020	THIS IS THE DESIRED DATE FOR NOTIFICATION OF AWARD, BUT BPHC HAS THE DISCRETION TO EXTEND THIS TIME PERIOD WITHOUT NOTICE TO THE APPLICANTS. ALL PROPOSALS SHALL REMAIN VALID AND OPEN FOR A PERIOD OF ONE HUNDRED AND TWENTY (120) DAYS FROM THE PROPOSAL SUBMISSION DATE, UNLESS AN APPLICANT NOTIFIES BPHC THAT IT IS WITHDRAWING ITS PROPOSAL.

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.
 - 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. 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 recapitulations 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: *2021 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, 2021 Boston Behavioral Risk Factor Survey” by 4:00 PM on Monday, November 16, 2020 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 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 December 11, 2020. 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 December 11, 2020 to on or about June 30, 2022.

- 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.

Reference Form

Request for Proposal: 2021 Boston Behavioral Risk Factor Survey

Date Released: October 20, 2020

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

Appendix
Boston BRFSS
2019



2019

**Boston Behavioral Risk Factor Surveillance System
Questionnaire**

*Boston Public Health Commission
Research & Evaluation Office
1010 Massachusetts Avenue
Boston, MA 02118*

**Behavioral Risk Factor Surveillance System
2019 Questionnaire – Boston
Table of Contents**

Section 1: Health Status 7

Section 2: Sleep 8

Section 3: Health Care Access 8

Section 4: Oral Health 10

Section 5: Hypertension & Heart Health..... 11

Section 6: Diabetes 11

Section 7: Sugar Sweetened Beverages 12

Section 9: Caregiver 13

Section 10: Tobacco Use 13

Section 11: Demographics 14

Section 12: Depression/Anxiety..... 27

Section 13: Physical Activity..... 29

Section 14: Asthma 31

Section 15: Falls 31

Section 16: Alcohol & Drug Use 32

Section 17: Women’s Health..... 34

Section 18: Colorectal Cancer Screening 35

Section 19: Food Security..... 35

Section 20: Discrimination 36

Section 21: Social Determinants 37

Section 21A: Disability 38

Section 22: Adverse Childhood Experiences..... 39

Section 23: Physical and Sexual Violence 40

Section 24: Follow-up 41

SAMPLE READ-IN: FRAME SAMPTYPE

- 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 844-604-4394 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 IF SELFLAG=WR OR CELLPH=1

INT01

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.

- 01 Continue
- 02 Terminate Screen

//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

//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 CELLPH=2 (LANDLINE):

//ASK IF SELFLAG=1 AND CELLPH=2//

INT02

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 [IF ADULTS=1 INSERT:" we spoke to the adult in this household"] [IF ADULTS>1 INSERT: "the computer randomly selected the [insert RSA]]" 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

//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)//

//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=S2//**

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 **S/O NON-BOSTON RESIDENT**
- 99999 Refused **S/O NON-BOSTON RESIDENT**

[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, 02222 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, 02222, 02241, 77777, 99999//

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

- 01 Yes, correct zip code //TERM3//
- 02 No, incorrect zip code //REASK//

//ASK IF ZIPCK=01 OR ZIPCODE=77777,99999//

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=S3//**

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, 02222 OR 02241 //

PVTRESID

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

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

[**Read only if necessary:** By private residence, we mean some place like a house or apartment.]

- 01. Yes **GO TO CELLPH**
- 02. No

//ASK IF PVTRESID=2//

SOPVTRES Thank you very much, but we are only interviewing private residences in Boston. 1 Continue **//ASSIGN DISP=S4//**

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.
- 2 Yes

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 Are you male or female?

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

//ASK IF CADULT=7,9//

TERM5 Thank you very much for your time. 01 CONTINUE, **//TERM DISP = S5//**

//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 = S6//**

//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=1// (landline)

Adult Random Selection

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?

[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 S7//**
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//

ASKGDR3 Are you male or female?

21 Male

22 Female

23 Other

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

GETADULT May I speak with him or her?

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]**

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

RSA. System Generated Variable: Randomly Selected Adult

- 01 Oldest Adult
- 02 2nd Oldest Adult
- 03 3rd Oldest Adult
- 04 4th Oldest Adult
- 05 5th Oldest Adult
- 06 6th Oldest Adult
- 07 7th Oldest Adult
- 08 8th Oldest Adult

- 09 9th Oldest Adult
- 10 10th Oldest Adult
- 11 11th Oldest Adult
- 12 12th Oldest Adult
- 13 13th Oldest Adult
- 14 14th Oldest Adult
- 15 15th Oldest Adult
- 16 16th Oldest Adult
- 17 17th Oldest Adult
- 18 18th Oldest Adult
- 19 19th Oldest Adult
- 20 No respondent selected

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

NBIRTH. The person in your household that I need to speak with is [RSA]. Are you the [RSA] in this household?

- 01 Yes,
- 02 No, adult coming to the phone
- 03 No, adult not available at this time. [SUSPEND AND SCHEDULE A CALL BACK]

//ask if nbirth = 01//

GENDER:

Are you male or female?

- 21 Male
- 22 Female
- 23 Other

(If nbirth=3, Interview will terminate) **[INTERVIEWER SET APPOINTMENT FOR BEST TIME TO REACH ADULT]**

To the correct respondent:

//IF NBIRTH=02 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, Johnna Murphy, at the Boston Public Health Commission. Her number is 617-534-2369. Your phone number will be erased from the data within two years from today.

[IF NEEDED: The interview takes on average 27 minutes depending on your answers.]

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 sure01 |
| 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
- 3 No
- 4 Told borderline high or pre-hypertensive
- 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. You can answer times per day, week or month; for example, twice a day, once a week and so forth.

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

- 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: Caregiver

//ASK ALL//

9.1cT

PLEASE READ: Now I'd like to ask you about providing care to others.

//ASK ALL//

9.1c (9.1c) People may provide regular care or assistance to a friend or family member who has a health problem or disability. In an average week, how many hours do you provide care or assistance to others? Would you say...

- PLEASE READ**
- 1 No hours
 - 2 Up to 8 hours per week
 - 3 9 – 19 hours per week
 - 4 20 – 39 hours per week
 - 5 40 or more hours per week
- 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 [RANGE 18-99] **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]**

- 01 18-24
- 02 25-29
- 03 30-39
- 04 40-44
- 09 45-49
- 05 50-59
- 06 60-69
- 07 70-79
- 08 80 or older
- Do not read:**
- 77 Don't Know / Not Sure
- 99 Refused

//ASK ALL//

11.2

[IF S11Q19=1 OR ASKGNDR2=21 OR ASKGNDR3=21 OR GENDER=21 INSERT "Are you Hispanic or Latino?"]

[IF S11Q19=2 OR ASKGNDR2=22 OR ASKGNDR3=22 OR GENDER=22 INSERT "Are you Hispanic or Latina?"]

[OTHERWISE INSERT "Are you Hispanic, Latina or Latino?"]

- 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//

11.4 (ORACE2)

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

//PROGRAMMER: ONLY DISPLAY RESPONSES SELECTED IN 11.3//

- 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 11.2=1 OR 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
- 99 Refused

//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
Cape Verde	79		
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

//ASK IF 11.6 = 88//

11.6_oth ENTER OTHER SPECIFY

//ASK IF 11.6 = 02-74 or 11.6= 78, 79, 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//

ADULTS_CELL How many members of your household, including yourself, are 18 years of age or older?

ADULTS ___ Number of adults [RANGE 1-18]

//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.]

Interviewer Note: 00= <1 year

___ 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//

11.13A [04] Is your annual household income from all sources...Less than \$25,000 (\$20,000 to less than \$25,000)

[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.]

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

//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

//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

//ASK IF 11.13C = 1//

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

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

//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

//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

//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

//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

//ASK IF 11.13H = 2//

11.13I [09] Less than \$150,000 (\$100,000 to less than \$150,000)

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

//ASK IF 11.13I = 2//

11.13J [10] \$150,000 or more

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

//HIDDEN SELECTION QUESTION CREATED FOR 11.13 RESPONSE, DO NOT DISPLAY FOR INTERVIEWER//

//ASK ALL//

//IF 11.13B=2, SET INCOME=04

IF 11.13C=2, SET INCOME=03

IF 11.13D=2, SET INCOME=02

IF 11.13D=1, SET INCOME=01

IF 11.13E=1, SET INCOME=05

IF 11.13F=1, SET INCOME=06

IF 11.13G=1, SET INCOME=07

IF 11.13H=1, SET INCOME=08

IF 11.13I=1, SET INCOME=09

IF 11.13J=1, SET INCOME=10

IF ANY OF 11.13A-I=7, SET INCOME=77

IF ANY OF 11.13A-I=9, SET INCOME=99//

INCOME

- 01 Less than \$10,000
- 02 \$10,000 to less than \$15,000
- 03 \$15,000 to less than \$20,000
- 04 \$20,000 to less than \$25,000
- 05 \$25,000 to less than \$35,000
- 06 \$35,000 to less than \$50,000
- 07 \$50,000 to less than \$75,000
- 08 \$75,000 to less than \$100,000
- 09 \$100,000 to less than \$150,000
- 10 \$150,000 or more
- 77 Don't know
- 99 Refused

//ASK IF INCOME=01-10//

S11Q13AA

Your annual household income is **[INSERT ANSWER FROM INCOME]**
Is this correct?

- 1 Yes, correct as is
- 2 No, re-ask question

//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:

- 1 a public housing resident living in a building owned by the Boston Housing Authority
- 2 part of a household that receives rental assistance, such as "Section 8" or any 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 IF CELLFON=2// (cell phone)

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

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

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 (11.18=1,7) OR (LANDLINE=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 ASKGNDR2=MISSING AND ASKGNDR3=MISSING AND GENDER=MISSING//

11.19 (SEX)

[This question should be asked of all respondents where sex is not verified in screening process.] Are you male or female?

- 1 Male
- 2 Female
- 3 Other

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

//ASK IF (11.19=2 OR ASKGNDR2=22 OR GENDER=22 OR ASKGNDR3=22) AND (11.1=07, 18-49 OR 11.1a=1-4, 9, 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 Straight or heterosexual
- 2 Gay, lesbian, or homosexual
- 3 Bisexual or
- 4 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 Yes, 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 12 months, 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

//ASK ALL//

12.4 Was there a time in the past 12 months when you would have seen a therapist, psychologist or psychiatrist but did not because of cost?

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

//ASK ALL//

12.5 Can you count on anyone to provide you with emotional support such as talking over problems or helping you make a difficult decision?

- 1 Yes
- 2 No
- 3 Respondent doesn't need help
- 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] |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | 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]
- 998 Don't know / Not sure
- 9 9 9 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] |
| 8 8 | No other activity | [Go to Q13.8] |
| 9 7 | Don't know / Not Sure | [Go to Q13.8] |
| 9 9 | 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]
- 7 7 7 Don't know / Not sure
- 9 9 9 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]
- 998 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

//ASK IF 14.2=1//

14.3 (ASTHMAER)

During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

__ Number of visits [87=87 or more] [RANGE=0-87]
 88 None
 98 Don't know / Not sure
 99 Refused

Section 15: Falls

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

//ASK IF 11.1=45-99 or 11.1a=5, 6, 7, 8, or 9 //

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=45-99 or 11.1a=5, 6, 7, 8, or 9 //

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]

PROGRMAMER 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 [IF S11Q19=1 OR ASKGNDR2=21 OR ASKGNDR3=21 OR GENDER=21 INSERT "5" OR S11Q19=2 OR ASKGNDR2=22 OR ASKGNDR3=22 OR GENDER=22 INSERT "4"] 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

I am sorry, you said that in the past month there were \:s16q3: occasions when you had [IF S11Q19=1 OR ASKGNDR2=21 OR ASKGNDR3=21 OR GENDER=21 INSERT "5" OR S11Q19=2 OR ASKGNDR2=22 OR ASKGNDR3=22 OR GENDER=22 INSERT "4"] or more drinks.

Is this correct?

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

//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

Section 17: Women's Health

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

//ASK IF 11.19=2 OR ASKGNDR2=22 OR ASKGNDR3=22 OR GENDER=22//

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

- 1 Continue

//ASK IF 11.19=2 OR ASKGNDR2=22 OR OR ASKGNDR3=22 OR GENDER=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 ASKGNDR3=22 OR GENDER=22), AND (11.1=40-99 OR 11.1a=4-8, 9)//

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 <45 years of age, go to next section.

//ASK IF (11.1=45-99 OR 11.1a=05-08, 09)//

18.1T The next questions are about colorectal cancer screening.

//ASK IF (11.1=45-99 OR 11.1a=05-08, 09)//

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] |

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.

- | | |
|---|----------|
| 1 | Continue |
|---|----------|

//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 due to discrimination? 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
- 8 Refused

//ASK ALL//

20.2 In your day-to-day life, how often are you threatened or harassed due to discrimination? 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 IF 20.3 = 09 //

20.3o ENTER OTHER SPECIFY

//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 [RANGE: 1-99]

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//

21.4 In the past three years, did you move because you could no longer afford your home?

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

//ASK ALL//

21.5a In the past 12 months, have difficulties in transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

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 21A: Disability

//ASK ALL//

21.1AT Next I am going to ask you about issues with disability. 1. Continue

//ASK ALL//

21.1A Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

1 Yes
2 No

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

//ASK ALL//

21.2A Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone, such as visiting a doctor's office or shopping?

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

//ASK ALL//

21.3A Do you have serious difficulty walking or climbing stairs?

- 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? Would you say...

- 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 closing, record as a complete]**
- 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 **[S11Q19=2 OR ASKGNDR2=22 OR OR ASKGNDR3=22 OR GENDER=22INSERT "vagina,"]** 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 23.2=1,2,3,4,7,9//

CLOSING 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
3 0 Mountain climbing	7 2 Farm/Ranch Work (caring for livestock, stacking hay, etc.)
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, ergometer, etc.)
3 4 Pilates	7 6 Yard work (cutting/gathering wood, trimming hedges etc.)
3 5 Racquetball	7 7 Don't know
3 6 Raking lawn	9 8 Other_____
3 7 Running	9 9 Refused
3 8 Rock Climbing	
3 9 Rope skipping	
4 0 Rowing machine exercise	