BOLD THINKERS DRIVING REAL-WORLD IMPACT

Methodological Documentation for the 2018 Healthy Chicago Telephone Survey



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SUBMITTED TO

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1 Overview

The 2018 Healthy Chicago Survey (HCS), fielded for the Chicago Department of Public Health (CDPH), obtained interviews with a representative sample of 2,982 adults living in the City of Chicago. The purpose of the study is for CDPH to collect collect data about the health and behaviors of the residents of Chicago as a way to measure its progress in meeting the goals of the Healthy Chicago 2.0 initiative. Data collected will also assist CDPH in targeting their resources more effectively to improve the health of Chicagoans. Survey topics include health status, health care, various health conditions, use of tobacco and alcohol, social cohesion, and starting in 2017 and expanded in 2018, a section on the health of children in the interviewed household. Interviewing was conducted in English and Spanish by phone from November 27, 2018 to May 31, 2019. Samples were drawn from both landline and cell phone random digit dialing (RDD) frames. A general overview of the study is provided in the AAPOR Transparency Initiative Methodology Disclosure Form in Appendix A.

2 Population of Interest and Study Design

For the HCS, the target population includes the household population of adults 18 years of age and older who reside in the City of Chicago. We used an overlapping dual frame design that included both landline and cell phone frames. The frames are overlapping because households with both landline and cell phones are included in both frames. The allocation between the two frames was 80.0% of interviews conducted from the cell phone frame (2,385 interviews out of 2,982) and 20.0% of interviews conducted from the landline frame (597 out of 2,982).

While the primary goal of the study is to estimate health outcomes for all adult Chicagoans, one survey objective is to produce direct estimates for as many of the individual 77 Community Areas as possible. It was not feasible to target sample at the Community Area level, although we monitored the sample to support the objective of reporting results for as many of the 77 individual Community Areas (CAs) as possible.

Landline Telephone Sample

The landline telephone sample for the study was provided by Dynata, formerly Survey Sampling, Inc. (SSI), with the coverage area defined by census tracts that fall within the city limits of Chicago. While Community Area (CA) boundaries do not match census tract boundaries perfectly, they are close, and census tracts that fall primarily within the Chicago Community Area boundaries were included in the sample. Census tract is assigned to each telephone number in the landline frame based on the plurality census tract, which is the census tract in which the largest number of directory-listed residential telephone numbers with the same area code and exchange are located.

The landline frame was constructed by compiling all Chicago telephone exchanges that are classified as providing regular telephone service. The frame is referred to as “list-assisted” because a complete file of directory-listed residential numbers is used to remove 100-banks from the frame if they contain zero residential listings. The remaining 100-banks are “working” and used to enumerate all the telephone numbers within the bank from which a sample is drawn. Telephone numbers known to belong to businesses were removed. This pre-screening process allowed for removal of most business numbers from the frame with any remaining businesses identified by interviewers. Once a number was coded as a business it was not dialed again.

The landline telephone sample was ordered at the start of data collection. Dynata provided the frame count (the total number of landline telephone numbers in the universe within the city of Chicago) for each batch. The frame count was 153,773 telephone numbers. A total of 14,000 landline telephone numbers were used for the study. 19,000 total numbers were purchased, but 4,999 were held back and not needed to reach the landline target of 590 completed interviews. Landline telephone numbers were randomly assigned to replicates. During data collection, all records in a replicate were released at one time. A total of 70 landline replicates were used for the study. [1]

[1] The number of records per replicate was 200.

To increase the efficiency of the landline sample and control costs, Abt Associates used only landline sample that was flagged as directory-listed for the 2018 HCS, rather than both listed and unlisted sample as was used in prior rounds. Abt made the same shift for the New York Community Health Survey (NY CHS) after finding differences between individuals with listed and unlisted landline numbers. For the NY CHS, listed landline respondents (21% of the NY CHS landline sample) were more likely to be older, white non-Hispanic, and homeowners. However, a vast majority (83%) of unlisted landline respondents also have a cell phone and thus would continue to be eligible for the survey and reachable through the cell phone sample frame. Abt Associates concluded for both the NY CHS and the HCS, given the few completed interviews with unlisted landline respondents, the differences between listed landline respondents and unlisted landline respondents would need to be dramatic in order to bias the survey. The resulting sample was much more efficient, with 23.5 listed landlines records per completed interview in the 2018 HCS compared with 156.3 in the 2017 survey.

Purchased landline records were run through the Neustar database to identify numbers that had been ported from landline to wireless; one number (n=1) was loaded into the cell phone version of the study.

Cellular Telephone Sample

The cellular telephone sample was also provided by Dynata, formerly SSI. The Dynata wireless sampling frame begins with 1,000-blocks constructed from exchanges that provide cellular telephone services as designated in the most recent Telcordia Terminating Point Masterfile. The frame of 1,000-blocks is then expanded to the 100-block level to identify and remove “mixed use” 100-blocks, or those that include landline numbers, as found in the landline frame described above. The result is a list of cellular 100-blocks that is mutually exclusive of the list-assisted RDD sampling frame.

Conducting representative cell phone surveys in areas below the state level poses a challenge because cell phone subscribers cannot be targeted based on residential location using information available in the sampling frame. The only geographic information available on cell phone numbers is the location of the rate center (or billing center), which reflects the original point of purchase of the phone. While not perfect, the location of the rate center is a rough indicator for the location of survey respondents and is typically the best information available for geographic targeting.

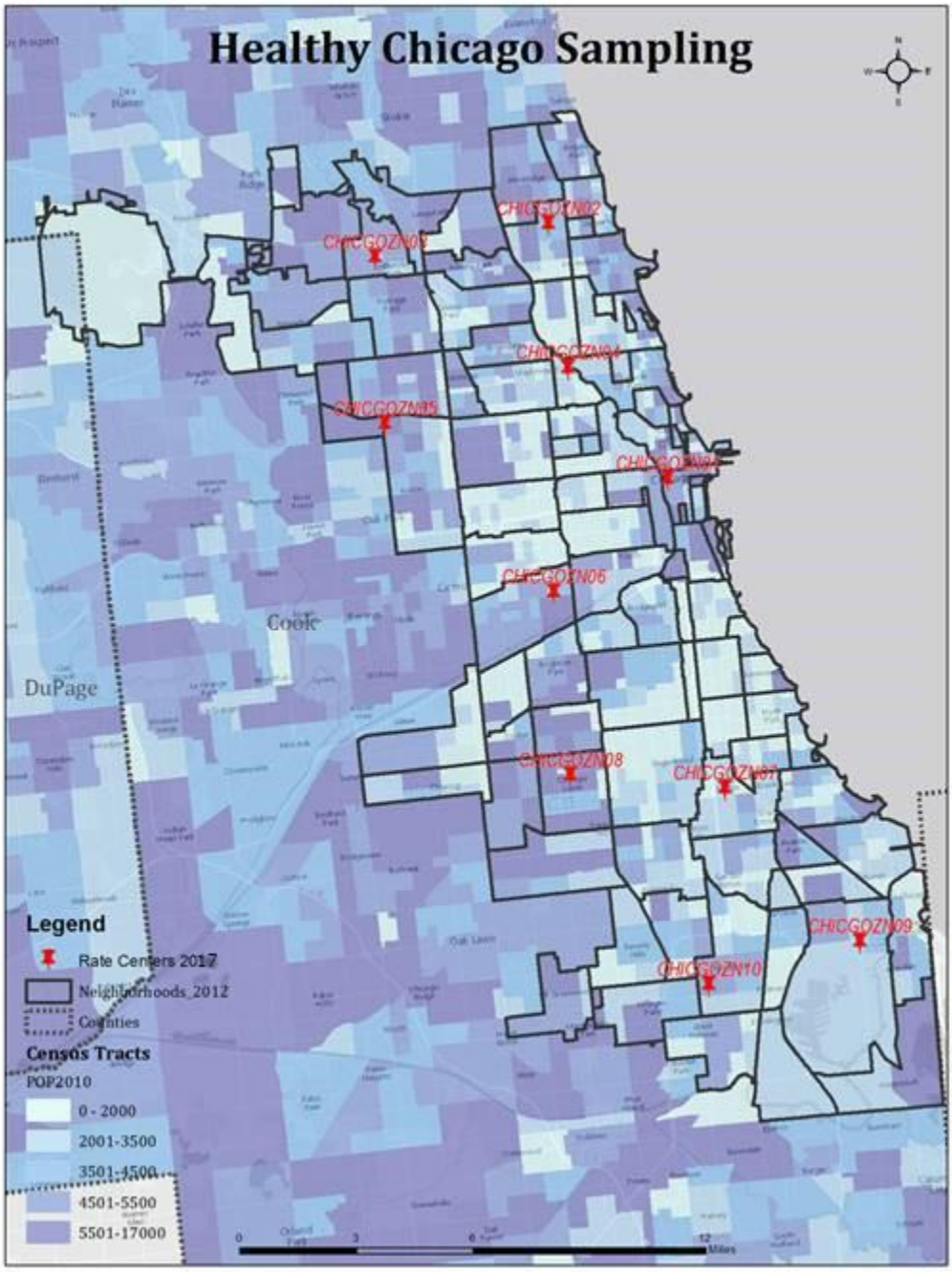
The cellular frame included telephone numbers from the selected rate centers in Chicago. We included rate centers within the City of Chicago only. A random sample of telephone numbers were randomly selected from all telephone numbers in the frame.

The cell phone sample was acquired in two batches. Dynata provided the frame count (the total number of cell telephone numbers in the universe) for each batch. The frame counts for each batch were 5,760,000and 5,763,000. Cellular telephone numbers were randomly assigned to replicates, with all records in a replicate released at the same time. A total of 87,000 cell telephone numbers were purchased for the project, and 61,309 were flagged as active. A total of 61,309 cell telephone numbers were dialed, plus an additional 1 telephone number that was identified as ported from

landline to wireless, for a total of 61,310 numbers from 612 replicates. These numbers do not include sampled telephone numbers from SmartCell™, which is described next.

Exhibit 1 presents a map of all billing centers in the City of Chicago with the boundaries for Chicago, as made up of the 77 Community Areas, outlined in black.

Exhibit 1. Chicago cell phone rate centers.



Improvements in the field productivity of cell phone numbers can be achieved by using the flags that sample vendors attach to the numbers. The two types of flags are activity flags, aimed to indicate whether a given cell phone number is currently working, non-working or unknown, and the billing ZIP code associated with that number, if available from the cell phone provider. As we did for the all

prevous reounds of the survey, we submitted the sampled cellular telephone numbers to Marketing Systems Group's Cell-WINS process[2] to obtain the activity flag with three categories:

- Active (70.5% of the purchased sample)
- Inactive (28.3% of the sample)
- Unknown (0.1% of the sample)

A remaining small amount of numbers (less than 0.1%) of the purchased sample were duplicates. We also submitted sampled cell phone records that are flagged as "active" to Dynata's Geo-ID process, which appends the ZIP code associated with the billing address for the sampled cell phone numbers, if available. We called sampled telephone numbers flagged as "active" and applied no further subsampling.

SmartCell™

The random digit dialing procedure described above excludes cell phone numbers associated with area codes and exchanges assigned to rate centers outside of Chicago. It is inevitable that some residents of Chicago originally purchased their cell phones elsewhere and retained their telephone numbers when they moved to Chicago. Undercoverage of the population of such "in-movers" is typically in single digit or low double digit percentage points. According to the most recent estimates based on a Gallup tracking poll presented at the 2016 AAPOR conference[3], 11.6% of cell phone respondents in the state of Illinois have numbers from out of state. These rates may be higher in the city of Chicago, which serves as a commercial and educational hub.

In the 2016 and 2017 surveys, we successfully used SmartCell™, a new cell phone sampling product offered by our sampling vendor Dynata, to improve coverage of this population. Using proprietary data, including public records, credit data, large purchases, magazine subscriptions, etc., Dynata matches cell numbers with individuals, akin to listed landline numbers. Through SmartCell™, we obtained a sample of cell phone numbers associated with addresses within Chicago city limits that have area codes and exchanges in rate centers other than those used for the main cell phone RDD sample.

Through SmartCell™, we requested 4,900 cell phone numbers of the frame count of 197,095 numbers associated with addresses within Chicago city limits that have area codes and exchanges in rate centers other than those used for the main cell phone RDD sample. Our goal was to complete 284 interviews, or approximately 12% of our total interviews in the cell phone frame, using

[2] Marketing Systems Group (2014). Cell-WINS: Cellular Working Identification Number Service. White paper, Philadelphia, PA. Available from http://www.m-s-g.com/CMS/ServerGallery/MSGWebNew/Documents/GENESYS/whitepapers/Cell-WINS.pdf.

[3] Marken, S., Chattopadhyay, M., & Chan, A. (2016). Covering our Most Mobile Users: Identifying Which States are Most Susceptible to Coverage Error. Paper presented at the annual conference of the American Assocation for Public Opinion Research 2016, Austin, TX.

SmartCell sample. We completed 313 (13.1%) interviews using the numbers obtained from SmartCell™.

2.1.1 Misclassified frame cases

Although landline and cell phone numbers are largely accurately identified and classified into each frame, occasionally the frame designation is not accurate and a respondent reports that we have actually reached them on a different type of phone. As noted above, 1 number in the landline frame was identified as having been ported from landline to wireless prior to being loaded for dialing; this numbers was dialed as if it was a cell phone number. During the field period, interviewers sometimes identify a small number of additional cases as being misclassified in the cell and landline frames based on how the respondent described the type of the phone that they used. In the final data set, there were 8 completed interviews sampled from the cell frame that were found to be landline numbers. For weighting purposes, the probabilities of selection of these numbers were those associated with their original frames, not with the ultimate determination of the type of phone and the version of the instrument administered. Additionally, the cases that were sampled from the cell frame but interviewed in the landline version underwent within-household selection of the target respondent. This is reflected through the appropriate multiplicity correction factor (household size) applied to their frame weights.

Screening for Eligibility, Respondent Selection, and Informed Consent

Interviews were administered in English and Spanish. Only respondents who were able to answer the survey in one of these languages were able to continue.

Potential respondents were screened for eligibility criteria: age 18 years or older, residency in Chicago, and living in a private residence. Telephone numbers for individuals who lived outside of Chicago and those that were non-residential were terminated as not eligible. Residency in Chicago was determined by the respondent's ZIP code. For respondents who prefer not to provide their ZIP code, or for respondents whose ZIP code extends beyond Chicago, interviewers asked whether they live in Chicago. For respondents who did not live in Chicago, or preferred not to say, interviewers asked in what city or town they lived to help evaluate the targeting efficiency of the sample. These individuals were not eligible for the interview, and their interviews were terminated. A total of 31 interviews were completed with individuals who screened into the survey but were determined to reside outside of Chicago when the cases were geocoded. These cases were excluded from the final data set.

Selection of the survey respondent differed for telephone numbers sampled from the landline versus cellular frame. Landline telephone numbers are considered household devices, and one household member was randomly selected from each eligible landline household. For households with more than one adult, a gender was selected first with selection probabilities of 60% for men and 40% for women. Incorporating these gender probabilities, a household member was then randomly chosen to participate in the interview.

Cell phones were considered personal and not household devices, so no household selection process was used for the cell phone sample. Instead, respondents were asked if they were currently

driving a vehicle to determine if they were in a safe place to conduct the interview before they were screened for eligibility for the survey.

After an eligible respondent was selected, they were read the informed consent statement. No information other than that needed to screen for the selected respondent was collected until the informed consent statement was read.

2.1.2 Sample coverage

As a result of the sample selection and screening, the survey included the following population:

- Adults age 18+;
- Reside in Chicago;
- Have phone service;
- Use a listed landline or a cell phone number that are associated with common Chicago area codes (312, 773, 872) and exchanges;
- Can speak English or Spanish well enough to complete the survey.

There was additional coverage boost provided by the SmartCell™ data product that allows contacting Chicago residents with out-of-area cell numbers; however, since the process of tagging the cell phone numbers is proprietary by the sample vendor, the coverage boost is difficult to describe and quantify. Typically, to become associated with the SmartCell™ entry, the phone user must have had their phone number for sufficiently long time and be well settled. This identifies a subpopulation that is whiter, more affluent, more educated, and closer to middle age than the typical cell frame respondents.

As in most general population surveys, characterizing the extent of non-coverage relative to the target population (the household population of adults 18 years of age and older who reside in the City of Chicago) is extremely difficult. The following partial evidence can be presented:

- According to Blumberg et al (2013) analysis of 2012 NHIS data, 2.0% of adults in Cook County, IL did not have phone service in 2012.
- According to a Skalland and Hare (2013) analysis of the 2009 H1N1 flu monitoring data, 4.0% of cell-only adults who resided in the state of Illinois had cell phone numbers that appeared on a different state's cell phone sampling frame; this percentage is likely to be higher in an urban area like Chicago.
- The American Community Survey (ACS) 2017 data indicate that about 5.1% of the adult population in Chicago spoke neither English nor Spanish.
- The ACS 2017 data indicate that about 2.6% of adult population resided in group quarters.

Using population totals for the target population of the survey from the ACS, we are able to correct some of the bias from noncoverage in the raking step of the weighting, described later in the Sample Weighting section.

3 Questionnaire

Using the 2017 Healthy Chicago questionnaire as a starting point, the 2018 questionnaire was developed by the Chicago Department of Public Health (CDPH) in consultation with Abt Associates. The questionnaire is included in Appendix B. Many questions were taken from other well-established and recognized public health surveys, including the Behavioral Risk Factor Surveillance System (BRFSS) and the New York City Community Health Survey (NYC CHS). CDPH created new questions for the HCS to measure health issues not addressed by these other surveys. Child Module questions added in 2017 were expanded with additional items in 2018 in consultation with CDPH's research partner, Ann & Robert H. Lurie Children's Hospital of Chicago.

CDPH compiled an initial draft of the questionnaire, and Abt reviewed the instruments and provided feedback on question wording, question sequencing, proper skip patterns, and interview duration. Abt's feedback was focused on ensuring that the content, wording, and order of the questions would screen each household properly, that respondents would understand clearly what they were being asked to do, that the interview could be administered smoothly and efficiently, and that the data collected would ultimately support CDPH's research goals. Multiple drafts of the survey instrument were developed over several weeks before it was deemed ready to undergo pre-testing.

At the conclusion of the pretest, the overall survey length was close to the budgeted length (23.6 minutes versus the budgeted 23.5 minutes.) Abt incorporated CDPH-approved questionnaire and program changes and proceeded with fielding the pilot test. After the pilot test, a few additional changes to the questionnaire were implemented and the overall survey length was still within the budgeted length. All of these changes were detailed in the pretest and pilot test reports, included in Appendices D and E, respectively.

Because most of the 2018 instrument used the same questions as 2017, Abt project staff obtained Spanish translations for only new questions. For these and any questions with revised wording, CETRA, a translation vendor, translated the text into Spanish. As a quality check, an Abt bilingual staff member checked the entire survey instrument to be sure all items had been translated, or newly translated, correctly.

Structure and Content of the Survey

The outline of the structure and general content of the 2018 HCS questionnaire is provided below.

3.1.1 Survey screener

As in the previous waves of the Healthy Chicago Survey, after confirming that a phone number belonged to a household or individual, the interviewer introduced her/himself and attempted to explain that we were calling on behalf of CDPH to conduct the Healthy Chicago Survey. Specific screening procedures differed for the landline and cell phone samples.

In the landline sample, an adult was asked a series of questions to determine whether the household was located within the city of Chicago and qualified to participate. After confirming household eligibility, the adult was asked to provide the total number of adults living in the household. In households with more than one adult, the adult was asked to provide the total

number of male and female adults living in the household, and the CATI program randomly selected one adult to complete the survey based on respondent selection procedures described below in Section 3.1.2 Respondent selection for landline questionnaire. If the CATI program selected a different adult than the individual who answered the screener questions, once the selected adult came on the phone for the interview, the interviewer introduced himself/herself and explained the purpose of the call again to the selected respondent. The selected adult was also asked to choose the language in which they preferred to conduct the interview.

Individuals contacted from the cell phone sample were required to confirm residency in the city of Chicago along with additional questions to confirm that: (1) the respondent was not driving currently, (2) the respondent was at least 18 years of age, (3) the phone number we had reached was the number we sampled, and (4) the number we dialed was a cellular phone. Because cell phones are considered personal, not household, devices, the individual who answered was allowed to continue with the interview after successfully answering all the screener questions.

Interviewers were provided with a list of pre-scripted responses to Frequently Asked Questions (FAQs) to answer any questions about the survey (see Appendix C). When requested, interviewers also provided respondents with a contact phone number at Abt and CDPH to verify the legitimacy of the study or ask any other study-related questions that the interviewer could not answer.

3.1.2 Respondent selection for landline questionnaire

In the landline sample, one adult was selected randomly from each eligible household to complete the interview. The sampling unit was the landline telephone number, which represents the household, not family, level; therefore, the random selection was the same regardless of how many families were included in a household. As stated in Section 3.1.1, Survey screener, for households containing only one adult, the adult was eligible to complete the interview. For households with more than one adult, we asked for the total number of men and the total number of women who resided in the household who were age 18 or older. Then a gender was selected at probabilities of 60% for men and 40% for women. Then a household member of the selected gender was chosen randomly to participate in the interview. Selection used a two-stage process:

STAGE 1: Choose gender

- The system generates a random number for the household from 0 TO 999
- If all adults are of one gender, select that gender and skip to STAGE 2
- If male and female adults in the household, select males if the randomly generated number is <= 600, otherwise select females

STAGE 2: Choose a household member from the selected gender

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

Once the selected adult was identified in the household, all subsequent attempts to contact that household were made with the goal of speaking to and conducting the interview with that adult.

3.1.3 Main questionnaire

The main section of the survey included more than 100 questions (although not every question was applicable to or asked of every respondent). The 2017 survey served as the starting point for building the 2018 instrument. A number of questions were deleted in various sections of the survey. A new section of questions for 2017, the Child Module, about children's health issues and childhood experiences was expanded in 2018. The topic areas that made up the core of the main section for the 2018 survey were:

1. ***Health Status*:** This section contained a single question to gauge the overall health of the respondent.

2. ***Health Care Access:*** This section included questions about the respondent's health coverage, whether the respondents had a regular source of health care and their experience of using health care.

3. ***Oral Health*:** This sectioned contained a single question about how long it had been since the respondent had visited a dentist or dental clinic.

4. ***Hypertension Awareness*:** This section included a question about whether the respondent had been told he/she has hypertension.

5. ***Chronic Health Conditions*:** This section asked about whether a health professional had ever told the respondent that he/she had asthma, COPD, diabetes, or Hepatitis C.

6. ***Tobacco Use*:** These questions established respondents' tobacco use. Individuals who identified as ever having smoked cigarettes were asked follow-up questions about current tobacco use and smoking cessation. Additional questions asked about e-cigarette use.

7. ***Demographics*:** This section included basic demographic questions about the respondent and household included sex, age, race/ethnicity, marital status, household size/make up, education, employment status, height/weight, sexual orientation and gender identity. Questions about the number of children of whom the respondent is the parent or guardian were added to determine eligibility for the new child health questions later in the survey. Questions about household income were included in this section and asked whether household income was above or below poverty level thresholds (i.e., poverty level, 200% above poverty level, 300% above poverty level, 400% above poverty level, 500% above poverty level and more than 600% above poverty level). Poverty level was calculated for each household based on the total number of adults and total number of children (under 18 years of age) using the latest Federal Poverty Levels published by the US Census. The section concluded with questions about the respondent's height and weight.

8. ***Child Module:*** This section of questions was asked inside of the demographics section. Using the number of children in household for whom the respondent is parent or guardian, a roster of children was compiled with questions on age, sex, Hispanic ethnicity, race, health status, type of school attended, and health insurance coverage. One child was randomly selected from those rostered and asked a series of follow-up questions on obesity, dental

care, vision care, asthma, special healthcare needs, and access to diapers for households with children under 5 years.

9. ***Fruits and Vegetables*:** In this section, respondents were asked the number of servings of fruits and vegetables they had the day before, as well as how easy it was for them to obtain fresh produce. Another question asked for the frequency of soda and sweetened drink consumption. New questions were added asking about food security and family meals eaten together for respondents with children in the household.

10. ***Exercise (Physical Activity)*:** This section included one question about physical activity in the past month, including bicycle riding and walking.

11. ***Alcohol and Prescription Drug Use:*** This section of questions asked respondents about their alcohol consumption over the past thirty days, including the number of drinks they have on average, the frequency of binge drinking, and the greatest number of drinks on a single occasion. Additional questions ask about consumption of pain relievers, both prescribed to the respondent and not prescribed to the respondent.

12. ***Breast/Cervical Cancer Screening*:** Female respondents age 40 and over were asked whether they had a mammogram or a Pap test. Respondents reporting either of these tests were asked how long it had been since their last test. Female respondents were also asked if they ever had a hysterectomy. Female respondents under 45 were asked about birth control use and type. All respondents were asked about their household being able to afford menstruation products.

13. ***Colorectal Cancer Screening*:** Respondents age 50 and over were asked whether they had a blood stool test or a sigmoidoscopy or colonoscopy. Respondents reporting either of these tests were asked how long it had been since their last test. All respondents were asked about knowledge of pre-exposure prophylaxis (PrEP) and if they were on a PrEP regime.

14. ***Mental Health*:** This section included questions about the respondent's emotional health and feelings in the last 30 days and access to mental health care.

15. ***Social Cohesion/Neighborhood Conditions:*** This section included new items on neighborhood conditions. The first two questions asked about length of time lived in the respondent's neighborhood and for those with a short duration, the reason for their most recent move. There was a question about water or dampness in the home in the past year. A series of four items asked about local parks or playgrounds, with three questions on use by children and safety only asked of those with a child in the household over 1 year of age. Respondents were then asked if they feel safe in their neighborhood and for the frequency of violence occurring in their neighborhood. The final questions asked if the respondent felt part of their neighborhood and if they had attend a neighborhood meeting about a local issue.

16. ***Hate Crimes***: This new section included three questions about possible hate crimes: if the respondent was attacked, threatened, or robbed in the past year, if they believed that they

were targeted, and what aspect of themselves (e.g., race, religion, gender) may have been targeted.

17. ***Child and Youth Health Issues:*** This section of questions asked about various issues affecting children in Chicago, including alcohol abuse; health conditions like asthma and diabetes; obesity; parents' health; tobacco use; suicide and stress. If the respondent was the parent or guardian of at least one child living in the household, they were asked additional questions about various social issues impacting children in Chicago. These include bullying, discrimination and racism, gun violence, hunger, and poverty. New questions were added asking about drug abuse by children and bullying if the respondent felt they were 'big problems'.

18. ***Concluding Questions*****:** This section included questions about the presence and use of landline and cell phones among household members, including the number and type of phones in the household and the frequency with which they are used to make and receive calls. Responses to these questions were used in weighting to adjust the completed sample to known phone use targets (see Chapter 7.) The section ends with questions on street address for geocoding and incentives for cell phone interviews, which are described next.

3.1.4 Location determination questions

The interview concluded with a series of questions to determine in which of Chicago's 77 Community Areas (CAs) the respondent lived. For cell phone interviews, the interviewer first confirmed that the address collected for the incentive check was where they lived. Landline respondents and cell phone respondents who indicated that their home address was different than the incentive address were asked for their home address. This information was submitted to a geocoding process in real-time to generate latitude/longitude coordinates and determine CA.

If this process did not produce a usable geocoded CA, the interviewer read back the address to the respondent to confirm. If the address was entered correctly, the interviewer asked for cross-street information, which was sent for real-time geocoding. If this second process failed to produce a usable CA, the interviewer asked explicitly for the respondent's neighborhood and recorded it on a pre-coded list of neighborhoods that had been mapped to CAs.

4 Survey Administration

Interviewing Dates

Interviews were conducted from November 6, 2018 to May 31, 2019. Interviews were conducted from Abt's Huntington, West Virginia and McAllen, Texas telephone centers, as well as from the telephone center of our Minority Business Enterprise (MBE) subcontractor, C R Market Surveys, in Chicago, IL.[4]

4.1.1 Pretest

A pretest was conducted November 6 to November 9, 2018 from Abt's Huntington, West Virginia telephone center. A total of 30 interviews were completed. Although the survey length of 23.6 minutes was nearly within the budgeted time of 23.5 minutes, a number of questionnaire revisions were recommended based on monitoring and interviewer feedback.

The complete Pretest Report can be found in Appendix D.

4.1.2 Pilot Test

After the questionnaire and study protocol were approved by the CDPH and Abt IRBs, a pilot test was conducted as a "slow start" main study to data collection to ensure that the interview length was appropriate and that there were no issues with the new survey questions. The pilot test was conducted November 27 to November 28, 2018. A total of 30 interviews were completed as part of the pilot test. The full study launched on December 5, 2018.

As a result of the pilot test, some questionnaire revisions were recommended based on monitoring and interviewer feedback. The complete Pilot Test Report can be found in Appendix E. Interviewing in Spanish was not part of the formal pilot test, so Abt reported on the initial interviews in this language separately. This report is also included in Appendix E.

Survey Languages

Residents of the City of Chicago are racially and ethnically diverse, with a large population of Hispanics/Latinos. A notable percentage of these Hispanic residents speak little or no English. To ensure this population could be included in the survey, interviews were conducted in both English and Spanish using the CATI system. A total of 317 of 2,982 completed interviews (10.6%) were conducted in Spanish.

Sample Management

Sample was managed to complete the desired number of interviews overall (n=2,950), while evaluating the distribution of interviews by Community Area. This was done by releasing sample replicates in batches, thereby ensuring released sample was fully dialed according to the call protocol and allowing study staff to assess productivity to estimate the amount of sample needed to

[4] Interviewers from our Women-Owned Business Enterprise (WBE) subcontractor, Market–Ease Multicultural Qualitative Quantitative Connections ("Market-Ease"), also conducted interviews for the Health Chicago Survey. These interviewers worked from The C R Market Survey's call center.

reach quotas before releasing additional sample replicates. Additionally, supervisor staff routinely monitored interviews to assess interviewers' ability to gain cooperation and convert refusals and provided coaching to interviewers to ensure as many eligible respondents completed the interview as possible.

Call Design and Protocol

Telephone numbers in both sample frames were called until they reached maximum attempts or a terminal disposition (whichever came first).

For the 2018 survey, at least 7 call attempts were made to landline telephone numbers when no contact is established, and at least 5 additional attempts (for a total of 12 attempts) were made if we ever made contact and/or arranged a callback.

For the cell frame, the standard protocol is at least 6 attempts for non-contacts and at least an additional 4 attempts were added (for a total of 10) for contacts/callbacks. In 2018, a call attempt experiment was conducted with the first batch of sample. Abt used Dynata's SmartCell™ product, described in Chapter 2, to flag numbers as potentially belonging to a household with children under the age of 18. This experiment was conducted to determine the effectiveness of adding a set number (4, 6 or 8) call attempts to the maximum call threshold for telephone numbers to numbers flagged as having a higher probability of belonging to households with children. The ultimate goal was to explore ways to increase completed interviews among these households as efficiently as possible, without "over-pursuing". Based on the results of the experiment (see Appendix F for full details), the standard cell protocol continued to be used (6 attempts with up to 4 more) for the remaining sample.

Answering machine/voicemail messages were left the first and third times voicemail was encountered in both sample frames using the following script:

"Hello, I'm calling on behalf of the Chicago Department of Public Health from Abt Associates. We are conducting an important study to learn more about the health of Chicago residents. I am not selling anything; this is a scientific study called the Healthy Chicago Survey. We will call you back in a few days."

Calls were concentrated in the dialing windows below (all times Central):

- Weeknights 4 PM-9 PM
- Wednesdays 10 AM – 3 PM
- Saturdays 10 AM-4 PM
- Sundays 4 PM-9 PM

Landline telephone numbers that were not contacted successfully during the weekday evening and weekend dialing windows were flagged to receive a weekday daytime call after the third attempt.

Calls were programmed to display a monthly rotating series of Chicago-based telephone numbers dedicated solely to the Healthy Chicago Telephone Survey that respondents could call to verify the legitimacy of the survey, to leave a message to obtain information about the survey and CDPH, or to

have their name removed from the calling list. Voicemails were checked by project staff each business day.

In accordance with laws prohibiting cell phone numbers from being called by automated dialers, all cell phone numbers were dialed manually.

Procedure to Maximize Completed Child Modules

As described in the Call Protocol section above, Abt used Dynata's Dynata's SmartCell™ product, to flag numbers as potentially belonging to a household with children under the age of 18. To maximize completed interviews among households with children who would then receive the additional child module questions, Abt identified interviewers with exceptional ability to gain cooperation of respondents. Starting in (January) through the end of data collection, flagged telephone numbers were routed to these interviewers.

Refusal and Refusal Conversion Procedures

Initial refusals by the household or respondent were classified as "soft" or "hard" (harsh) refusals. An example of a soft refusal is "I'm not interested." An example of a hard refusal is "I'm not doing your survey. Stop calling here!" Hard refusals were not called again. Soft refusals were called again by an interviewer trained in refusal conversion techniques to try to gain the cooperation of the household/individual. If the household or individual was reached and refused a second time, no further calls were made.

Incentives

A $10 incentive check was offered to respondents who completed the interview by cell phone and were willing to provide a mailing address.

5 Response Rate and Disposition of Call Attempts

The underlying principle in the calculation of a standardized American Association for Public Opinion Research (AAPOR) response rate is full disclosure of the method used to calculate the response rate. This section documents our call disposition process and our calculations of AAPOR rates.

During data collection, each call was given a disposition that reflects the outcome of that call. Calls may be dispositioned by either the automated dialer (e.g., not in service, busy signal, no answer, etc.) or by interviewers (e.g., callback, refusal, business number, etc.). The disposition for each call attempt was recorded and stored in the sample management system (SMS) by a sample ID number. The cumulative history of dispositions for all call attempts were used to assign a single, interim disposition for each sample record. The interim disposition codes were assigned to a priority level when generating the interim (weekly status) or final disposition reports:

1=live-non-contact

2=callback

3=refusal

4=completes/deads

The priority level determines what disposition appeared on the disposition ("dispo") report based on the following rules:

- Completes/deads (4) stayed that way unless they were dialed again. If they were dialed again the priority level was reset.
- Refusals (3) kept the last refusal disposition, unless they became completes/deads (4).
- Callbacks (2) kept the last callback disposition, unless they became refusals (3) or completes/deads (4).
- Live-non-contacts (1) used the last live non-contact disposition unless they became callbacks (2), refusals (3) or completes/deads (4).

Calculating Final Disposition Codes from the Case-level Call History

Exhibit 2 provides a detailed mapping of Abt final disposition codes to AAPOR codes set forth by the guidelines provided in AAPOR's Standard Definitions.[5] Completed interviews were those cases with a recorded response to the last survey item. Partial completes were not coded for the HCS, because the location determination questions and geocoding of CA were at the very end of the questionnaire, and CDPH only wanted to include interviews for which we had fully attempted to

[5] The American Association for Public Opinion Research. 2016. *Standard Definitions*: *Final Dispositions of Case Codes and Outcome Rates for Surveys.9th edition*. AAPOR.

gain information to code CA. Therefore, only cases with a recorded response to the last survey item were considered completes and partial completes were not coded.

Exhibit 2: Mapping of Abt disposition codes to AAPOR codes.

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
I	1	Complete	1	Proceed with interview/Completed interview[6]	597	2385
R	2.11	Refusal	149	Qualified Soft Refusal – 2 – AFTER S6	40	89
R	2.11	Refusal	150	Qualified Soft Refusal – 3 – AFTER QK12	10	28
R	2.11	Refusal	151	Qualified Soft Refusal - 4 - AFTER QS9	0	1
R	2.11	Refusal	158	Qualified Hard Refusal - 2 – AFTER S6	26	95
R	2.11	Refusal	159	Qualified Hard Refusal - 3 – AFTER QK12	7	26
R	2.11	Refusal	160	Qualified Hard Refusal - 4 - AFTER QS9	0	0
R	2.11	Refusal	176	Qualified Second Soft Refusal – 2 – AFTER S6	20	24
R	2.11	Refusal	177	Qualified Second Soft Refusal – 3 – AFTER QK12	6	12
R	2.11	Refusal	178	Qualified Second Soft Refusal - 4 - AFTER QS9	0	0
R	2.15	Unspecified Appointment – Callback	140	Qualified Callback -2 - AFTER S6	82	225
R	2.15	Unspecified Appointment – Callback	141	Qualified Callback - 3 - AFTER QK12	26	96
R	2.15	Unspecified Appointment – Callback	142	Qualified Callback - 4 - AFTER QS9	0	1
R	2.16	Spanish Interviewer Needed - Callback	167	Qualified Spanish Callback -2 - AFTER S6	10	50
R	2.16	Spanish Interviewer Needed - Callback	168	Qualified Spanish Callback - 3 - AFTER QK12	5	26
R	2.16	Spanish Interviewer Needed - Callback	169	Qualified Spanish Callback - 4 - AFTER QS9	0	0
UH	3.12	Always busy	3	Busy	72	1716
UH	3.12	Always busy	201	Dialer – busy	72	0
UH	3.13	No answer	2	No answer	304	1669
UH	3.13	No answer	120	Possible Unassigned Number/No answer All Attempts	650	13

[6] The complete totals for Landline and Cell response rate calculations include 22 poor quality Spanish language interviews that were excluded from the final dataset (4 Landline, 18 Cell frame.) See the Data Cleaning subsection of the Final Data Preparation section for full details.

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
UH	3.13	No answer	202	Dialer – no answer	626	0
UH	3.15	Call blocking	41	Callback – CALL BLOCKING	2	540
UH	3.15	Call blocking	185	Callback – CALL BLOCKING (over max)	0	256
UOC	3.21a	No screener completed: Live contact, Away for duration	33	Away for duration	13	151
UOC	3.21b	No screener completed: Live contact, Health/Hearing problem	24	Health Problems – SHORT TERM	13	14
UOC	3.21b	No screener completed: Live contact, Health/Hearing problem	27	Hearing Problems	169	138
UOC	3.21b	No screener completed: Live contact, Health/Hearing problem	29	Health Problems – LONG TERM	92	72
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	23	Foreign Language – OTHER	93	569
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	60	Foreign Language – CHINESE	0	0
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	61	Foreign Language – POLISH	27	156
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	62	Foreign Language - KOREAN	10	63
UOC	3.22a	No screener completed: Live contact, Specified Appointment – Callback	13	Callback - APPOINTMENTS	85	1229
UOC	3.22a	No screener completed: Live contact, Unspecified Appointment – Callback	64	Callback - CS2: CURRENTLY DRIVING	0	117
UOC	3.22a	No screener completed: Live contact, Specified Appointment – Callback	139	Qualified Callback – 1 – AFTER S1	82	44
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	19	Callback – UNSPECIFIED	539	1562
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	65	Callback -CS4: CHILD ANSWERS CELL PHONE BELONGING TO PARENT OR GUARDIAN	0	2

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	71	Hung-up	892	4216
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	190	Hung-up CB – OVER MAX	1317	7095
UOC	3.22c	No screener completed: Live contact, Spanish Interviewer Needed – Callback	59	Foreign Language – Spanish	45	628
UOC	3.22c	No screener completed: Live contact, Spanish Interviewer Needed – Callback	166	Qualified Spanish Callback – 1 – AFTER S1	134	11
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	10	Refusal – SOFT	165	1300
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	94	Soft Refusal in screener - LS1	5	0
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	95	Soft Refusal in screener - S1	0	4
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	96	Soft Refusal in screener - S4	0	1
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	98	Soft Refusal in screener - S5	0	0
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	99	Soft refusal in screener (CS7, CS8)	0	4
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	148	Qualified Soft Refusal – 1 – AFTER S1	122	49
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	191	Hung-up REF – OVER MAX	108	399
UOC	3.23	No screener completed: Live contact, Refusal	17	Refusal – HARD (Do Not Callback)	291	2118
UOC	3.23	No screener completed: Live contact, Refusal	106	HARD REFUSAL – CS2: DK/REF	0	61
UOC	3.23	No screener completed: Live contact, Refusal	138	Refusal – CALL BLOCKING	46	2232
UOC	3.23	No screener completed: Live contact, Refusal	157	Qualified Hard Refusal – 1 – AFTER S1	52	16

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
UOC	3.23	No screener completed: Live contact, Refusal	175	Qualified Second Soft Refusal – 1 – AFTER S1	37	17
UOC	3.23	No screener completed: Live contact, Refusal	186	Second Soft Refusal	133	798
UONC	3.24	No screener completed: No live contact	34	Answering Machine/Voicemail	3972	16280
UONC	3.24	No screener completed: No live contact	113	Voicemail Confirming a Residence	28	233
UONC	3.24	No screener completed: No live contact	114	Voicemail - Left a message	55	222
UOC	3.9	Other	12	Abandoned Interview	0	1
UONC	3.9	Other: unknown if live contact made	206	Dialer - nuisance hang-up	19	0
UOC	3.9	Other: cell phone code used incorrectly	137	Cell phone	0	5
NWC	4.1	Out of sample: Doesn't live in Chicago	50	Screen out S4 or S5: DO NOT LIVE IN CHICAGO	4	604
NWC	4.1	Out of sample: Doesn't live in Chicago	51	S/O at Introduction: (VOL) DO NOT LIVE IN CHICAGO	0	2306
NWC	4.1	Out of sample: Doesn't live in Chicago	56	S/O Do Not Live in Chicago	0	0
NWC	4.1	Out of sample: Doesn't live in Chicago	990	Determined to be Outside of Chicago by GIS	1	30
NWC	4.2	Fax/data line	5	Fax/Modem Number/Computer Tone	186	97
NWC	4.2	Fax/data line	184	Fax/Modem/Computer tone (live)	8	85
NWC	4.2	Fax/data line	205	Dialer - modem tone	0	0
NWC	4.3	Non-working/disconnect	35	Not in Service/Disconnected	728	10369
NWC	4.3	Non-working/disconnect	115	Recorded Message - customer is unavailable	8	810
NWC	4.3	Non-working/disconnect	187	Bad Updated Phone	0	22
NWC	4.3	Non-working/disconnect	207	Dialer - bad number syntax	1030	0
NWC	4.3	Non-working/disconnect	209	Dialer - site unknown error	0	0
NWC	4.3	Non-working/disconnect	210	Dialer - site congestion	0	0
NWC	4.3	Non-working/disconnect	211	Dialer - site out of service	501	0
NWC	4.3	Non-working/disconnect	212	Dialer - new number dropped	0	0
NWC	4.3	Non-working/disconnect	221	Dialer - unknown error	20	0
NWC	4.3	Non-working/disconnect	234	Dialer - Rejected number	8	0

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
NWC	4.4	Special technological circumstances	25	Incomplete Call/Line Problems (Temporary)	23	1367
NWC	4.4	Special technological circumstances	208	Dialer – incomplete	2	0
NWC	4.42	Cell phone	137	Cell Phone in Landline frame	6	0
NWC	4.51	Business, government office, other organization	22	Business/Government Number/Non-Resident	306	2046
NWC	4.51	Business, government office, other organization	46	Screen out: HH1 - NOT A PRIVATE RESIDENCE	2	0
NWC	4.51	Business, government office, other organization	49	Screen out S1: Not private residence	67	157
SO	4.7	Not eligible respondent: Child/Teen phone	47	Screen out CS4: CELL PHONE BELONGS TO MINOR	0	282
SO	4.7	Not eligible respondent: Child/Teen phone	121	Child/Teen Phone	1	925
SO	4.7	Not eligible respondent: No under 18 child in HH	770	Ineligible for Child Module - No child/DK/REF	0	0
SO	4.7	Not eligible respondent: Not parent/guardian of under 18 child	771	Ineligible for Child Module - Not parent/guardian/DK/REF	0	0
NWC	4.9	Other not eligible	880	Case used for training erroneously	0	1
NWC	4.9	Other not eligible	48	Screen out CS7: Phone number does not match	0	49

Calculating Final Outcome Rates

Final disposition codes and outcome rates were first calculated separately for the landline and cell phone versions based on guidelines provided in AAPOR's Standard Definitions. The final dispositions and outcome rates for 2014, 2015, 2016, 2017, and 2018 are shown in Exhibit 3.

Exhibit 3: Survey Response Rates.

		2014		2015		2016		2017		2018	
		Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell
Interview (Category 1)											
Complete	1.00	1,372	1,179	1,216	1,190	1,079	1,647	617	2,715	597	2,385
Eligible, non-interview (Category 2)											
Refusal	2.11	225	96	258	154	187	152	108	198	109	275
Unspecified Appointment – Callback	2.15	166	147	185	172	140	125	102	352	108	322
Spanish Interviewer Needed – Callback	2.16	37	50	20	65	16	28	3	44	15	76
Unknown eligibility, non-interview (Category 3)											
Always busy	3.12	350	265	2,924	351	2,786	243	2,297	1,100	144	1,716
No answer	3.13	4,657	196	6,229	143	7,331	419	6,493	4,946	1,580	1,682
Call blocking	3.15	4	15	7	23	3	41	26	480	2	796
No screener completed: Live contact, Away for duration	3.21a	87	55	130	28	5	2	2	9	13	151
No screener completed: Live contact, Health/Hearing problem	3.21b	320	70	327	59	263	123	170	164	274	224
No screener completed: Live contact, Language problem non-Spanish	3.21c	346	221	323	267	317	264	164	853	130	788
No screener completed: Live contact, Specified Appointment - Callback	3.22a	742	549	348	443	295	388	208	1,352	167	1,390
No screener completed: Live contact, Unspecified Appointment - Callback	3.22b	3,360	3,486	2,863	3,118	2,888	4,392	2,038	16,172	2,748	12,875
No screener completed: Live contact, Spanish Interviewer Needed - Callback	3.22c	284	103	135	115	350	293	121	869	179	639
No screener completed: Live contact, Soft Refusal - Callback	3.22d	578	421	975	596	793	1,135	436	1,447	400	1,757
No screener completed: Live contact, Refusal	3.23	764	643	1,537	1,230	1,160	1,575	678	3,695	559	5,242

		2014		2015		2016		2017		2018	
		Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell
No screener completed: No live contact	3.24	2,987	2,424	4,710	3,236	5,400	4,941	4,560	30,268	4,055	16,735
Other: unknown if live contact	3.9	136	0	371	0	240		278	0	19	0
Other: "cell phone" dispo used in error	3.91	0	4	0	0			0	0	0	5
Not eligible (Category 4)											
Doesn't live in Chicago	4.1	52	1,208	130	1,044	146	1,489	7	3,706	5	2,940
Fax/data line	4.2	2,116	7	2,488	10	2,517	12	1,920	52	194	182
Non-working/disconnect	4.3	54,540	6,985	70,183	5,321	83,320	5,523	71,354	11,472	2,295	11,201
Special technological circumstances	4.4	131	200	176	51	340	160	118	1,470	25	1,367
Cell phone	4.42	25	0	27	0	39	0	0	0	6	0
Business, gov't, other org	4.51	4,928	729	4,128	718	5,195	902	3,762	2,315	375	2,203
No eligible respondent: Child/Teen phone; No child or not parent/guardian of child for child module	4.7	15	455	46	435	30	329	8	4,061	1	1,207
Other not eligible	4.9	0	23	1	26	0	28	0	48	0	50
Total phone numbers used		78,222	19,531	99,737	18,795	114,840	24,218	95,470	87,788	14,000	66,209
Completes (1.0)	I	1,372	1,179	1,216	1,190	1,079	1,647	617	2,715	597	2,385
Partial Interviews (1.2)	P	0	0	0	0	0	0	0	0	0	0
Eligible Non-Interview: Refusal (2.1)	R	428	293	463	391	343	305	213	594	232	673
Eligible Non-Interview: Non-Contact (2.2)	NC	0	0	0	0	0	0	0	0	0	0
Eligible Non-Interview: Other (2.3)	O	0	0	0	0	0	0	0	0	0	0
Undetermined If Working and Residential (3.1)	UH	5,011	476	9,160	517	10,120	703	8,816	6,526	1,726	4,194
Working and Residential But Undetermined Eligibility (3.2,3.9)											
Live contact was made	UO_C	6,481	5,548	6,638	5,856	6,071	8,172	3,817	24,561	4,470	23,066
Live contact not made	UO_{NC}	3,123	2,428	5,081	3,236	5,640	4,948	4,838	30,268	4,074	16,741
Not Eligible: Nonworking, Nonresidential, or Ported (4.1-4.5,4.9)	NWC	61,792	9,152	77,133	7,170	91,557	8,114	77,161	19,063	2,900	17,943
Screen Out: Working and Residential but Not Eligible (4.7)	SO	15	455	46	435	30	329	8	4,061	1	1,207

		2014		2015		2016		2017		2018	
		Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell
e1 = Estimated proportion of screener eligibility	(I+P+R)/(I+P+R+SO)	99.2%	76.4%	97.3%	78.4%	97.9%	85.6%	99.0%	44.9%	99.9%	71.7%
e2 = Estimated proportion of household eligibility	(I+P+R+NC+O+UO_C+UO_{NC}+SO)/(I+P+R+NC+O+UO_C+UO_{NC}+SO+NWC)	15.6%	52.0%	14.8%	60.8%	12.6%	65.5%	11.0%	76.5%	76.4%	71.1%
Response Rate 1	I/(I+P+R+NC+O+UH+UO_C+UO_{NC})	8.4%	11.9%	5.4%	10.6%	4.6%	10.4%	3.4%	4.2%	5.4%	5.1%
Response Rate 3	I/(I+P+R+NC+O+[e1*e2*UH]+[e1*(UO_C+UO_{NC})])	11.3%	15.2%	8.4%	13.3%	7.6%	12.1%	6.0%	9.0%	5.6%	7.1%
Cooperation Rate 1	I / (I+P+R+O+[e1*UO_C])	16.7%	20.6%	14.9%	19.3%	14.6%	18.4%	13.4%	18.9%	11.3%	12.2%
Cooperation Rate 3	I/((I+P)+R))	76.2%	80.1%	72.4%	75.3%	75.9%	84.4%	74.3%	82.0%	72.0%	78.0%
Refusal Rate 1	R/((I+P+(R+NC+O+UH+UO_C+UO_{NC}))	2.6%	3.0%	2.1%	3.5%	1.5%	1.9%	1.2%	0.9%	2.1%	1.4%
Refusal Rate 2	R/((I+P+R+NC+O+[e1*e2*UH]+[e1*(UO_C+UO_{NC})])	3.5%	3.8%	3.2%	4.4%	2.4%	2.2%	2.1%	2.0%	2.2%	2.0%
Refusal Rate 3	R/((I+P)+(R+NC+O))	23.8%	19.9%	27.6%	24.7%	24.1%	15.6%	25.7%	18.0%	28.0%	22.0%
Contact Rate 1	(I+P)+R+O / (I+P+R+O+	11.0%	14.8%	7.4%	14.1%	6.1%	12.4%	4.5%	5.1%	7.5%	6.5%

		2014		2015		2016		2017		2018	
		Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell
	NC+UH+UOC+UONC)										
Contact Rate 2	(I+P+R+O+[e1*UOC])/(I+P+R+NC+O+[e1*e2*UH]+[e1*(UOC+UONC)])	68.0%	73.6%	56.5%	68.9%	52.1%	65.9%	44.5%	47.5%	49.6%	58.1%
Contact Rate 3	(I+P)+R+O / (I+P)+R+O+NC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

5.1.1 Calculating a single set of response rates

Next, a single set of response rates were calculated two ways: 1.) following guidelines provided by the AAPOR Cell Phone task force for calculating a single, combined response rate from overlapping dual frame surveys, and 2.) using the guidelines for calculating dual frame response rates provided in the 2016 AAPOR Standard Definitions.

Calculating Response Rates for Dual Frame Surveys: AAPOR Cell Phone Task Force 2010 calculation

According to the AAPOR Cell Phone task force, in dual frame designs, the rates for the units that are sampled from each frame should be combined using weights that are proportional to each segment of the population sampled from the respective frame.

Overlapping Cell Phone Sample and Landline Sample. In an overlapping dual frame survey, all otherwise eligible cell phone respondents are interviewed (i.e., no screening for cell-only or cell-mostly status and excluding dual users). The "overlap" is households with both landlines and cell phones that can be reached by either device. We assume that we cannot identify in advance whether a telephone number from either frame is in the overlap.

AAPOR recommends computing the weighted response rate as follows:[7] "Assume the landline frame covers 70 percent of the population and the cell frame covers 80 percent, with 30 percent cell only and 50 percent in the overlap. First, compute the proportion of the population sampled from the landline frame as 0.2 (landline only) + 0.5/2.0 (half the overlap), which equals 0.45; for the cell frame it is 0.3 (cell only) + 0.5/2.0 (half the overlap), which equals 0.55. In this example, the weighted overall response rate is the sum of 0.45 times the landline response rate and 0.55 times the cell frame response rate."

The HCS is an overlapping dual frame survey, so a combined response rate was calculated by multiplying response rates from the landline and cell versions by their respective compositing factors and adding them together, as shown below.

[7] AAPOR. Nonresponse in RDD Cell Phone Surveys. http://www.aapor.org/Education-Resources/Reports/Cell-Phone-Task-Force-Report/Coverage-and-Sampling-(1).aspx

Combined Response Rate Calculation for 2014, 2015, 2016, 2017, and 2018 Healthy Chicago Surveys

HCS Telephone Usage Weighting Targets

	2014	2015	2016	2017	2018
Cell-only	48.9%	54.8	59.8	63.1	64.8
Landline only	5.8%	5.9	4.7	3.7	3.4
Dual	45.3%	39.3	35.5	33.2	31.8

	2014	2015	2016	2017	2018
Combined RR	$= RR^{II}*(.058 + .453/2) + RR^{c}*(.489 + .453/2)$ $= .2845*RR^{II} + .7155* RR^{c}$	$= RR^{II}*(.059 + .393/2) + RR^{c}*(.548 + .393/2)$ $= .2555*RR^{II} + .7445* RR^{c}$	$= RR^{II}*(.047 + .355/2) + RR^{c}*(.598 + .355/2)$ $= .2245*RR^{II}+ .7755* RR^{c}$	$= RR^{II}*(.037 + .332/2) + RR^{c}*(.631 + .332/2)$ $= .2030*RR^{II}+ .8085* RR^{c}$	$= RR^{II}*(.034 + .318/2) + RR^{c}*(.648 + .318/2)$ $= .1930*RR^{II}+ .8070* RR^{c}$
Landline compositing factor	.2845	.2555	.2245	.2030	.1930
Cell compositing factor	.7155	.7445	.7755	.7970	.8070

Survey Response & Cooperation Rates

	2014			2015				2016		2017			2018		
	LL (RR^{II})	Cell (RR^{c})	**Comb**	LL (RR^{II})	LL (RR^{II})	Cell (RR^{c})	**Comb**	Cell (RR^{c})	**Comb**	LL (RR^{II})	Cell (RR^{c})	**Comb**	LL (RR^{II})	Cell (RR^{c})	**Comb**
RR1	8.4%	11.9%	10.9%	5.4%	10.6%	9.3%	4.6%	10.4%	9.1%	3.4%	4.2%	4.0%	5.4%	5.1%	5.1%
RR3	11.3%	15.2%	14.1%	8.4%	13.3%	12.0%	7.6%	12.1%	11.1%	6.0%	9.0%	8.4%	5.6%	7.1%	6.7%
Coop Rate 1	16.7%	20.6%	19.5%	14.9%	19.3%	18.2%	14.6%	18.4%	17.6%	13.4%	18.9%	17.8%	11.3%	12.2%	11.9%
Coop Rate 3	76.2%	80.1%	79.0%	72.4%	75.3%	74.5%	75.9%	84.4%	82.5%	74.3%	82.0%	80.5%	72.0%	78.0%	77.3%

Calculating Response Rates for Dual Frame Surveys: AAPOR Standard Definitions

Using AAPOR's most recent Standard Definitions to calculate response rates for dual frame surveys, the combined response rate weights each frame's response rate by the percentage of interviews completed from that frame.

Combined Response Rate Calculation for 2014, 2015, 2016, 2017, and 2018 Healthy Chicago Surveys

	2014	2015	2016	2017	2018
Landline completes	1,372	1,216	1,079	617	597
Cell completes	1,179	1,190	1,647	2,715	2385
% Landline completes	53.8%	50.5%	39.6%	18.5%	20.0%
% Cell completes	46.2%	49.5%	60.4%	81.5%	80.0%

	2014	2015	2016	2017	2018
Combined RR	= RR^{II} *.538 + RR^{c} * (1-.538)	= RR^{II} * .505 + RR^{c} * (1-.505)	= RR^{II} * .396 + RR^{c} * (1-.396)	= RR^{II} * .185 + RR^{c} * (1-.185)	= RR^{II} * .200 + RR^{c} * (1-.200)

Survey Response & Cooperation Rates

	2014			2015			2016			2017			2018		
	LL (RR^{II})	Cell (RR^{C})	**Comb**	LL (RR^{II})	Cell (RR^{C})	**Comb**	LL (RR^{II})	Cell (RR^{C})	**Comb**	LL (RR^{II})	Cell (RR^{C})	**Comb**	LL (RR^{II})	Cell (RR^{C})	**Comb**
RR1	8.4%	11.9%	10.0%	5.4%	10.6%	8.0%	4.6%	10.4%	8.1%	3.4%	4.2%	4.0%	5.4%	5.1%	5.1%
RR3	11.3%	15.2%	13.1%	8.4%	13.3%	10.8%	7.6%	12.1%	10.4%	6.0%	9.0%	8.4%	5.6%	7.1%	6.8%
Coop Rate 1	16.7%	20.6%	18.5%	14.9%	19.3%	17.1%	14.6%	18.4%	16.9%	13.4%	18.9%	17.9%	11.3%	12.2%	12.0%
Coop Rate 3	76.2%	80.1%	78.0%	72.4%	75.3%	73.8%	75.9%	84.4%	81.0%	74.3%	82.0%	80.6%	72.0%	78.0%	76.8%

6 Final Data Preparation

Data Processing

Interview data were processed monthly throughout data collection. Processing involved compilation of completed interview cases for review by the project management team and coding of open-ended questions and questions with an "other" response that allowed a verbatim response to be recorded. Additionally, cases for which a Community Area (CA) could not be assigned were reviewed manually by the Abt GIS team to determine whether, based on address information the respondent provided, a CA could be assigned manually. Coding of open-ended questions and verbatim responses and assignment of CA are described in later sections.

After interviewing was complete, Abt delivered to CDPH a single SAS dataset combining HCS landline and cell survey data from only the completed interviews for the study. The sample record identifier (qkey) uniquely identified each completed interview. Additionally, a combined 2016-2018 dataset with pooled weights appended was delivered to CDPH. Because there were duplicate values of qkey between the waves of data collection, a revised sample identifier (eqkey) was created, which was a concatenation of the year of data collection and qkey (e.g., 2016123456).

Data Documentation

Several administrative and descriptive variables were included in the data. These additional variables are explained below, with any variations by survey version noted. "Landline telephone numbers" refers to telephone numbers sampled from the landline frame (frame="LL") and "cell telephone numbers" refers to telephone numbers sampled from the cell frame (frame="Cell").

The sample loaded into two different versions (landline or cell) so that these samples could be managed separately. This also allowed for automated dialing of the landline sample, which federal law prohibits for dialing cell phone sample.

Some variables are not included in the questionnaire but were used to manage the sample. A description of these variables is included below.

6.1.1 Sample record identifier variables

These variables provide additional information about the sampled telephone number.

Variable Name	Variable Label	Comment
eqkey		(Combined 2016-18 data file) Concatenated value of year of data collection and qkey to create unique identifier across data collection waves for each telephone number in the sample.
qkey	Sample key	Unique identifier for each telephone number in the sample.

Variable Name	Variable Label	Comment
wave	Data collection wave	(Combined 2016-18 data file) Year of data collection for sampled telephone number 3 = 2016 4 = 2017 5 = 2018
rep	Sample replicate	The replicate number in the load sequence. Replicate number is specific to wave/version.
resp	Respondent ID	Respondent Number. A respondent number is assigned once an interview progresses beyond the introduction.
fproj	Project name/number	Abt internal project number that corresponds with questionnaire version: "30526" = Loaded into the 2016 landline version "30652m" = Loaded into the 2016 cell phone version "24614l" = Loaded into the 2017 landline version "24614m" = Loaded into the 2017 cell phone version "25831l" = Loaded into the 2018 landline version "25831m" = Loaded into the 2018 cell phone version
frame	Frame	The frame to which the telephone number belongs:: LL = Landline frame Cell = Cell phone frame
RateCenter *[cell telephone numbers only]*	Sample Read-in: Rate Center	Indicates the rate center of the cellular telephone number.
qzip	Sample Read–in Zip	For landline telephone numbers, this is the ZIP code that occurs the most often in a six digit exchange. For cell telephone numbers, this is the matched billing ZIP that was returned after submitting records to Dynata's GeoID process.
cellwins *[cell telephone numbers only]*	Sample Read-in Cell Activity	Indicates if the cell phone was flagged as active/inactive: Active = The cell phone is flagged active Inactive = The cell phone is flagged as inactive Unknown = The cell phone activity is unknown

6.1.2 Residency variables

ZIP code was asked of all respondents as a method of screening for residency within the City of Chicago and eligibility for the survey. Respondents were first asked ZIP code in question S2_. If the respondent provided a ZIP code that was completely inside Chicago the case proceeded with the

interview. If the respondent provided a ZIP code that was only partially in Chicago they were asked a follow-up question to determine if the household was located in Chicago.

Variable Name	Variable Label	Comment
s1	S1. Do you live in a private residence, that is, not in a dormitory or other type of group living situation?	Asked to determine if respondent lives in a private residence.
s2_	S2. For this survey, we want to be sure all neighborhoods in Chicago are represented. In order to accurately identify the neighborhood you live in, can you tell me your zip code? [VERBATIM RESPONSE]	Asked to determine whether the respondent lives in the City of Chicago.
s3	Just to confirm I entered it correctly, is your zip code (RESPONSE FROM s2_)?	Asked of all respondents to confirm the ZIP code entered in s2_.
s4	S4. (Can you just tell me,) is your household located in the city of Chicago?	Asked if ZIP code provided at s2_ is not contained completely in the city of Chicago or if the respondent does not provide a ZIP code at s2_.
s5	S5. In what city or town do you live?	Asked of respondents that indicate they do not live in the city of Chicago.
s5_	S5. In what city or town do you live? [VERBATIM RESPONSE]	Verbatim response of city or town the respondent lives if not in Chicago and not included on precoded list.
fixzip2	ZIP code	Asked if respondent did not provide an answer to s2_ or indicated that the ZIP code provided at s2_ is incorrect (after confirmation).

6.1.3 Household selection variables [landline version]

The variables used for selecting a household respondent are described below. These questions and screening process were used to help ensure that a representative sample of males and females were selected and participated in the Healthy Chicago Survey.

Variable Name	Variable Label	Comment
qhh1	QHH1. Now I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, INCLUDING YOURSELF, are 18 years of age or older?	Number of adults in the household Note: this variable is comparable to qk9 which is asked of all respondents in the Cell survey.
qhh2	QHH2. Are you the adult?	Asked if there is only one adult indicated in the household.
qhh3	QHH3. May I speak with the adult?	Asked if the answer to qhh2 is no.
qhhb1	QHHB. How many of these adults are men and how many are women?	Asked if there is more than one adult in the household. Used to record number of adult males.
qhhb2	QHHB. How many of these adults are men and how many are women?	Asked if there is more than one adult in the household. Used to record number of adult females.
qgend	Choose Gender	Field generated that picks the gender of the selected respondent.
ranadlt1	Holds random adult	Indicates the information for the gender selected.

Variable Name	Variable Label	Comment
qhh5	QHH5. Could I please speak with [RANDOMLY PICKED RESPONDENT]?	Asked to have selected respondent come to the phone.

6.1.4 Interview status variables

These variables indicate interview status for the HCS and provide information regarding the interview, such as the interviewing site that completed the interview and the date the interview was completed.

Variable Name	Variable Label	Comment
qlan	Select a language:	The language the interview began using: 1 = English 2 = Spanish
s6	S6. [INTERVIEWER: SELECT LANGUAGE]	The language spoken of the selected respondent: 1 = English 2 = Spanish
status	Interview status	1 = Complete 2 = Non-complete
fdate	End date of interview	Date HCS interview was completed (for HCS completes only)
fdow	End Day of week	Day of week that HCS interview was completed (for HCS completes only)
SITE	Site that completed case	Indicates which interviewing site completed the interview: 4 = Abt 9 = Blackstone Group/C R Market Surveys/Market-Ease
INTID	End interviewer name	Numeric code of the interviewer who completed the HCS with the respondent. Other interviewers may have dialed the number before and perhaps spoken with the respondent.
fshift	End shift date	Date of last attempt to reach the household (for all records dialed).
dispo	Dispo Code from Script	The final disposition of the record.
qversion	Questionnaire Version	(2016 wave only) This identifies the questionnaire version administered for each record: 1 = Long 2 = Short

6.1.5 Income variables

The variables included here were used to determine household income compared to the Federal Poverty Guidelines.

Variable Name	Variable Label	Comment
nhouse	Household size	Calculated field that sums the number of adults in the household (qhh1 for landline sample and qk9 for cell phone sample) and the number of children in the household (qk10). Null if qhh1, qk9, or qk10 is Refused or Don't Know.
pvtylvl	Poverty Level calculated based on number of household members	Calculated from nhouse. Not calculated if nhouse is null. In 2016: IF NHOUSE = 1 THEN PVTYLVL = 11,880 IF NHOUSE = 2 THEN PVTYLVL = 16,020 IF NHOUSE = 3 THEN PVTYLVL = 20,160 IF NHOUSE = 4 THEN PVTYLVL = 24,300 IF NHOUSE = 5 THEN PVTYLVL = 28,440 IF NHOUSE = 6 THEN PVTYLVL = 32,580 IF NHOUSE = 7 THEN PVTYLVL = 36,730 IF NHOUSE = 8 THEN PVTYLVL = 40,890 IF NHOUSE GT 8 THEN PVTYLVL = 40,890 + ((NHOUSE-8) * 4,160) In 2017: IF NHOUSE = 1 THEN PVTYLVL = 12,060 IF NHOUSE = 2 THEN PVTYLVL = 16,240 IF NHOUSE = 3 THEN PVTYLVL = 20,420 IF NHOUSE = 4 THEN PVTYLVL = 24,600 IF NHOUSE = 5 THEN PVTYLVL = 28,780 IF NHOUSE = 6 THEN PVTYLVL = 32,960 IF NHOUSE = 7 THEN PVTYLVL = 37,140 IF NHOUSE = 8 THEN PVTYLVL = 41,320 IF NHOUSE GT 8 THEN PVTYLVL = 41,320+ ((NHOUSE-8) * 4,180) In 2018: IF NHOUSE = 1 THEN PVTYLVL = 12,140 IF NHOUSE = 2 THEN PVTYLVL = 16,460 IF NHOUSE = 3 THEN PVTYLVL = 20,780 IF NHOUSE = 4 THEN PVTYLVL = 25,100 IF NHOUSE = 5 THEN PVTYLVL = 29,420 IF NHOUSE = 6 THEN PVTYLVL = 33,740 IF NHOUSE = 7 THEN PVTYLVL = 38,060 IF NHOUSE = 8 THEN PVTYLVL = 42,380 IF NHOUSE GT 8 THEN PVTYLVL = 42,380 + ((NHOUSE-8) * 4,320)
qk14	QK14. Is your household's annual income from all sources...	This is the main summary variable for income. Not asked if nhouse is null.
qk14z2	QK14.2. Is your household's annual income from all sources less than $[TWO TIMES POVERTY]	
qk14z1	QK14.1. Is your household's annual income from all sources less than $[POVERTY]	

Variable Name	Variable Label	Comment
qk14z5	QK14.5. Is your household's annual income from all sources less than $[FIVE TIMES POVERTY]	
qk14z6	QK14.6. Is your household's annual income from all sources less than $[SIX TIMES POVERTY]	
qk14z4	QK14.4. Is your household's annual income from all sources less than $[FOUR TIMES POVERTY]	
qk14z3	QK14.3. Is your household's annual income from all sources less than $[THREE TIMES POVERTY]	
qk14a	QK14a. Can you just tell me if your annual household income is less than $[POVERTY]	If the respondent answers Don't know/Not sure or Refused to qk14z2, they are asked if they can verify at least whether their income is less than the poverty level.
qk14b	QK14b. Is your combined household's annual income from all sources less than $[1.33 TIMES POVERTY]	If the respondent reports income between 100%-199% of the Federal Poverty Level (qk14=2 OR qk14a=2), they are asked if their income is less than FPL * 1.33.

6.1.6 Displayed critical weight variables

The weights used for the BMI follow-up questions were rounded down to the closest integer (qk16/mqk16). The heights used for the BMI follow-up questions were rounded down to the closest integer (qk15/mqk15). Variables reflecting the integers that were displayed for survey administration have been added to the data layout and are described below.

Variable Name	Variable Label	Comment
fxdqk17b	CRITICAL WEIGHT FOR ENGLISH VERY OBESE – Displayed	Displayed integer representing the critical weight for English Very Obese (in pounds). Values rounded down from calculated critical weight (crwtobs1).
fxdqk17a	CRITICAL WEIGHT FOR ENGLISH OBESE – Displayed	Displayed integer representing the critical weight for English Obese (in pounds). Values rounded down from calculated critical weight (crwtobs2).
fxdqk17c	CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT - Displayed	Displayed integer representing the critical weight for English Overweight (in pounds). Values rounded down from calculated critical weight (crwtovr1).
fxdqk17d	CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT - Displayed	Displayed integer representing the critical weight for English Underweight (in pounds). Values rounded down from calculated critical weight (crwtudr1).
fxdqk18b	CRITICAL WEIGHT FOR METRIC VERY OBESE – Displayed	Displayed integer representing the critical weight for Metric Very Obese (in kilos). Values rounded up from calculated critical weight (crwtobs4x).

Variable Name	Variable Label	Comment
fxdqk18a	CRITICAL WEIGHT FOR METRIC OBESE – Displayed	Displayed integer representing the critical weight for Metric Obese (in kilos). Values rounded up from calculated critical weight (crwtobs4).
fxdqk18c	CRITICAL WEIGHT FOR METRIC OVERWEIGHT - Displayed	Displayed integer representing the critical weight for Metric Overweight (in kilos). Values rounded up from calculated critical weight (crwtovr2).
fxdqk18d	CRITICAL WEIGHT FOR METRIC UNDERWEIGHT - Displayed	Displayed integer representing the critical weight for Metric Underweight (in kilos). Values rounded up from calculated critical weight (crwtudr2).

Coding Notes

Abt reviewed "Other" open-ended responses for 8 questions. "Other Specify" open-ended responses were "moved-up" to the pre-code list for 3 questions in the ,2016 Healthy Chicago Survey, for 6 questions in the 2017 survey, and for for 6 questions in the 2018 survey. The open-ended responses have been retained in the data so that coding can be reviewed easily.

For question QS9, different survey years coded 'moved-up' responses different from year to year, depending in the prevalence of 'Other Specify' responses. However, in the pooled datasets, they had be recoded to match the values below across years:

Response Value	Response Value Label
10	'Didn't want to'
11	'Did not think it was necessary / could take care of myself'
12	'Providers issues'
13	'No time / I'm too busy'
14	'Services not available'
15	'On a wait list / no timely appointments available'

Variable Name	Variable Label	Comment
2016		
qufs1_	FS1. Suppose that you have an emergency expense that costs $400. Based on your current financial situation, how would you pay for this expense? You may choose more than one method. Would you…	No new codes were added.

Variable Name	Variable Label	Comment
quk5_	QK5. Which one or more of the following would you say is your race?	A new code was added: Hispanic/Latino/Spanish (Mexican, Cuban, Puerto Rican) → code 70 A total of 146 respondents (63.5% of "other" responses) responded with Hispanic/Latino/Spanish (in "other") during the interview. Ten respondents provided one answer for race (in "other") during the interview, and were coded to having more than one race and were therefore not asked the follow-up q7 (QK7. Which one of these groups would you say best represents your race?). Four respondents provided an "other" answer during the interview but were coded to Asian or Other Pacific Islander and therefore were not asked the Asian ancestry question (qk6) during the interview. However, one of these respondents provided enough information in the "other" response that qk6 could be coded.
qus9_	QS9. Which of these statements explains why you did not get the mental health treatment or counseling you needed?	New codes were added: Didn't want to → code 10 A total of 10 respondents (15.4% of "other" responses) reported didn't want to (in "other") during the interview. Did not think it was necessary/could take care of myself → code 11 A total of 4 respondents (6.2% of "other" responses) reported did not think it was necessary/could take care of myself (in "other") during the interview. Provider issues → code 12 A total of 17 respondents (26.2% of "other" responses) reported provider issues (in "other") during the interview. No time/I'm too busy → code 13 A total of 22 respondents (33.9% of "other" responses) reported no time/I'm too busy (in "other") during the interview.
2017		

Variable Name	Variable Label	Comment
quk5_	K5. Which one or more of the following would you say is your race?	A new code was added: Hispanic/Latino/Spanish → code 55 A total of 196 respondents (64.7% of "other" responses) responded with Hispanic/Latino/Spanish (in "other") during the interview. 12 respondents provided one answer for race (in "other") during the interview, and were coded to having more than one race and were therefore not asked the follow-up q7 (QK7. Which one of these groups would you say best represents your race?). Two respondents provided an "other" answer during the interview but were coded to Asian or Other Pacific Islander and therefore were not asked the Asian ancestry question (qk6) during the interview.
qk12d_	K12d. Thinking about the most recent time, why did you need to take off work?	No new codes were added.
qk12e_	K12e. Why did you decide not to take leave?	New codes were added: Did not need to use leave time → code 8 A total of 9 respondents (33.3% of "other" responses) reported did not need to use leave time (in "other") during the interview. Busy at work / no coverage at work → code 9 A total of 4 respondents (14.8% of "other" responses) reported busy at work / no coverage at work (in "other") during the interview.
cuv10_	CV10. Why did you refuse this vaccine/these vaccines?	No new codes were added.
qus7a_	S7A. What do you do to help manage stress?	A new code was added: Sleep / take nap / rest → code 13 A total of 74 respondents (15.2% of "other" responses) responded with Sleep / take nap / rest (in "other") during the interview.

Variable Name	Variable Label	Comment
qus9_	S9. Which of these statements explains why you did not get the mental health treatment or counseling you needed?	New codes were added: On a wait list / no timely appointments available → code 10 A total of 6 respondents (6.7% of "other" responses) reported on a wait list / no timely appointments available (in "other") during the interview. My schedule / too busy → code 11 A total of 21 respondents (23.6% of "other" responses) reported my schedule / too busy (in "other") during the interview. Felt I could deal with it / not necessary → code 12 A total of 9 respondents (10.1% of "other" responses) reported felt I could deal with it / not necessary (in "other") during the interview.
2018		
quk5_	K5. Which one or more of the following would you say is your race?	No new codes were added 12 respondents provided one answer for race (in "other") during the interview, and were coded to having more than one race and were therefore not asked the follow-up q7 (QK7. Which one of these groups would you say best represents your race?). Two respondents provided an "other" answer during the interview but were coded to Asian or Other Pacific Islander and therefore were not asked the Asian ancestry question (qk6) during the interview.
ucm2g – ucm2g_12	CM2g. Which one or more of the following would you say best describes this child's race?	No new codes were added.
quad2_	QAD2. What did you do in that situation?	No new codes were added

Variable Name	Variable Label	Comment
qus9_	S9. Which of these statements explains why you did not get the mental health treatment or counseling you needed?	New codes were added: On a wait list / no timely appointments available → code 10 A total of 9 respondents (13.2% of "other" responses) reported on a wait list / no timely appointments available (in "other") during the interview. My schedule / too busy → code 11 A total of 14 respondents (20.6% of "other" responses) reported my schedule / too busy (in "other") during the interview. Felt I could deal with it / not necessary → code 12 A total of 7 respondents (10.3% of "other" responses) reported felt I could deal with it / not necessary (in "other") during the interview. Did not want to→ code 13 A total of 8 respondents (11.8% of "other" responses) reported did not want to (in "other") during the interview. Provider issues → code 14 A total of 9 respondents (13.2% of "other" responses) reported provider issues (in "other") during the interview.
qaa7_	QAA7. People move for many different reasons. Thinking of your most recent move, can you tell me the reason or reasons that you moved?	A new code was added: Bought home → code 13 A total of 18 respondents (17.1% of "other" responses) responded with Bought home (in "other") during the interview.
qaa12_	QAA12. You told me that the park or play ground near where you live is not safe. Please tell me why you feel that way, by answering YES or NO to the following problems:	No new codes were added.

Data Cleaning

In 2016, one complete was removed from the dataset after the project management team received a voicemail from the respondent informing us that he did not currently reside in Chicago. This respondent is not included in the delivered dataset of completed interviews.

One respondent's metric height was recorded as 0 meters, 15 centimeters. For this respondent, mqk15 (About how tall are you without shoes?) was set to "Don't Know" (7777), and q15bm and q15bc (meters and centimeters) were set to missing. Ordinarily, a respondent who reported a weight but didn't report height would have been asked follow-up questions in qk19a-qk19d (Is your height less than [CRITICAL HEIGHT]?), but these questions weren't asked for this respondent, so we

are unable to determine whether the respondent's BMI meets the criteria for normal weight, obese, etc. Four completes (qkey 201159, 201193, 712643 and 712643) assigned the short version of the questionnaire answered several questions belonging to the long version of the questionnaire. This is because these records had all started the survey prior to the administration of the two different questionnaire versions. However, the four records did not answer all of the questions from the long version of the questionnaire, so we did not recode the value for qversion.

In 2017, 22 completed interviews were removed from the dataset after it was found that they were completed by two bilingual interviewers who were not administering the questionnaire verbatim, were not probing appropriately and were using more colloquial language when communicating with respondents in Spanish.

A total of 1 case had metric heights that indicated entry error. One respondent reported over 100 centimeters at qk15bc (About how tall are you without shoes? CENTIMETERS) in addition to a response at qk15bm (About how tall are you without shoes? METERS). For this case the response to qk15bm was set to 0.

For one case, a respondent selected "Months" (1) at rc2ma_1 because did not provide a value for their first reported child's age in months at qcm2amns_1, which was set to missing.

In 2018, no cases were removed during data cleaning and no cases had any issues with weight, height, or other questions.

Geocoding

In the Healthy Chicago Survey, there is interest in health outcomes and behaviors at the local level. The city of Chicago is divided into 77 administrative units called Community Areas (CA), and the final questions of the survey aimed to determine the respondent's CA. Determination of the CA of each survey respondent proceeded in several steps and resulted in the variable final_ca.

1. The interviewer asked for the respondent's address to send the $10 incentive check (QV5), verifying if that it was his or her home address (QV6), verifying the earlier recorded ZIP code (QV6A, QV6B), and recording home address if the respondent lived at a different address than the incentive address (QV7). This information was sent for real-time geocoding to determine the CA (BOROCT variable). In the final 2016 data set, 1,711 values (of the 2,726 completes) of the CA (final_ca) are taken from BOROCT. In the final 2017 data set, 2,340 values (of the 3,310 completes) of the CA (final_ca) are taken from BOROCT. In the final 2018 data set, 1,978 values (of the 2,982 completes) of the CA (final_ca) are taken from BOROCT.

2. If this process did not produce a usable geocoded CA, the interviewer read back the address to the respondent and additionally asked for the cross-street information (QV8 and QV9). The second real-time geocoding request was sent to determine the CA (BOROCT2 variable based on the updated address; TEMPD2 variable based on the intersection information). In the 2016 final data set, 6 values of the CA are taken from BOROCT2, and 409 values of the CA are taken from TEMPD2. In the 2017 final data set, 6 values of the CA are taken from

BOROCT2, and 465 values of the CA are taken from TEMPD2. In the 2018 final data set, 13 values of the CA are taken from BOROCT2, and 407 values of the CA are taken from TEMPD2.

3. If the second process failed, the interviewer explicitly asked for the neighborhood that the respondent lives in (QV10), which was then recoded to the CA. In the 2016 final data set, 320 values of the CA are taken from QV10. In the 2017 final data set, 277 values of the CA are taken from QV10. In the 2018 final data set, 378 values of the CA are taken from QV10.

In 2016, the remaining 92 missing values of CA were imputed using a weighted hot-deck imputation based on the race of the respondent. In 79 of these cases, the GIS review provided anywhere from 2 to 11 possible CAs consistent with the address provided by the respondent. The hot-deck imputation process chose one of the areas with probability proportional to the population of the candidate areas in the race/ethnicity group of the respondent. In the remaining 12 cases, GIS review did not produce any candidate areas, and weighted hot deck imputation used all 77 CAs as candidates.

In 2017, the remaining 127 missing values of CA were imputed using a weighted hot-deck imputation based on the race of the respondent. In 118 of these cases, the GIS review provided anywhere from 1 to 11 possible CAs consistent with the address provided by the respondent. The hot-deck imputation process chose one of the areas with probability proportional to the population of the candidate areas in the race/ethnicity group of the respondent. In the remaining 9 cases, GIS review did not produce any candidate areas, and weighted hot deck imputation used all 77 CAs as candidates.

In 2018, 114 unresolved cases were imputed using a hot-deck procedure choosing one of the areas with probability proportional to the population of the candidate areas in the race/ethnicity group of the respondent. For 108 cases, the GIS review was able to provide a limited list of candidate areas, while for 6 cases, imputation of the missing CA had to use all 77 CAs as candidates. 92 cases were manually resolved by the study team and the Abt GIS group.

7 Sample Weighting

Cross-Sectional Weighting of 2018 Data

An overarching objective for weighting the 2018 Healthy Chicago data is to use the same process, including the same weighting dimensions that we used in the the previous years from 2014 to 2017. By employing what is basically an identical approach, we can consistently compare across waves unperturbed by differences in the weighting strategy, and there is a common basis that facilitates pooling the most recent three waves for examining the Community Areas and the city overall. In weighting the 2018 data, we also want to use the most current population estimates published by the Census Bureau, which is the 2017 American Community Survey data summaries.

Final analysis weights were calculated to allow for generalizing the results of the survey to the target population, the household population of adults 18 years of age and older who reside in the City of Chicago. These final weights account for differential selection probabilities and correct for differential nonresponse between demographic groups along with any potential undercoverage. The steps in weight construction, detailed in the corresponding subsections below, were as follows:

1. Computation of the base weights: the base weights are inverse probabilities of selection from the landline and cell random digit dialing frames, as well as the SmartCell frame used to supplement geographic coverage of out-of-area cell phones. Subsampling of persons within households in the landline sample are also accounted for as a part of the base weights.

2. Frame integration: this step corrects for the elevated probability of selection of respondents who can be reached by both landline and the cell phones, referred to as “dual users” of cell and landline phones.

3. Defining the calibration variables and control totals.

4. Imputation of missing weighting information, including the demographic characteristics of the households and their Community Areas.

5. Defining the population totals from the American Community Survey and National Health Interview Survey data.

6. Calibration of the survey weights using iterative proportional fitting, or raking.[8] During this process, the integrated weights from step 2 are adjusted so that the sample totals match the population totals from step 5. Trimming of the weights was incorporated into raking to reduce the design effect and increase precision of the survey estimates.

[8] Kolenikov, S. (2014). Calibrating survey data using iterative proportional fitting (raking). *The Stata Journal* 14 (1), 22-59.

Steps 3–6 can be thought of as sub-steps of weight calibration to account for sample misbalance, nonresponse and coverage of the RDD frame.[9] Calibration procedures modify the weights so that the weighted estimates on selected demographic and behavioral variables agree with the known population figures. Outcomes that are correlated with these calibration variables will be estimated more accurately. For instance, if a medical condition is strongly associated with age, calibration by age can reduce the error associated with discrepancy of the sample age distribution from the population age distribution. We discuss how calibration variables were constructed and how the final weights were obtained using these variables. Since calibration procedures involve many details at each step, we present these steps separately. Calibration was conducted using the *ipfraking* procedure in Stata; technical details on the procedure can be found in Kolenikov (2014).

7.1.1 Step 1. Base Weights

The base weights of phone numbers used in the study represent the inverse of their probabilities of selection from the frame. They are given in Exhibit 4. They correspond to the *baseweight* variable in the data file. The base weights for the SmartCell cases were increased and set to the geometric mean of the cell RDD base weights and the true ratio of the frame count to the sample released so as to limit the effect of the low SmartCell weights on the design effect of the survey. To improve productivity of the landline frame, only listed landline numbers were dialed for the 2018 HCS.

Exhibit 4. Frame weights.

Frame	Frame Count	Total Released	Initial Base Weight
Landline	153,773	14,000	10.98
Cell	5,761,500	61,309	66.22
SmartCell	197,095	4,900	40.22

To account for within-household selection, weights for landline numbers were multiplied by the reported number of adults in the household, capped at 3.[10]

7.1.2 Step 2. Frame Integration

This step of weighting accounts for higher chances of selection for respondents who have both landline phones and personal or shared cell phones. If only the frame base weights are applied to this group, these respondents will be double counted and over-represented in the results. Of the

[9] Kott, P. S. (2006). Using calibration weighting to adjust for nonresponse and coverage errors. *Survey Methodology* 32 (2), 133-142.

[10] There was no adjustment made for the number of landline telephones in the weighting process. The overall population proportion of households with multiple landline telephones is about 8% of the landline population, 2% overall. This adjustment would further reduce the weights of landline cases and increase the overall design effect; in our experience, this adjustment does not substantially impact outcome estimates.

existing methods for incorporating multiple frames in a single study (Lohr 2009[11]), the one that is the most appropriate for the current study corrects for the multiple ways for a case to be selected. This is a frame count method where the base weight of a case is divided by the number of frames in which that case can be found. This method is equivalent to compositing method with the composite factor set to 0.5.

Of the other commonly used methods, Abt often uses a single-frame integration method for nation-wide studies. This method sums the probabilities of selection for each respondent from each frame to arrive at the overall selection probability. For dual telephone device users (having both a landline and a cell phone), this requires knowing the probability of selection from each frame, which is easy to calculate at the national level as long as all cell telephone users have the same probability of selection from the cell telephone frame regardless of where they live. At lower levels of geography, however, these probabilities of selection are difficult to ascertain, as respondents in a given location may have a cell phone number from a different geographic area.

Compared to the single frame method, composite estimation uses an elegant, reliable approach for combining samples across frames and has proven effective for several of the most rigorous dual-frame RDD health surveys conducted in the US. Rather than requiring knowledge of each respondent's probability of selection from both frames, it only requires knowledge of each respondent's probability of selection from the frame from which the respondent was reached. One approach is to calculate the compositing factor using the effective sample size of each phone-use group. A more straightforward approach is to use a compositing factor of 0.5 for dual users. The chosen compositing factor of 0.5 is objective, justifiable from a probability sampling perspective, and is not influenced by design decisions that may change from one wave of a survey to the next, thus providing better transparency in weight calculations and ensuring consistency of the methodology for trend estimation with future waves of the study.

Hence, for the Healthy Chicago study, the frame-integrated weights are defined as:

- Initial base weight from Exhibit 4 for landline-only or cell phone-only cases.
- Initial base weight divided by two for dual-user cases.

The weights that integrate the frames and correct for the eligible adult multiplicity in landline interviews are labeled *integ2_weight* in the data file. [Some summary statistics and diagnostics for this weight variable are shown in Exhibits 12 and 13.] These integrated weights were scaled to sum to the population size to make them comparable to the calibrated weights.

[11] Lohr, S. L. (2009). *Multiple-Frame Surveys*, in D. Pfeffermann and C. R. Rao (editors), Handbook of Statistics: Sample Surveys: Design, Methods and Applications, Volume 29A, pp. 71-88. Elsevier.

7.1.3 Step 3. Calibration Variables

The final steps of weight construction involve calibrating the weights so that the weighted sample estimates of the totals/proportions of the calibration variables agree with the known population figures. The variables used to calibrate the weights are shown in Exhibit 5.

Exhibit 5. Definitions of the calibration variables.

Variable	Questionnaire Items	Categories
Gender	QK1	Male Female
Age	Recode of QK2	18–29 30-44 45–64 65+
Race/ethnicity	QK5_1=10 & QK4_1 > 4 & missing QK5_2	Non-Hispanic White, single race
	QK5_1=20 & QK4_1 > 4 & missing QK5_2	Non-Hispanic Black, single race
	QK5_1=40 through 54 & QK4_1 > 4 & missing QK5_2	Non-Hispanic Asian or Pacific Islander, single race
	(QK5_1=30, 60 or non-missing QK5_2) & QK4_1 > 4	Non-Hispanic other race or multiple races
	QK4_1 = 1, 2, 3 or 4 or QK5_1 = 55or 70 or QK5_2 = 55 or 70 or QK5_3 = 55or 70	Hispanic/Latino
Education	Recode of QK11 variable	HS or Below Some college Bachelor's degree or above
Housing tenure	QK21	Own Rent
Marital status	Recode of QK8	Married or living with partner Single never married Divorced or separated Widowed
Presence of children in the household	Recode of QK10	None One or more
Phone use	cell sample & QV3A = 2, 7 or 9	Cell phone only
	landline sample & QV3=2, 7 or 9	Landline only
	(cell sample & QV3A=1) or (landline sample & QV3=1)	Dual use
Indicators of public use microdata area (PUMA)		18 categories; see below

The following interactions of the main variables were used to improve accuracy of weight calibration targets:

- Age and gender;
- Race and gender (both genders were collapsed within the categories of Non-Hispanic Asian and Non-Hispanic Other and multiple races).

These variables and their categories were created for both the Healthy Chicago sample data, using the variables and their categories as defined above, and (except for the phone use variable) the American Community Survey (Ruggles et al., 2010). Demographic targets were obtained from the *FactFinder* website using the 2017 ACS data for the city of Chicago. The 2017 Public Use Microdata Sample (PUMS) files were used to create the geographic targets. The phone-use data were taken directly from Blumberg et al. (2012), and projections were made using the nationwide trends since that time.

Fine levels of geography

Geographic boundaries of the city of Chicago and its community areas need to be used in the following weighting components:

- Define the geographic area over which the weighting targets need to be computed based on the Census Bureau data, and
- As most CAs are too small to be used as weighting targets, group the CAs into weighting cells of adequate size.

Implementation of both processes relies on the Public Use Microdata Areas[12] (PUMAs) defined by the Census Bureau so that PUMA boundaries agree with census tracts and counties, and each PUMA contains at least 100,000 people. In Healthy Chicago survey data, respondent location information was geocoded to CAs according to the process described in the section on final data preparation.

The plan to use the most recent available data (ACS 2016) is somewhat complicated by the newer geographic Census Bureau data. Based on the 2010 decennial census data, the Bureau has redefined the boundaries of the PUMAs. The 2000 PUMA boundaries perfectly fit the boundaries of aggregated CAs for all of Chicago (Exhibit 6). This made the population data for the CA aggregates precisely identifiable using PUMA data for the census tracts that make up a CA. Using the newer 2010 PUMA boundaries, about a dozen CAs map the same way to four of the 2010 PUMAs as they did with the 2000 PUMAs (PUMAs 3501 to 3504; Exhibit 6). However, the balance (with three exceptions) had to all be mapped to the 2010 PUMAs in different aggregates to fit precisely within the newer PUMA boundaries (Exhibit 8). Benchmarks for the population of interest could then be generated in a similar way as done in 2014 for these respective CAs using the relevant underlying census tract data.

[12] The PUMA is the lowest level of geography in a PUMS data file.

The three exceptions are the Edison Park, Norwood Park and O'Hare CAs in the northwest corner of Chicago. These either share a PUMA and/or share a PUMA outside and bordering Chicago. For these, we computed the proportion of the PUMA occupied by a given CA and allocated a similar proportion of the respective PUMA population to that CA.

To maintain compatibility with the prior waves, the 2018 Healthy Chicago Survey continues to utilize the 2000 vintage PUMAs as groups of CAs (item 2 above). The necessary population counts were obtained by aggregating the estimates of the civilian, non-institutionalized population provided by the 5-year ACS (2012–2016) data at the tract level.

To create the demographic targets based on the PUMS data for ACS 2016 (item 1 above), the procedures use are described below in two parts.

- ACS data for PUMAs 3501–3504 and 3520–3532 that are fully contained within the city boundaries are used as is.
- To account for PUMAs 3420 and 3422 that overlap with the CAs of O'Hare, Edison Park and Norwood Park, we computed the proportion of the PUMA's civilian noninstitutionalized population residing within the Chicago city limits using tract-level data. 22.95% of PUMA 3420's eligible population and 14.40% of PUMA 3422's eligible population were identified as residing within the city limits. The ACS final weights for the units in these PUMAs were multiplied by these respective proportional factors when computing the demographic control totals.

We also were able to determine that the parts of O'Hare CA that lie outside of these PUMAs did not have any residential population.

Overall, we are preserving the approach used in the 2014, 2015, 2016, and 2017 waves for generating population benchmarks for Chicago as a whole and for the CAs. We adapted the CAs to the newer PUMA boundaries to continue using the essential data files the Census Bureau makes available at the PUMA level. We thus have a "roadmap" in place that allows us to go forward with similarly weighting future waves of data collection.

Note that in the 2017 data, there were no cases for the community area Burnside (#47).

Exhibit 6. Community Areas and PUMA 2000.

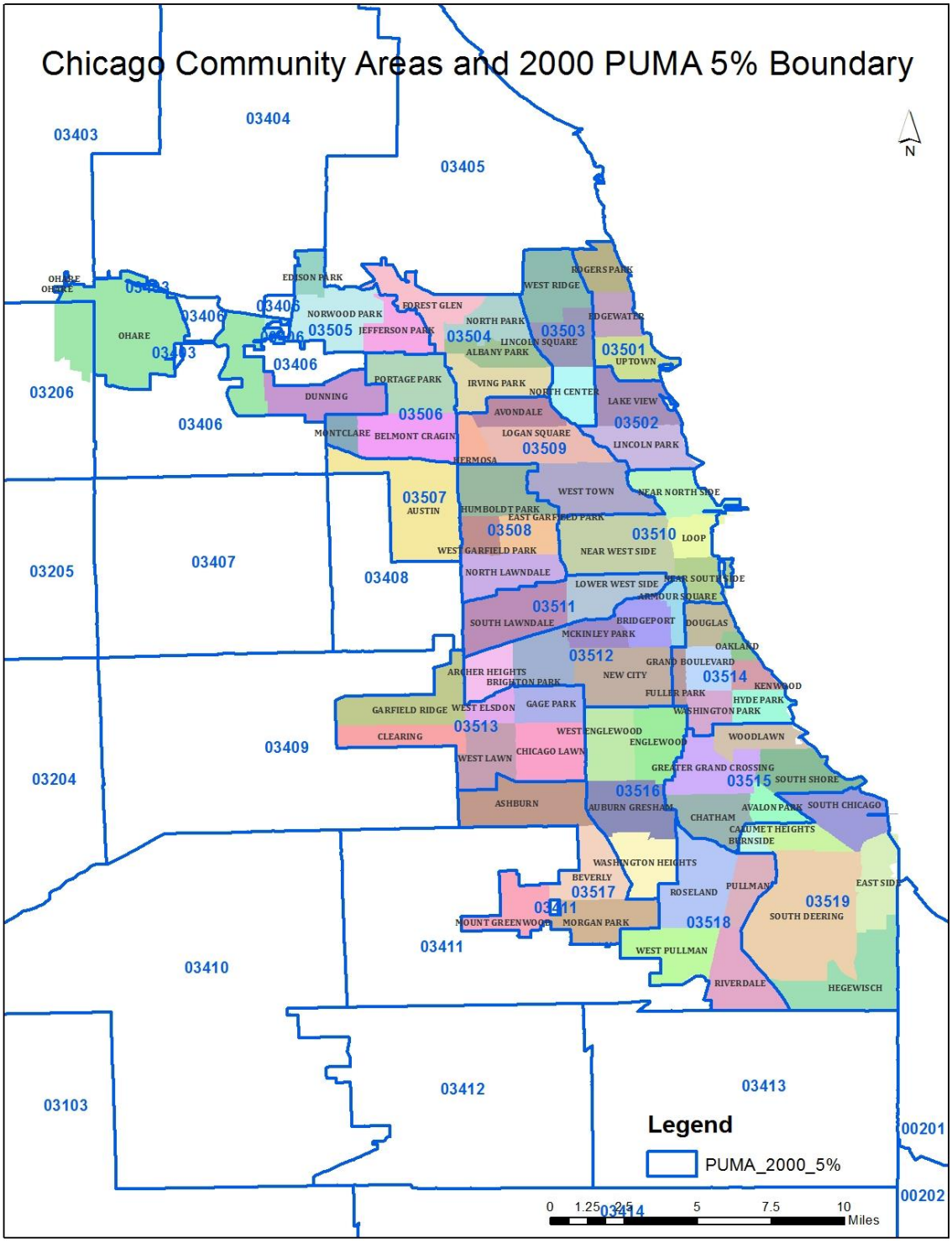


Exhibit 7. Community Areas and PUMA 2010.

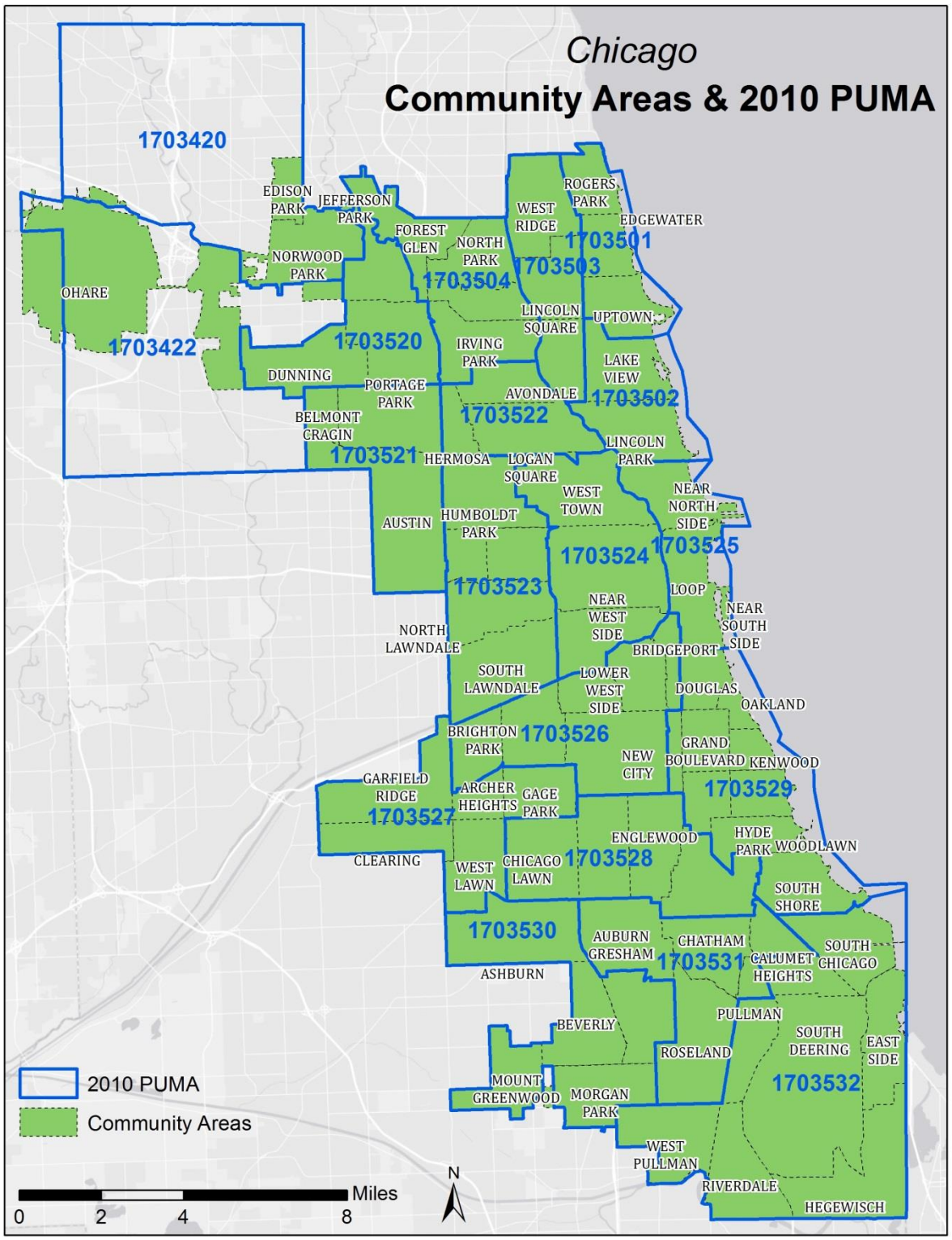
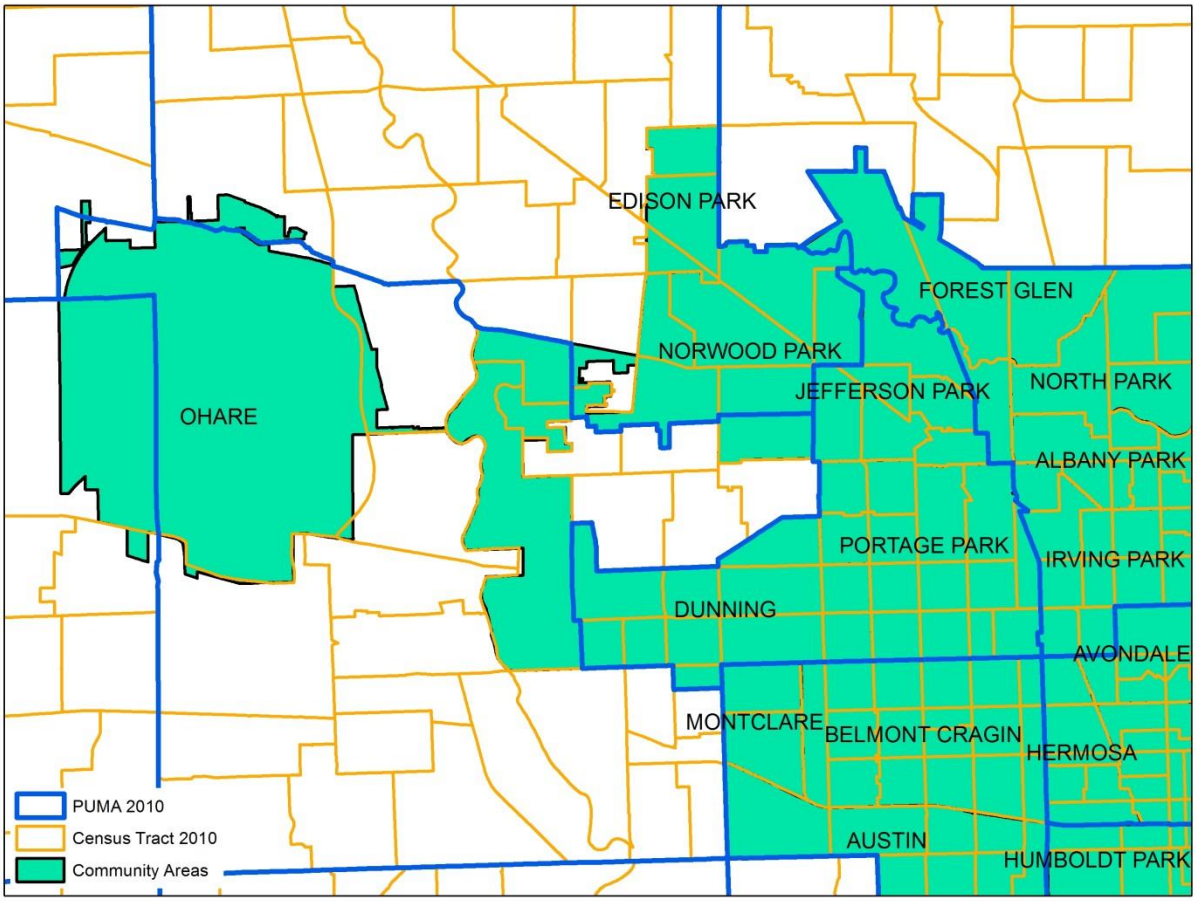


Exhibit 8. Community Areas and PUMA 2010.



The city of Chicago is covered by nineteen PUMA 2000 areas listed in Exhibit 9.

Exhibit 9. Community Areas and PUMA 2000.

PUMA 2000	CAs covered	PUMA 2000	CAs covered
3501	1, 3, 77	3510	8, 28, 32, 33
3502	6, 7	3511	30, 31
3503	2, 4, 5	3512	57, 58, 59, 60, 61
3504	12, 13, 14, 16	3513	56, 62, 63, 64, 65, 66
3505	9, 10, 11, 17, 76	3514	34, 35, 36, 37, 38, 39, 40, 41
3506	15, 18, 19	3515	42, 43, 44, 45, 69
3507	25	3516	67, 68, 71, 73
3508	23, 26, 27, 29	3517	70, 72, 74, 75
3509	20, 21, 22, 24	3518	49, 50, 53, 54
		3519	46, 47, 48, 51, 52, 55

Source: Census shape files, calculations by GIS team of Abt.

7.1.4 Step 4. Imputation of the Missing Values of Calibration Variables

A small number of cases had missing values among the calibration variables. As complete data are necessary for weight calibration, these values were imputed for weighting purposes. Imputation of the missing geographic variables (community areas) was described above in Section 0. The missing values of demographic variables were imputed using the method of iterated chained equations (ICE).[13] In this method, a generalized linear model is fit for each outcome based on the available data (a mix of the observed data and the currently imputed data). The ICE procedure fits the models based on current data and then produces model predictions for the missing data, incorporating the appropriate level of randomness in the imputations and continuing for several cycles to achieve convergence of the imputed distributions. In typical application of the methodology for multiple imputation inference with missing data, several complete data sets are created to properly account for simulation uncertainty associated with the imputation process. However, since the goal of imputation here is only to create working values of the variables, only one complete sample was created. Exhibit 10 includes the details of this process.

Exhibit 10. Imputed missing values of demographic variables.

Demographic variable	Variable name	Number of missing values	Imputation equation
Housing Tenure	own	167	Binary logistic
Race and ethnicity	racethn5	71	Multinomial logistic
Marital Status	marst4	31	Multinomial logistic
Education	educ4	19	Ordinal logistic
Presence of Children in the Household	haskids	18	Binary logistic
Gender	male	7	Binary logistic
Age	age5	5	Ordinal logistic

In each of the imputation equations, all other imputation variables were used as predictors. Additionally, other calibration variables of phone use were also used as explanatory variables. The resulting imputed values of the 4-category education and 5-category age variables were recoded into the 3-category education and 4-category age variables, respectively, for use in weight calibration.

7.1.5 Step 5. Obtaining Population Totals from Federal Survey Data

Two standard sources were used to define the calibration targets:

1. The National Health Interview Survey 2012 secondary analysis (Blumberg 2012) was used to define targets for phone use. The reported data consist of proportions of the adult population who were estimated to use cell and/or landline phones or to have no service.

[13] van Buuren, S. (2012). *Flexible Imputation of Missing Data*. Chapman and Hall/CRC, Boca Raton, FL.

Using the national trends from 2012 to 2017 (Blumberg and Luke 2018[14]), the 2012 usage proportions for Cook County, IL were extrapolated into 2017, producing the figures reported in Exhibit 11.

Exhibit 11. Phone use targets: proportion of adult population (age 18+) using different types of phones.

	Wireless only	Wireless mostly	Dual use	Landline mostly	Landline only	No service	Total
Cook County 2012 †	42.2%	14.9%	24.2%	10.4%	6.3%	2.0%	100%
Cook County 2017 ‡, projected	63.3%		31.1%		3.3%	2.4%	100%
Among those with any phone service ‡	64.8%		31.8%		3.3%		100%

Source: † Blumberg et al. (2012), ‡ Abt projections.

2. American Community Survey (ACS). The single year 2017 microdata were used to define targets on the demographic variables. The tract level ACS data from 2013–2017 ACS were used to calculate the community area and PUMA populations. The 2010 PUMAs and their populations were used to identify and to weight the households and individuals in public use microdata, while the grouping of the CAs into 2000 PUMAs was used for constructing the raking targets. (The 2000 PUMA configuration was used because it exactly fits all the Chicago CAs.)

The ACS weights for the population defined in the section "Sample coverage" sum up to 2,152,755, which is the estimate of the total size of the covered population for the city of Chicago.

7.1.6 Step 6. Weight Calibration

As a final step that adjusts for nonresponse and undercoverage, weights were calibrated to better reflect the underlying population. In this adjustment, weights are modified by an iterative proportional fitting (raking) so that weighted totals match the known totals obtained from a survey with a larger sample. In raking adjustments, the weights are adjusted so that the sum of weights in each of the demographic categories matches those in the population.

For instance, suppose gender is the first variable in raking, age groups are the second variable, and race/ethnicity is the third, as described in the section "Step 3. Calibration Variables" above. The raking procedure proceeds as follows:

- The raking procedure first computes the sum of weights for males and multiplies all the weights of male observations by the ratio of the known total of males by the current sum of weights, so that the new weighted sum matches the population total.

[14] Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July – December 2017. National Center for Health Statistics, Hyattsville, MD. https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201806.pdf

- The raking procedure then computes the sum of weights for females, and adjusts them likewise.
- The raking procedure next computes the sum of weights for each of the age groups, adjusting the weights within each group so that they match the population totals
- The raking procedure now adjusts the weights within the groups of race/ethnicity.
- After all of the calibration variables have been cycled through, the weights for the very first variable (gender) are likely out of order. To correct them, the raking procedure returns to the groups of gender to adjust their weights, and continues further on through the cycle over all calibration variables.

The procedure is repeated until the weights stabilize (as opposed to limiting the number of iterations, Kolenikov 2014).

Note: Integrated weights from the earlier described Step 2 of weighting, frame integration, had been rescaled so that their sum was equal to the estimated population size as determined by the calibration targets (Step 5). These rescaled weights are used as inputs to this above described raking procedure.

Weight trimming

Variability of weights negatively affects the precision of survey estimates.[15] For a study that is characterized by unequal probabilities of selection and response that does not have additional complications such as multiple stages of selection, clustering or stratification (as the design of Healthy Chicago Survey can be approximated, ignoring stratification of the cell sample), the loss of precision is described by the design effect[16] estimated as

$$\mathrm{DEFF}_w = \frac{\mathrm{Var}[\text{survey estimate with actual design}]}{\mathrm{Var}[\text{survey estimate based on the same size SRS}]} = n \times \frac{\sum_i w_i^2}{(\sum_i w_i)^2} = 1 + \mathrm{CV}_w^2$$

where CV is the coefficient of variation, i.e., the ratio of the standard deviation to the mean. Large weights have a greater effect on the numerator of DEFF_w than on the denominator, thus increasing the design effect and hence the variances of the survey estimates. To improve these variances, it is a common practice to trim the weights, i.e., to adjust several highest weights so that they are all equated to an acceptably high value (conversely, the lowest weight can be likewise adjusted at the same time).

The weights for Healthy Chicago Survey were trimmed as follows. First, the weights were raked with the restrictions that no weight increases or decreases by more than a factor of 6. These weights are stored in the *raked_weight* variable in the data file. The 2nd and the 98th percentile of the distribution of weights were then used as the hard limits on weights, and the raking procedure was repeated with trimming performed simultaneously with calibration (i.e., weights were trimmed to

[15] Korn, E. L. and B. I. Graubard (1999*). Analysis of Health Surveys.* John Wiley and Sons.

[16] Kish, L. (1965). *Survey Sampling*. Wiley, New York.

these hard levels, if necessary, within each cycle of raking). These weights are stored in the *trimmed_weight* variable in the data file and should be used as the final weight for all analyses.

Application of weights for statistical analysis

The total number of completed interviews in the 2018 Healthy Chicago Survey is 2,982. The design effect due to unequal weighting, estimated as $\mathrm{DEFF} = 1 + \mathrm{CV}^2$, where the CV (as described above) is the coefficient of variation of weights, is 1.535, which implies an effective sample size of 1942 (2,982/1.535 = 1,942). The 95% margin of error (MOE) with a base proportion of 50% is ±2.2%, and the MOE with a base proportion of 10% is ±1.3%. The unequal weighting design effect is but a broad approximate measure. Every variable and every analysis will have its own design effect and MOE due to the potentially complex interplay between weights and values of the variables being analyzed, and could be as low as 1.2 or as high as 2.0.

Use of statistical software that correctly supports analysis of weighted data (interpreting the weights as probability survey weights) is recommended. A statistical package that supports complex survey data analysis, such as SAS PROC SURVEY family of procedures, SUDAAN, Stata or R should be used, and *trimmed_weight* should be specified as the probability weight variable:

- SAS: PROC SURVEYFREQ; data = … ; WEIGHT = TRIMMED_WEIGHT; TABLES …;
- Stata: svyset [pw=trimmed_weight]; svy : tab …
- R: svydesign(id=~1,weights=~trimmed.weight,data=…)

Since the sample was neither stratified nor clustered, no additional design variables need to be used in specifying the survey settings.

Weight diagnostics

Small cell sizes lead to unstable weights, which can negatively contribute to the overall design effect. Therefore, calibration variable cells were collapsed as needed and all calibration variables have a minimum cell size of at least 85 cases. The imputed values of the 4-category education and 5-category age-group variables were recoded into the 3-category education and 4-category age-group variables, respectively, for use in weight calibration. In the race_by_gender interaction, the categories of Non-Hispanic Asian and Non-Hispanic Other and multiple races were collapsed across gender.

Weight calibration was performed using iterative proportional fitting (raking) using Stata package *ipfraking* (Kolenikov 2014). Tables in this section provide diagnostic information for the integrated, preliminary and final weights. Exhibit 12 reports summary statistics for the intermediate and final weights. Generally, cell phone cases retained their relatively higher weights throughout the weighting procedures, although trimming equated the maxima of the weights across the different sampling strata and phone use categories.

Exhibit 13 provides the diagnostic distribution of the unweighted sample, the sample weighted by integrated weights, and the sample weighted by the raked weights. Both preliminary and final trimmed weights achieve the target distributions perfectly. Some characteristics, such as phone use, education and marital status, are only reliably reproduced with the final calibrated weights. The

unweighted sample over-represents older and more educated individuals, under-represents cell-phone-only individuals and minorities, and over-represents widows/widowers.

Exhibit 14 provides a descriptive summary of the count of cases, distribution of weights, and design effects by CA. These design effects are comparable to the overall apparent design effect of 1.535.

There were 81 cases in which the weights were trimmed to the highest value of 2,344. All but four of these cases came from the cell frame, and in terms of demographic characteristics, cases of single, young, and minority adults are those that are trimmed. The high weights reflect their disproportionately low representation of these groups in the (unweighted) sample, which in turn reflects difficulty of reaching these population subgroups in phone surveys.

There were 37 cases in which the weights were trimmed to the lowest value of 105.7. These cases are generally college-educated, older, African-American women who tend to be renters.

Intermediate weighting variables can be found in Appendix G.

Exhibit 12. Summary statistics of the intermediate and final weights.

	Integrated weight	Preliminary raked weight	Final trimmed weight
Overall (n=2982)			
Min	84.801	27.768	105.700
Mean	721.916	721.916	721.916
Max	1533.949	5389.299	2344.000
Cell only (n=1866)			
Min	621.130	96.647	105.700
mean	963.462	747.807	747.807
Max	1022.633	5389.299	2344.000
Landline only (n= 116)			
Min	169.603	166.382	151.831
Mean	265.156	621.607	621.607
Max	1242.261	2035.231	2035.231
Dual from cell (n= 511)			
Min	310.565	201.359	177.570
mean	496.780	1053.335	1040.861
Max	511.316	3067.898	2344.000
Dual from landline (n= 489)			
Min	84.801	27.768	105.700
mean	143.810	300.587	313.622
Max	1533.949	2136.652	2095.204
Apparent DEFF $1+CV^2$	1.238	1.567	1.535

Exhibit 13. Distribution of the sample on calibration variables.

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (integrated weight)	Weighted Proportion (raked weight)
Phone use	CP only	1866	64.82%	62.58%	83.51%	64.82%
Phone use	LL only	116	3.35%	3.89%	1.43%	3.35%
Phone use	Dual use	1000	31.83%	33.53%	15.06%	31.83%
Education	HS or below	963	37.92%	32.29%	37.16%	37.92%
Education	Some college	796	25.80%	26.69%	26.87%	25.80%
Education	College or above	1223	36.28%	41.01%	35.98%	36.28%
Marital status	Married	1221	33.21%	40.95%	40.15%	33.21%
Marital status	Divorced	451	10.77%	15.12%	15.65%	10.77%
Marital status	Widowed	241	5.53%	8.08%	4.93%	5.53%
Marital status	Single	1069	50.48%	35.85%	39.28%	50.48%
Own dwelling	Rent	1586	50.20%	53.19%	62.38%	50.20%
Own dwelling	Own	1396	49.80%	46.81%	37.62%	49.80%
Children present in the HH	No children in HH	2025	68.59%	67.91%	63.49%	68.59%
Children present in the HH	Children present in HH	957	31.41%	32.09%	36.51%	31.41%
PUMA, 2000 version	CA 1, 3, 77	179	6.77%	6.00%	5.50%	6.77%
PUMA, 2000 version	CA 6, 7	158	6.95%	5.30%	4.52%	6.95%
PUMA, 2000 version	CA 2, 4, 5	144	5.56%	4.83%	4.22%	5.56%
PUMA, 2000 version	CA 12, 13, 14, 16	173	5.28%	5.80%	6.09%	5.28%
PUMA, 2000 version	CA 9, 10, 11, 17, 76	128	4.95%	4.29%	3.47%	4.95%
PUMA, 2000 version	CA 15, 18, 19	125	5.63%	4.19%	4.56%	5.63%
PUMA, 2000 version	CA 25	122	3.33%	4.09%	4.31%	3.33%
PUMA, 2000 version	CA 23, 26, 27, 29	153	4.27%	5.13%	5.99%	4.27%
PUMA, 2000 version	CA 20, 21, 22, 24	169	8.42%	5.67%	6.22%	8.42%
PUMA, 2000 version	CA 8, 28, 32, 33	202	8.88%	6.77%	5.90%	8.88%
PUMA, 2000 version	CA 30, 31	100	3.31%	3.35%	4.19%	3.31%
PUMA, 2000 version	CA 57, 58, 59, 60, 61	149	5.11%	5.00%	5.51%	5.11%
PUMA, 2000 version	CA 56, 62, 63, 64, 65, 66	206	7.12%	6.91%	7.26%	7.12%
PUMA, 2000 version	CA 34, 35, 36, 37, 38, 39, 40, 41	185	4.57%	6.20%	5.99%	4.57%
PUMA, 2000 version	CA 42, 43, 44, 45, 69	220	5.24%	7.38%	7.56%	5.24%
PUMA, 2000 version	CA 67, 68, 71, 73	184	4.65%	6.17%	6.48%	4.65%
PUMA, 2000 version	CA 70, 72, 74, 75	134	3.74%	4.49%	3.81%	3.74%
PUMA, 2000 version	CA 49, 50, 53, 54	120	2.95%	4.02%	3.74%	2.95%
PUMA, 2000 version	CA 46, 47, 48, 51, 52, 55	131	3.26%	4.39%	4.67%	3.26%
Gender by age	Male, 18-29	213	12.88%	7.14%	9.01%	12.88%

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (integrated weight)	Weighted Proportion (raked weight)
Gender by age	Male, 30-44	365	14.50%	12.24%	14.15%	14.50%
Gender by age	Male, 45-64	478	14.33%	16.03%	16.44%	14.33%
Gender by age	Male, 65+	263	6.42%	8.82%	6.07%	6.42%
Gender by age	Female, 18-29	224	13.19%	7.51%	9.43%	13.19%
Gender by age	Female, 30-44	460	14.64%	15.43%	18.44%	14.64%
Gender by age	Female, 45-64	573	15.02%	19.22%	18.90%	15.02%
Gender by age	Female, 65+	406	9.03%	13.62%	7.56%	9.03%
Gender by race	Male, NH White only	449	18.03%	15.06%	12.19%	18.03%
Gender by race	Male, NH Black/AA only	441	12.50%	14.79%	16.04%	12.50%
Gender by race	Male, Hispanic/Latino	326	13.29%	10.93%	13.65%	13.29%
Gender by race	Female, NH White only	520	18.28%	17.44%	13.78%	18.28%
Gender by race	Female, NH Black/AA only	678	16.05%	22.74%	21.79%	16.05%
Gender by race	Female, Hispanic/Latino	376	12.85%	12.61%	15.61%	12.85%
Gender by race	NH Asian, both genders	107	7.00%	3.59%	4.12%	7.00%
Gender by race	NH Other, both genders	85	2.01%	2.85%	2.82%	2.01%

Exhibit 14. Summary of weights within Community Areas.

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
1	Rogers Park	77	130.37	821.10	2344.00	1.535
2	West Ridge	62	163.46	859.99	2344.00	1.438
3	Uptown	43	115.36	795.22	2344.00	1.424
4	Lincoln Square	44	105.70	764.23	2344.00	1.734
5	North Center	38	176.91	863.67	2344.00	1.313
6	Lake View	92	135.77	875.12	2344.00	1.387
7	Lincoln Park	66	194.08	1045.87	2344.00	1.486
8	Near North Side	80	139.97	917.55	2344.00	1.405
9	Edison Park	11	247.66	710.62	2038.24	1.541
10	Norwood Park	41	172.46	775.78	2235.58	1.459
11	Jefferson Park	27	141.03	673.73	2109.38	1.412
12	Forest Glen	25	142.41	571.95	2344.00	1.639
13	North Park	24	105.70	903.21	2344.00	1.596
14	Albany Park	60	118.10	630.88	2344.00	1.460
15	Portage Park	51	131.05	838.59	2344.00	1.468
16	Irving Park	64	197.17	620.90	1982.67	1.373
17	Dunning	39	160.09	1043.48	2344.00	1.455
18	Montclaire	13	480.54	1287.43	2344.00	1.336

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
19	Belmont Cragin	61	112.73	1012.71	2344.00	1.337
20	Hermosa	18	400.56	1261.42	2344.00	1.274
21	Avondale	28	137.40	1271.42	2344.00	1.287
22	Logan Square	56	259.11	1002.44	2344.00	1.260
23	Humboldt park	65	105.70	663.97	2191.27	1.567
24	West Town	67	219.22	997.51	2344.00	1.342
25	Austin	122	105.70	587.16	2344.00	1.497
26	West Garfield Park	25	105.73	496.76	1848.59	1.574
27	East Garfield Park	24	131.06	512.93	2184.43	1.649
28	Near West Side	54	195.92	1018.60	2344.00	1.332
29	North Lawndale	39	113.23	615.03	2344.00	1.643
30	South Lawndale	69	124.29	744.78	2344.00	1.507
31	Lower West Side	31	123.45	643.28	1845.82	1.489
32	Loop	42	216.54	974.96	2344.00	1.438
33	Near South Side	26	135.85	840.88	1838.41	1.368
34	Armour Square	4	212.49	838.34	2344.00	2.454
35	Douglas	28	105.70	489.60	1416.17	1.622
36	Oakland	10	105.84	530.00	956.76	1.292
37	Fuller Park	10	111.41	608.04	2246.98	2.069
38	Grand Boulevard	32	110.60	478.25	1079.13	1.299
39	Kenwood	40	105.70	314.02	927.83	1.585
40	Washington Park	17	110.50	610.35	1834.89	1.544
41	Hyde Park	44	105.70	721.66	2344.00	1.550
42	Woodlawn	28	110.30	623.43	1764.32	1.471
43	South Shore	68	109.73	451.43	1415.95	1.396
44	Chatham	65	105.70	499.87	1479.24	1.377
45	Avalon Park	16	109.73	498.88	1620.06	1.537
46	South Chicago	42	105.70	428.66	1173.72	1.294
47	Burnside	6	105.70	505.07	1639.90	2.298
48	Calumet Heights	29	105.70	575.45	1369.40	1.392
49	Roseland	66	105.70	497.23	1716.12	1.535
50	Pullman	17	131.04	499.64	1433.05	1.604
51	South Deering	25	106.15	523.33	1451.57	1.546
52	East Side	18	130.59	736.36	2344.00	1.606
53	West Pullman	34	126.70	597.56	2344.00	1.607
54	Riverdale	3	371.73	603.74	827.47	1.143
55	Hegewisch	11	219.98	560.51	1546.49	1.510
56	Garfield Ridge	31	105.70	660.47	1867.77	1.388
57	Archer Heights	14	120.77	712.76	1420.33	1.400

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
58	Brighton Park	41	164.38	794.02	2344.00	1.427
59	McKinley Park	11	207.01	802.81	1659.42	1.353
60	Bridgeport	37	105.70	717.58	2344.00	1.668
61	New City	46	127.89	695.93	2015.52	1.411
62	West Elsdon	24	304.15	894.93	2344.00	1.463
63	Gage Park	40	150.73	816.02	2344.00	1.505
64	Clearing	18	150.49	848.59	2344.00	1.473
65	West Lawn	29	253.25	882.42	2344.00	1.483
66	Chicago Lawn	64	105.70	592.09	1493.45	1.370
67	West Englewood	42	105.70	617.86	2020.15	1.416
68	Englewood	50	105.70	513.13	1677.33	1.487
69	Greater Grand Crossing	43	138.29	561.66	1399.31	1.303
70	Ashburn	47	105.70	638.99	1711.69	1.387
71	Auburn Gresham	58	109.61	543.25	1980.27	1.569
72	Beverly	45	105.70	553.71	2249.96	1.579
73	Washington Heights	34	116.03	499.62	2016.39	1.601
74	Mount Greenwood	12	184.72	610.32	1160.71	1.263
75	Morgan Park	30	105.70	610.13	1640.46	1.519
76	O'Hare	10	105.70	815.28	2344.00	1.635
77	Edgewater	59	107.08	819.53	2344.00	1.498

Weighting the Pooled 2016, 2017 and 2018 Healthy Chicago Data

7.1.7 Motivation

We produced pooled weights for use when analyzing the combined 2016, 2017 and 2018 data. We kept the methodology identical to the one that was used for pooling the 2014, 2015 and 2016 data, as well as 2015, 2016 and 2017 data.

When the pooled weights are applied, the combined data should represent the population of adult residents of Chicago for the period of 2016–2018. This is an “averaged” statistical population, which may not correspond to the actual population of adults, households or children at any given moment but which generally reflects the main characteristics somewhere near the middle of the period 2016–2018. Additionally, the representation of this statistical population by the combined Healthy Chicago data is also subject to the coverage limitations of the survey, such as no inclusion of non-telephone households, exclusion of non-English languages other than Spanish (in the 2016 and 2018 surveys) and Spanish and Korean (in the 2017 survey), and three fixed-time data collection periods, December 6, 2016 to March 3, 2017; December 18, 2017 to June 15, 2018 and November 27, 2018 to May 31, 2019.

It should be noted that there are limitations in analyzing and reporting the differences between the data pooled over overlapping time periods. In both pooled data sets, the pooled weights are approximately equal to 1/3 of the cross-sectional weights, with most adjustments being within factors of 0.8 to 1.2 from that ratio, and with correlations between the cross-sectional and pooled weights being above 0.97 in all three annual subsamples. Hence, the pooled estimate for outcome y for the period, e.g., 2014–2016 is approximately

$$\hat{y}_{14-16} \approx \frac{1}{3}\sum_{i=1}^{n_{2014}} w_i^{2014} y_i + \frac{1}{3}\sum_{i=1}^{n_{2015}} w_i^{2015} y_i + \frac{1}{3}\sum_{i=1}^{n_{2016}} w_i^{2016} y_i$$

and the pooled estimate for outcome y for the period 2016–2018 is approximately

$$\hat{y}_{15-17} \approx \frac{1}{3}\sum_{i=1}^{n_{2016}} w_i^{2016} y_i + \frac{1}{3}\sum_{i=1}^{n_{2017}} w_i^{2017} y_i + \frac{1}{3}\sum_{i=1}^{n_{2018}} w_i^{2018} y_i$$

and hence their difference is approximately

$$\begin{aligned}\hat{y}_{15-17} - \hat{y}_{14-16} &\approx \left(\frac{1}{3}\sum_{i=1}^{n_{2016}} w_i^{2016} y_i + \frac{1}{3}\sum_{i=1}^{n_{2017}} w_i^{2017} y_i + \frac{1}{3}\sum_{i=1}^{n_{2018}} w_i^{2018} y_i\right) \\ &- \left(\frac{1}{3}\sum_{i=1}^{n_{2014}} w_i^{2014} y_i + \frac{1}{3}\sum_{i=1}^{n_{2015}} w_i^{2015} y_i + \frac{1}{3}\sum_{i=1}^{n_{2016}} w_i^{2016} y_i\right) \\ &= \frac{1}{3}\sum_{i=1}^{n_{2017}} w_i^{2017} y_i + \frac{1}{3}\sum_{i=1}^{n_{2017}} w_i^{2017} y_i - \frac{1}{3}\sum_{i=1}^{n_{2015}} w_i^{2015} y_i - \frac{1}{3}\sum_{i=1}^{n_{2014}} w_i^{2014} y_i\end{aligned}$$

In other words, instead of being an estimate of the change at the midpoint strengthened by larger sample sizes of the pooled data, the difference in estimates between the pooed datasets is a scaled down version of the change between some of the years, and the middle uyear is all but disappeared.

Should this type analysis still need to be conducted, the pooled data sets should be stacked and treated as a survey clustered within individuals (qkey variable), provided that all the variable names (including the weight variable names and the outcomes) are aligned between the two pooled data sets. (For identification purposes, it would be advisable to create an identifier of the pooled data set, i.e., whether the observation comes from the 2014–16 pooled data, the 2015–2017 pooled data or the 2016–2018 pooled data).

7.1.8 Methodology

The cross-sectional weighting of all of the 2016, 2017 and 2018 Healthy Chicago data sets is described above and was performed using the following steps:

1. Base frame weights were computed using the sampling information.

2. The specific CA for each case was determined from geocoding, review, and imputation of the cases that could not be resolved.
3. Missing demographic information was imputed using chained equations.
4. Frame integrated weights were obtained using the compositing method with a 0.5 factor.
5. Demographic targets were obtained from available ACS data; phone use from NHIS reports.
6. Weights were calibrated using iterative proportional fitting (raking) with frame-integrated weights as inputs.

Weighting of the pooled data is built upon the same steps. The demographic targets were the same as those used for the cross-section 2018 data, namely 2017 ACS data, which also correspond to the midpoint of the three waves. Additionally, the phone use was interacted with the survey year to form calibration targets. This is the fastest changing calibration variable, with about 3% population cutting the landline cord every year and becoming cell-only.

A detailed description of the pooled weighting methodology, including some additional decision points and sensitivity analysis, was provided with the 2015 weighting report when the issue of pooling was first raised. In particular, it was concluded that the weight which uses the wave-specific raked weights scaled as inputs and is raked to the pooled demographics and year-specific phone use targets delivered the best design effect without compromising accuracy in the estimates of the outcomes. This is how the pooled weights were constructed.

There were two versions of the survey administered in 2016, with 1,213 respondents receiving all questions they were eligible for ("long" version of the survey), and 1,513 respondents receiving a subset of questions ("short" version). Because the long/short distinction was only used in 2016, the 2017 and 2018 versions qualify as short (all observations have all questions asked). If the 2016 "long" version questions present in all of 2016, 2017 and 2018 data need to be analyzed, the "short" 2016 cases will be dropped from the analysis as missing, leading to incorrect population totals. Should the population totals be required, a possible solution is to ratio adjust the results. As the sum of weights for the combined 2015 wave, the "long" 2016 cases, and 2017 wave is 1,738,360, the multiplication factor to be applied to the "long" totals should be 2,152,755 / 1,738,360= 1.2384 (where the numerator is the total sum of weights, i.e., the estimate of the population size of Chicago).

7.1.9 Weight summaries

Exhibits 15 and 16 mirror Exhibits 13 and 14 in presenting the summaries of the pooled weights. Exhibit 15 tabulates the calibration variables. Since the input weights are those calibrated within their respective waves, the discrepancies of the input weights vs. the targets are minimal, and achieving the required balance is easy. Exhibit 16 shows the sample sizes and descriptive statistics of weights by community areas.

Exhibit 15. Distribution of the pooled sample on the calibration variables.

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (input weight)	Weighted Proportion (raked weight)
Phone use by year	CP only, 2016	1319	19.94%	14.63%	19.94%	19.94%
	LL only, 2016	217	1.57%	2.41%	1.57%	1.57%
	Dual use, 2016	1190	11.83%	13.20%	11.83%	11.83%
	CP only, 2017	2103	21.03%	23.32%	21.03%	21.03%
	LL only, 2017	147	1.23%	1.63%	1.23%	1.23%
	Dual use, 2017	1060	11.07%	11.75%	11.07%	11.07%
	CP only, 2018	1866	21.61%	20.69%	21.61%	21.61%
	LL only, 2018	116	1.12%	1.29%	1.12%	1.12%
	Dual use, 2018	1000	10.61%	11.09%	10.61%	10.61%
PUMA, 2000 version	PUMA 3501: CA 1, 3, 77	606	6.77%	6.72%	6.68%	6.77%
	PUMA 3502: CA 6, 7	499	6.95%	5.53%	6.91%	6.95%
	PUMA 3503: CA 2, 4, 5	443	5.56%	4.91%	5.49%	5.56%
	PUMA 3504: CA 12–14, 16	446	5.28%	4.95%	5.31%	5.28%
	PUMA 3505: CA 9–11, 17, 76	412	4.95%	4.57%	4.96%	4.95%
	PUMA 3506: CA 15, 18, 19	377	5.63%	4.18%	5.61%	5.63%
	PUMA 3507: CA 25	380	3.33%	4.21%	3.38%	3.33%
	PUMA 3508: CA 23, 26, 27, 29	468	4.27%	5.19%	4.24%	4.27%
	PUMA 3509: CA 20, 21, 22, 24	624	8.42%	6.92%	8.53%	8.42%
	PUMA 3510: CA 8, 28, 32, 33	709	8.88%	7.86%	8.71%	8.88%
	PUMA 3511: CA 30, 31	261	3.31%	2.89%	3.36%	3.31%
	PUMA 3512: CA 57–61	403	5.11%	4.47%	5.12%	5.11%
	PUMA 3513: CA 56, 62–66	538	7.12%	5.97%	7.13%	7.12%
	PUMA 3514: CA 34–41	491	4.57%	5.44%	4.57%	4.57%
	PUMA 3515: CA 42–45, 69	682	5.24%	7.56%	5.30%	5.24%
	PUMA 3516: CA 67, 68, 71, 73	577	4.65%	6.40%	4.71%	4.65%
	PUMA 3517: CA 70, 72, 74, 75	405	3.74%	4.49%	3.74%	3.74%
	PUMA 3518: CA 49, 50, 53, 54	351	2.95%	3.89%	2.95%	2.95%
	PUMA 3519: CA 46–48, 51, 52, 55	346	3.26%	3.84%	3.27%	3.26%
Education	HS or below	2739	37.92%	30.37%	38.42%	37.92%
	Some college	2319	25.80%	25.72%	25.72%	25.80%
	College or above	3960	36.28%	43.91%	35.86%	36.28%
Marital status	Married	3594	33.21%	39.85%	35.86%	33.21%
	Divorced	1432	10.77%	15.88%	11.02%	10.77%
	Widowed	796	5.53%	8.83%	5.31%	5.53%
	Single	3196	50.48%	35.44%	47.81%	50.48%
Own dwelling	Rent	4813	50.20%	53.37%	50.86%	50.20%
	Own	4205	49.80%	46.63%	49.14%	49.80%
Presence of children	No kids in HH	6015	68.59%	66.70%	67.94%	68.59%
	Kids present in HH	3003	31.41%	33.30%	32.06%	31.41%
Gender by age	Male, 18 to 24	300	5.69%	3.33%	6.87%	5.69%
	Male, 25 to 29	310	6.69%	3.44%	5.71%	6.69%
	Male, 30 to 44	1131	14.89%	12.54%	14.75%	14.89%
	Male, 45 to 64	1354	14.23%	15.01%	14.29%	14.23%
	Male, 65+	779	6.37%	8.64%	6.22%	6.37%

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (input weight)	Weighted Proportion (raked weight)
	Female, 18 to 24	329	6.00%	3.65%	6.62%	6.00%
	Female, 25 to 29	418	6.86%	4.64%	6.50%	6.86%
	Female, 30 to 44	1411	15.05%	15.65%	15.06%	15.05%
	Female, 45 to 64	1709	15.24%	18.95%	15.19%	15.24%
	Female, 65+	1277	8.98%	14.16%	8.78%	8.98%
Gender by race	Male, NH White only	1505	18.03%	16.69%	17.62%	18.03%
	Male, NH Black/AA only	1275	12.50%	14.14%	12.56%	12.50%
	Male, Hispanic/Latino	802	13.29%	8.89%	13.50%	13.29%
	Female, NH White only	1719	18.28%	19.06%	18.08%	18.28%
	Female, NH Black/AA only	2088	16.05%	23.15%	16.38%	16.05%
	Female, Hispanic/Latino	1051	12.85%	11.65%	13.07%	12.85%
	NH Asian, both genders	329	7.00%	3.65%	7.02%	7.00%
	NH Other, both genders	249	2.01%	2.76%	1.77%	2.01%

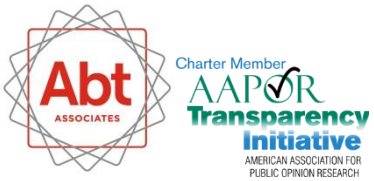
Exhibit 16. Summary of pooled weights within Community Areas.

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
1	Rogers Park	245	29.98	249.59	899	1.659
2	West Ridge	202	30.14	298.91	899	1.703
3	Uptown	161	31.46	245.11	899	1.706
4	Lincoln Square	134	28.90	247.26	899	1.776
5	North Center	107	28.90	245.35	899	1.505
6	Lake View	287	31.69	285.72	899	1.533
7	Lincoln Park	212	40.99	318.57	899	1.559
8	Near North Side	292	30.33	252.94	899	1.714
9	Edison Park	36	50.12	301.30	894.61	1.603
10	Norwood Park	132	29.56	245.55	899	1.744
11	Jefferson Park	102	29.26	230.46	899	1.654
12	Forest Glen	63	32.92	226.13	899	1.747
13	North Park	57	28.90	261.55	899	1.878
14	Albany Park	159	30.27	265.64	899	1.652
15	Portage Park	192	28.90	304.62	899	1.558
16	Irving Park	167	37.01	252.55	899	1.496
17	Dunning	109	31.57	284.89	899	1.686
18	Montclaire	31	45.68	321.87	899	1.627
19	Belmont Cragin	154	32.70	342.96	899	1.454
20	Hermosa	48	71.24	336.61	899	1.537
21	Avondale	109	28.90	314.74	899	1.557
22	Logan Square	221	29.94	290.82	899	1.580

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
23	Humboldt park	188	28.90	215.94	899	1.730
24	West Town	246	28.90	270.48	899	1.616
25	Austin	380	28.90	188.51	899	1.763
26	West Garfield Park	70	28.90	208.40	899	1.984
27	East Garfield Park	78	30.34	156.61	861.04	2.017
28	Near West Side	190	30.37	287.50	899	1.580
29	North Lawndale	132	28.90	185.39	899	1.648
30	South Lawndale	172	30.09	301.14	899	1.570
31	Lower West Side	89	28.90	219.49	899	1.650
32	Loop	138	31.18	285.18	899	1.654
33	Near South Side	89	35.62	262.70	899	1.605
34	Armour Square	15	64.77	311.12	899	1.949
35	Douglas	74	28.90	199.08	899	1.929
36	Oakland	22	28.97	158.18	346.11	1.281
37	Fuller Park	25	28.90	263.48	899	2.021
38	Grand Boulevard	88	28.90	188.35	899	1.814
39	Kenwood	98	28.90	140.73	899	2.060
40	Washington Park	34	28.90	208.49	899	2.014
41	Hyde Park	135	28.90	233.45	899	1.929
42	Woodlawn	89	28.90	180.60	899	1.840
43	South Shore	224	28.90	157.02	899	1.950
44	Chatham	189	28.90	161.90	899	1.921
45	Avalon Park	54	28.90	193.27	899	1.944
46	South Chicago	111	28.90	156.62	608.07	1.445
47	Burnside	9	28.90	268.83	899	2.253
48	Calumet Heights	61	28.92	168.25	899	1.808
49	Roseland	191	28.90	168.05	855.77	1.768
50	Pullman	38	31.97	145.58	425.24	1.559
51	South Deering	74	29.01	221.67	710.30	1.565
52	East Side	53	38.51	273.62	899	1.620
53	West Pullman	105	28.90	216.48	899	1.849
54	Riverdale	17	53.91	181.10	575.08	1.764
55	Hegewisch	38	28.90	243.49	801.63	1.597
56	Garfield Ridge	84	28.90	277.72	899	1.626
57	Archer Heights	28	40.48	265.26	897.18	1.567
58	Brighton Park	106	53.18	310.95	899	1.499
59	McKinley Park	37	68.72	317.82	897.19	1.489
60	Bridgeport	96	31.54	263.80	899	1.620

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
61	New City	136	36.99	238.64	899	1.534
62	West Elsdon	51	29.78	263.44	899	1.745
63	Gage Park	93	28.90	302.78	899	1.565
64	Clearing	69	28.90	312.25	899	1.599
65	West Lawn	79	37.56	297.42	899	1.551
66	Chicago Lawn	162	28.90	267.83	899	1.623
67	West Englewood	115	28.90	194.83	899	1.684
68	Englewood	152	28.90	175.02	897.79	1.934
69	Greater Grand Crossing	126	28.90	162.68	899	1.720
70	Ashburn	150	29.92	236.30	899	1.690
71	Auburn Gresham	188	28.90	168.76	899	1.695
72	Beverly	117	28.90	158.25	899	1.880
73	Washington Heights	122	28.90	158.75	899	1.916
74	Mount Greenwood	52	30.09	194.50	847.53	1.631
75	Morgan Park	86	28.90	191.89	850.35	1.913
76	O'Hare	33	28.90	268.01	899	1.715
77	Edgewater	200	28.90	225.80	899	1.893

Appendix A: Methodology Disclosure Form



Project#: 25831

Survey name	Healthy Chicago Survey
Date submitted	June 28, 2019
Sponsor	Chicago Department of Public Health
Instrument	Included as Appendix B to the methodology report
Language of survey	English Spanish
Population studied	Adults age 18 and over living in the City of Chicago
Sampling frame	Dual frame (listed landline and RDD cell phone); both frames were supplied by Survey Sampling International (SSI).
Sample design	The sample was an overlapping dual frame Listed+RDD design. Landline numbers were drawn with equal probability of selection from active blocks that contained one or more residential directory listings (the 1+ list-assisted landline RDD frame) and were flagged as directory-listed. The cellular sample was drawn through systematic sampling from 1000-blocks dedicated to cellular service according to the Telcordia database. An additional sample of 4900 cell phone numbers was purchased using SmartCell™, a new cell phone sampling product offered by SSI. These cell phone numbers are associated with addresses within Chicago city limits that have area codes and exchanges in rate centers other than those used for the main cell phone RDD sample.
Quotas	None
Eligibility	Adults 18 over residing within the City of Chicago, speaking English or Spanish

Respondent selection	Random eligible household member selected in landline households; no selection in cell phone sample frame
Sample size	2,982 completed interviews [2,385 cell phone (80.0%) and 597 landline (20.0%)]
Subsamples	Abt conducted the survey but is not reporting on results based on part of the sample.
Mode of data collection	CATI
Dates of data collection	November 27, 2018 to May 31, 2019
Weighting	The first stage of weighting was computing the base weight or inverse probability of selection, correcting for different probabilities of selection associated with the number of adults in the household. We then adjusted the base weight for the overlapping landline and cell sample frames using information on phone usage. The final stage of weighting used raking to balance the sample demographics to estimated population parameters for gender, age, race/Hispanic ethnicity, education, homeownership, marital status, presence of children in the household, telephone usage, and PUMA. The demographic weighting parameters came from the 2017 American Community Survey, while telephone usage was projected based on data from Blumberg SJ, Ganesh N, Luke JV, Gonzales G. Wireless substitution: State-level estimates from the National Health Interview Survey, 2012. National Health Statistics Reports; no 70. Hyattsville, MD: National Center for Health Statistics; and from Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, January – June 2018. National Center for Health Statistics. December 2018.

Sampling error	The design effect due to unequal weighting, estimated as DEFF = 1 + CV^2, where the CV (as described above) is the coefficient of variation of weights, is 1.535, which implies an effective sample size of 1,942 (2,982/1.535 = 1,942). The 95% margin of error (MOE) with a base proportion of 50% is ±2.2%, and the MOE with a base proportion of 10% is ±1.3%. The unequal weighting design effect is but a broad approximate measure. Every variable and every analysis will have its own design effect and MOE due to the potentially complex interplay between weights and values of the variables being analyzed, and could be as low as 1.2 or as high as 2.0.

Appendix B: Questionnaire

Healthy Chicago Telephone Survey

English (Spanish)

BEGIN TIMING: CELLINTRO

SCREENER AND INTRODUCTION

Introduction 1 (CELL PHONE VERSION)
Hello. I'm_____and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in *YOUR* neighborhood and how to make things better.
Hola, me llamo_____, y estoy llamando de parte del Departamento de Salud Pública de Chicago. Estamos realizando un estudio importante que nos ayudará a obtener información sobre la salud de las personas de *SU* vecindario y cómo mejorar las cosas.

If you qualify for the survey, we will pay you $10 for completing it. Any information you provide will be confidential and it takes less than two minutes to determine eligibility.
Si califica para el estudio, le proporcionaremos diez dólares por completar la encuesta. Cualquier información que nos proporcione será confidencial y llevará menos de dos minutos determinar su elegibilidad.

[IF NEEDED] You don't have to give me any personal identifying information such as your name or address. No one at the Health Department or outside of this study will be able to know your responses.
[IF NEEDED] **No tiene que darme ninguna información que permita identificarle personalmente, como su nombre o su dirección. Nadie en el Departamento de Salud o ajeno a este estudio podrá saber sus respuestas.**

CS1. In order to ensure your safety I'd like to ask you, are you driving a car right now?
Por su seguridad quisiera preguntarle, ¿Se encuentra conduciendo un automóvil en este momento?
1 = Yes
2 = No
9 = (VOL) Refused

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

CS2. When would be a better time to call you back?
¿Cuándo sería más conveniente volverle a llamar?
1 = Schedule Callback
9 = (VOL) Refused

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

CS3. Are you 18 years of age or older?
¿Tiene usted 18 años de edad o más?

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

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

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

CS4. Is this your own cell phone or does it belong to one of your parents or a guardian?
¿Es usted dueño de este teléfono celular o pertenece a uno de sus padres o guardián?
1 = Cell Phone Belongs To Minor
2 = Cell Phone Belongs To Parent or Guardian
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

(IF CS4=2, ASK CS5.
IF CS4=1, DISPOSITION AS "CHILD/TEEN PHONE" AND READ: "Thank you very much, but we are only interviewing persons aged 18 or older at this time."
Muchas gracias, pero en este momento, solo estamos entrevistando personas mayores a los 18 años. ELSE DISPOSITION AS SOFT REFUSAL AND READ: "Thank you very much for your time."**)**
"Muchas gracias por su tiempo."

CS5. May I please speak with the parent or guardian to whom this phone belongs?
¿Puedo hablar con el padre o guardián a cual le pertenece este teléfono?
1 = Brought Parent/Guardian to Phone 2 = Parent/Guardian Not Available
9 = (VOL) Refused

(IF CS5=1, GO BACK TO INTRODUCTION 1. IF CS5=2, CONTINUE TO CS6.
ELSE DISPOSITION AS SOFT REFUSAL AND READ: "Thank you very much for your time."**) "Muchas gracias por su tiempo."**

CS6. When would be a better time to call back and speak to a parent or guardian?
¿Cuál sería el mejor momento en que podría llamar de nuevo para hablar con uno de sus padres o la persona que tiene el teléfono celular?
1 = Schedule Callback
9 = (VOL) Refused

(IF CS6=1, SCHEDULE CALLBACK. CATI RESET ALL QUESTIONS AND RESTART AT INTRODUCTION 1 UPON CALLBACK.
ELSE DISPOSITION AS SOFT REFUSAL AND READ: "Thank you very much for your time."**) "Muchas gracias por su tiempo."**

CS7. Is this (PHONE NUMBER)?
¿Me he comunicado al [PHONE NUMBER]?
1 = Yes
2 = No
9 = (VOL) Refused

(IF CS7=1, ASK CS8.
IF CS7=2, DISPOSITION AS WRONG # AND READ: "Thank you very much but I seem to have dialed the wrong number. It's possible that your number may be called at a later time."
Muchas gracias pero parece que he marcado el número equivocado. Es posible que se llame nuevamente a este número en otro momento.

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

CS8. In order to make sure our information is correct, I would just like to double check with you…is this a cellular telephone?
Para poder asegurar que nuestra información sea correcta, me gustaría poder verificarla con usted. ¿Es este un teléfono celular?

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

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

(IF CS8=1, GO TO S1.
IF CS8=2, FLAG AS LANDLINE NUMBER AND GO TO S1
ELSE DISPOSITION AS SOFT REFUSAL AND READ: "Thank you very much for your time."**)**
"Muchas gracias por su tiempo."

END TIMING: CELLINTRO

BEGIN TIMING: LLINTRO

Introduction 1 (LANDLINE VERSION)
Hello. I'm_____and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in *YOUR* neighborhood and how to make things better. Any information you provide will be confidential and it takes less than two minutes to determine eligibility.
Hola, me llamo_____, y estoy llamando de parte del Departamento de Salud Publica de Chicago. Estamos realizando un estudio importante que nos ayudará a obtener información sobre la salud de las personas de *SU* vecindario y cómo mejorar las cosas. Cualquier información que nos proporcione será confidencial y llevará menos de dos minutos determinar su elegibilidad.

LS1. May I please speak with any adult, 18 years of age or older, who resides in this household?
¿Puedo hablar con cualquier adulto de 18 anos o mas de edad, que vive en este hogar?
1 = Yes, RESPONDENT IS OVER 18
2 = Yes, NEW PERSON COMING TO PHONE
3 = (VOL) THIS IS A BUSINESS
9 = (VOL) Refused

(IF LS1 = 2, REREAD INTRODUCTION 1 AND LS1.
ELSE IF LS1 = 3, READ "Thank you very much for you time." **AND DISPOSITION AS BUSINESS. "Muchas gracias por su tiempo."**
ELSE IF LS1 = 9 READ "Thank you very much for you time." **AND DISPOSITION AS SOFT REFUSAL. "Muchas gracias por su tiempo."**
ELSE CONTINUE TO S1.

END TIMING: LLINTRO

BEGIN TIMING: INTRO1

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

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

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

Por residencia particular nos referimos a un lugar como un apartamento o una casa.

1 = Yes

2 = No – Thank you very much but we are only interviewing persons on residential phones at this time. **Muchas gracias, pero por el momento sólo estamos entrevistando a personas que viven en residencias particulares.**

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

Para esta encuesta, queremos entrevistar a personas de todos los vecindarios de Chicago.. ¿ Para poder identificar el vecindario donde usted vive, me podría dar su código postal?

ENTER ZIP CODE _____

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

(IF S2= DON'T KNOW OR REFUSED, SKIP TO S4. ELSE CONTINUE TO S3.

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

¿Solo para confirmar que lo anote correctamente, ¿es su código postal (RESPONSE FROM S2)?

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

IF S3=2, GO BACK TO S2 AND RE-ENTER CORRECT ZIP CODE.
IF S3=1 AND ENTIRE ZIP CODE IS IN CHICAGO [SEE LIST BELOW], CONTINUE TO INSTRUCTIONS BEFORE HH1. IF S3=1 AND ZIP CODE FOR WHICH PORTIONS ARE OUTSIDE OF CHICAGO [SEE LIST BELOW] CONTINUE TO S4 IF S3 = 7 OR 9 CONTINUE TO S4
IF S3=1 AND ZIP CODE IS NOT INCLUDED ON EITHER LIST, SKIP TO S5.

ZIP CODES IN CHICAGO:

60601	60616	60639
60602	60617	60640
60603	60618	60641
60604	60619	60642
60605	60621	60643
60606	60622	60644
60607	60623	60646
60608	60624	60647
60609	60625	60649
60610	60626	60651
60611	60628	60652
60612	60630	60653
60613	60632	60654
60614	60636	60657
60615	60637	60659

ZIP CODES WITH PORTIONS OUTSIDE OF CHICAGO:

60660	60007	60634
60661	60018	60638
60666	60106	60645
	60131	60655
	60620	60656
	60629	60707
	60631	60804
	60633	60827

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

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

(IF S4=1, GO TO INSTRUCTIONS BEFORE HH1.
IF S4= 7 OR 9, THEN TERMINATE AS SOFT REFUSAL ELSE ASK S5.)

S5. In what city or town do you live?
¿En que ciudad o municipal vive usted?

(ENTER CITY CODE FROM TACKUP)

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

____ Enter City Code
(IF "CHICAGO" IS GIVEN AT S5, GO TO INSTRUCTIONS BEFORE HH1.
IF S5 = ANOTHER CITY OR TOWN, TERMINATE ("S/O S2 – NOT in Chicago") AND READ: "I'm sorry but
you are not eligible for this survey. We are only interviewing people who currently live in Chicago. Thank you for your time."
"Lo siento pero usted no es eligible para este estudio. Solamente estamos entrevistando a personas que actualmente viven en Chicago. Gracias por su tiempo."
IF S5= REFUSED OR DON'T KNOW, TERMINATE AS SOFT REFUSAL.)

(IF CELL PHONE FRAME AND CS8=1 THEN FLAG AS CELL PHONE AND SKIP TO S6.
IF CELL PHONE FRAME AND CS8=2 THEN FLAG AS LANDLINE AND CONTINUE TO HH1.)

END TIMING: INTRO1

BEGIN TIMING: HHSEL

HOUSEHOLD RESPONDENT SELECTION FOR LANDLINE PHONES ONLY:

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

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

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

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

RECORD 88 FOR NOT A PRIVATE RESIDENCE RECORD 99 FOR REFUSED/DK

_____ Number of adults [RANGE 1-20]

(IF NO ADULTS (HH1=0) OR REFUSED/DK (HH1=99), TERMINATE AND READ: "Those are all the questions I have for you. Thank you for your time."
Estas son todas las preguntas que tengo para usted. Gracias por su tiempo. IF ONLY 1 ADULT (HH1=1) ASK HH2.
ELSE IF MORE THAN ONE ADULT (HH1>1) ASK HH4.)

HH2. Are you the adult?
¿Es usted el adulto?
1 = Yes
2 = No
9 = (VOL) Refused

(IF HH2=1 THEN READ "Then you are the person I need to speak with." **AND CONTINUE WITH INTRODUCTION 2 ELSE GO TO HH3.)**
(IF HH2=1 THEN READ "En ese caso, usted es la persona con la que necesito hablar." **AND CONTINUE WITH INTRODUCTION 2 ELSE GO TO HH3.)**

HH3. May I speak with the adult?
¿Puedo hablar con el adulto?
1 = Yes - available (SKIP TO S6)
2 = No - not available – [GO TO HH6]
9 = (VOL) Refused

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

HH4. How many of these adults are men and how many are women?
¿Cuántos de estos adultos son hombres y cuántos son mujeres?

INTERVIEWER: RECORD 99 FOR REFUSED

___ MEN
___ WOMEN

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

RESPONDENT SELECTION

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

STAGE 1: Choose Gender

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

STAGE 2: Choose a household member from the selected gender

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

HH5. Could I please speak with_____? [RANDOMLY PICKED]
¿Podría hablar con_____?
1 = Yes - is on phone
2 = Yes - available, coming to phone
3 = No - not available, CALLBACK ENGLISH
4 = No - not available, CALLBACK SPANISH
9 = (VOL) Refused

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

HH6. May I please have the adult's name so we can ask for them when we call back? / (**IF HH5=3 or 4:**) May I please have the (PICKED PERSON'S) name so that we can speak with [them] when we call back?

¿Me podría decir el nombre del adulto para que podamos hablar con él/ella cuando volvamos a llamar?

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

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

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

END TIMING: HHSEL

BEGIN TIMING: INTRO2

S6. INTERVIEWER: SELECT LANGUAGE

1 = English
2 = Spanish

INTRO2

(IF HH5 = 2: Hello. I'm___and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in *your* neighborhood and how to make things better. Any information you provide will be confidential and it takes less than two minutes to determine eligibility.)

(IF HH5 = 2: Hola mi nombre es _____, y estoy llamando de parte del Departamento de Salud Pública de Chicago. Estamos realizando un estudio importante que nos ayudará a obtener información sobre la salud de las personas de *su* vecindario y cómo mejorar las cosas. Todas sus respuestas serán confidenciales y **llevará menos de dos min**utos determinar su elegibilidad.)

Your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 20 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information. If you prefer not to answer any question, please tell me and I will simply go on to the next question.

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

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

K1. Because it is sometimes difficult to determine over the phone, I am asked to confirm with everyone... What is your gender? INTERVIEWER: READ ONLY IF NECESSARY.
Como a veces es difícil determinarlo por teléfono, me piden confirmar con todos . . . ¿Cuál es su género?

1 = Male
2 = Female
3 = Non-binary or third gender
3 = No binario o tercer género
4 = (VOL) Prefer to self-describe
4 = (VOL) Prefiere autodefinirse
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

IF K1=3 OR K1=4 OR K1=7 OR K1=9: GO TO A1.
IF SELECTED RESPONDENT GENDER IS MALE AND K1=1 (Male): GO TO A1.
IF SELECTED RESPONDENT GENDER IS FEMALE AND K1=2 (Female): GO TO A1.
IF SELECTED RESPONDENT GENDER IS MALE AND K1=2 (Female) OR IF SELECTED RESPONDENT GENDER IS FEMALE AND K1=1 (Male), GO TO K1a

K1a. [INTERVIEWER: SELECTED GENDER AND RECORDED GENDER DO NOT MATCH]

Please excuse me, for this survey, we need to interview the [RANDOMLY PICKED ADULT, from HH5]. Am I speaking with correct adult?
Por favor disculpe, pero para esta encuesta, necesitamos entrevistar a [RANDOMLY PICKED PERSON, from HH5]. ¿Estoy hablando con el adulto correcto?

1 = Yes **GO BACK TO K1**
2 = No **GO BACK TO HH5**

Thank you! Let's get started. We'll ask questions about your health and about things that can influence your health, like your neighborhood and whether you have access to health services. As a reminder, you can skip any question you'd like.
¡Muchas gracias! Comencemos. Le haremos preguntas sobre su salud y sobre las cosas que pueden influir en su salud, como su vecindario y si tiene acceso a servicios de salud. Le recordamos que puede saltar cualquier pregunta que desee.

END TIMING: INTRO2

BEGIN TIMING: HEALTHSTAT

Section A: Health Status

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

Diría usted que su estado de salud general es:

1 = Excellent

Excelente

2 = Very good

Muy bueno

3 = Good

Bueno

4 = Fair

Regular

5 = Poor

Malo

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

9 = (VOL) Refused

END TIMING: HEALTHSTAT

BEGIN TIMING: HEALTHACC

Section C: Health Care Access

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

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

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

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

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

Please Read

1 = A plan purchased through an employer or union **(includes plans purchased through another person's employer)**
Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)
2 = A plan that you or another family member buys on your own
Un plan que usted u otro miembro de su familia paga por su cuenta
3 = Medicare
Medicare
4 = Medicaid or other state program
Medicaid u otro programa estatal
5 = TRICARE (formerly CHAMPUS), VA, or Military
TRICARE (antiguamente llamado CHAMPUS), VA, o el plan de las Fuerzas Armadas
6 = Alaska Native, Indian Health Service, Tribal Health Services
Servicios para los nativos de Alaska, Servicio de Salud de Poblaciones Indígenas (Indian Health Service), servicios de salud tribales
Or
8 = Some other source
Otro seguro

Do not read:
7 = Don't know/Not sure
9 = Refused

INTERVIEWER NOTE: If the respondent indicates that they purchased health insurance through the Health Insurance Marketplace (GetCovered Illinois), ask if it was a private health insurance plan purchased on their own or by a family member (private) or if they received Medicaid (state plan)? If purchased on their own (or by a family member), select 2, if Medicaid select 4.

C6. Do you have at least one person you think of as your personal doctor or health care provider? ***(NYCHS)***

¿Tiene usted una persona a quien considera su médico de cabecera o proveedor de cuidados médicos?

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

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

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

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

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

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

1 = Very satisfied
Muy satisfecho
2 = Somewhat satisfied
Algo satisfecho
3 = Not at all satisfied
Algo insatisfecho

Do not read
4 = No health care in past 12 months
7 = Don't know/Not sure
9 = Refused

IF C1 = 2 SKIP TO NEXT SECTION

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

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

Please read
1 = Never
Nunca
2 = Sometimes
A veces
3 = Usually
La mayoría de las veces
4 = Always
Siempre

Do not read
5 = Didn't need care, tests or treatment in past 12 months
7 = Don't know/Not sure
9 = Refused

END TIMING: HEALTHACC

BEGIN TIMING: ORALH

Section D: Oral Health

D2. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? ***(BRFSS 2010)***
¿Cuándo fue la última vez en que un dentista o un higienista dental le hizo una limpieza dental?

Read only if necessary:
1 = 6 months or less
Hace 6 meses o menos
2 = More than 6 months, but not more than one year
Hace más de 6 meses pero no hace más de un año
3 = More than 1 year, but not more than 2 years
Hace más de 1 año pero no hace más de 2 años
4 = More than 2 years, but not more than 5 years ago
Hace más de 2 años pero no hace más de 5 años
5 = 5 or more years ago
Hace 5 años o más

Do not read:
6 = Never
7 = Don't know / Not sure
9 = Refused

END TIMING: ORALH

BEGIN TIMING: HYPERA

Section E: Hypertension Awareness

Now I would like to ask you some questions about general health conditions.
Ahora, me gustaría hacerle algunas preguntas sobre otras afecciones generales.

E1. Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?
(BRFSS 2013)
¿ALGUNA VEZ un médico, una enfermera u otro profesional de la salud le dijo que tenía presión arterial alta?

Read only if necessary: By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.
Read only if neccessary: Por "otro profesional de la salud" nos referimos a una enfermera especializada, un auxiliar médico o algún otro profesional de la salud con licencia para ejercer.

(If "Yes" and respondent is female, ask: "Was this only when you were pregnant?")
(If "Yes" and respondent is female, ask: "¿Esto fué únicamente durante su embarazo?"

1= Yes	
IF K1=2 OR 3 OR 4 OR 7 OR 9:	
2 = Yes, but female told only during pregnancy	**SKIP TO NEXT SECTION**
3 = No	**SKIP TO NEXT SECTION**
4 = Told borderline high or pre-hypertensive	**SKIP TO NEXT SECTION**
7 = (VOL) Don't know/Not sure	**SKIP TO NEXT SECTION**
9 = (VOL) Refused	**SKIP TO NEXT SECTION**

END TIMING: HYPERA

BEGIN TIMING: CHRONIC

Section G: Chronic Health Conditions

G4. Has a doctor, nurse, or other health professional EVER told you that you had
¿ALGUNA VEZ un médico, una enfermero(a) u otro profesional de la salud le dijo que tenía...?
asthma? *(BRFSS 2014)*
¿Asma?

1= Yes
Sí
2 = No **SKIP TO G8**
No
7 = Don't know/Not sure **SKIP TO G8**
No estoy seguro
9 = (VOL) Refused **SKIP TO G8**

G5. Do you still have asthma? ***(BRFSS 2014)***
¿Sigue teniendo asma?

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

G8. Has a doctor, nurse or other health professional EVER told you that you had chronic obstructive pulmonary disease, COPD, emphysema or chronic bronchitis? (BRFSS 2018)
¿ALGUNA VEZ un médico, una enfermero(a) u otro profesional de la salud le dijo que tenía enfermedad
pulmonar obstructiva crónica (epoc), enfisema o bronquitis crónica ?

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

G7. Has a doctor, nurse, or other health professional EVER told you that you had diabetes? ***(BRFSS 2014)***
G7. ¿ALGUNA VEZ un médico, una enfermera u otro profesional de la salud le dijo que tenía diabetes?

¿ Diabetes?

(If "yes" and respondent is female, ask: "Was this only when you were pregnant?")
(If "yes" and respondent is female, ask: "¿Esto fue únicamente durante su embarazo?")

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

1 = Yes
IF K1=2 OR 3 OR 4 OR 7 OR 9:
2 = Yes, but female told only during pregnancy
3 = No
4 = No, pre-diabetes or borderline diabetes
7 = Don't know/Not sure
9 = (VOL) Refused

G9. Has a doctor, nurse or other health professional EVER told you that you had a Hepatitis C infection?
READ ONLY IF NECESSARY: Hepatitis C is an infection of the liver from the Hepatitis C virus (HCV).
¿ALGUNA VEZ un médico, una enfermero(a) u otro profesional de la salud le dijo que tenía una infección por hepatitis C?
READ ONLY IF NECESSARY: La hepatitis C es una infección del hígado causada por el virus de la hepatitis C (VHC).

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

END TIMING: CHRONIC

BEGIN TIMING: TOBACCO

Section J: Tobacco Use

J1. Have you smoked at least 100 cigarettes in your entire life? ***(BRFSS 2014)***
¿Ha fumado al menos 100 cigarrillos en toda su vida?
NOTE: 5 packs = 100 cigarettes
NOTA: 5 paquetes = 100 cigarrillos

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

J2. Do you now smoke cigarettes every day, some days, or not at all? ***(BRFSS 2014)***
Actualmente ¿fuma cigarrillos todos los días, algunos días o no fuma para nada?

1 = Every day	
Todos los días	
2 = Some days	
Algunos días	
3 = Not at all	**SKIP TO J4**
No fuma para nada	
7 = (VOL) Don't know/Not sure	**SKIP TO J5**
9 = (VOL) Refused	**SKIP TO J5**

J2a. Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes?
Actualmente, cuando fuma cigarrillos, ¿con qué frecuencia elige cigarrillos de mentol?

[READ LIST]

1 = All of the time
1 = Todo el tiempo
2 = Most of the time
2 = La mayor parte del tiempo
3 = Some of the time
3 = Algunas veces
4 = A little of the time, or
4 = Pocas veces, o
5 = None of the time
5 = Ninguna vez
7= (VOL) Don't know/Not sure
9 = (VOL) Refused

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

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

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

J3a. In the past 12 months, did any doctor, dentist, nurse, or other health professional advise you to quit smoking cigarettes or using any other tobacco products? ***(National Adult Tobacco Survey, CDC)***

En los últimos 12 meses, ¿algún médico, dentista, enfermero(a) u otro profesional de la salud le aconsejó que dejara de fumar cigarrillos o de usar otros productos de tabaco?

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

J3b. The last time a health professional advised you to quit using tobacco, did they also offer any assistance, information, or additional advice to help you quit?

La última vez que un profesional de la salud le aconsejó que dejara de usar tabaco, ¿también le ofreció ayuda, información o consejos adicionales para dejar de fumar?

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

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

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

1 = Within the past month (less than 1 month ago)
En el mes pasado (hace menos de 1 mes)
2 = Within the past 3 months (1 month but less than 3 months ago)
En los últimos 3 meses (hace 1 mes pero menos de 3)
3 = Within the past 6 months (3 months but less than 6 months ago)
En los últimos 6 meses (hace 3 meses pero menos de 6)
4 = Within the past year (6 months but less than 1 year ago)
En el último año (hace 6 meses pero menos de 1 año)
5 = Within the past 5 years (1 year but less than 5 years ago)
En los últimos 5 años (hace 1 año pero menos de 5)
6 = Within the past 10 years (5 years but less than 10 years ago)

En los últimos 10 años (hace 5 años pero menos de 10)
7 = 10 years or more
10 años o más
8 = Never smoked regularly
Nunca ha fumado de manera regular
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

J5. The next questions are about electronic cigarettes, or e-cigarettes. Have you ever used an e-cigarette or other electronic vaping product, even just one time, in your entire life?

READ ONLY IF NECESSARY: Electronic cigarettes (e-cigarettes) and other electronic vaping products include electronic hookahs, vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint or candy.

Las siguientes preguntas son sobre los cigarrillos electrónicos. ¿Alguna vez ha usado un cigarrillo electrónico u otro producto electrónico para vapear, aunque sea una sola vez, en toda su vida?

READ ONLY IF NECESSARY: Los cigarrillos electrónicos y otros productos electrónicos para vapear incluyen, por ejemplo, cachimbas o pipas de agua electrónicas, bolígrafos para vapear, etc. Estos productos funcionan con baterías y generalmente contienen nicotina y aromatizantes con sabor a, por ejemplo, frutas, menta o caramelo.

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

J5a. Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?
¿Actualmente usa cigarrillos electrónicos u otros productos electrónicos para vapear diariamente, algunos días o nunca?

1 = Every day
Todos los días
2 = Some days
Algunos días
3 = Not at all
No fuma para nada
7 = (VOL) Don't know/Not sure
No sabe/ No está seguro
9 = (VOL) Refused

J6. Have you used e-cigarettes in the last 30 days?
¿En los últimos 30 días, ha fumado cigarrillos electrónicos?
1 = Yes

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

END TIMING: TOBACCO

BEGIN TIMING: DEMOG

Section K: Demographics

Now I would like to ask you some questions about yourself and your household.
Ahora me gustaría hacerle algunas preguntas sobre usted y su hogar.

K2. What is your age? ***(BRFSS 2014)***
¿Qué edad tiene?

_____ Code age in years [RANGE 18-98] **SKIP TO K4**
7 = (VOL) Don't know/Not sure **CONTINUE TO K3**
9 = (VOL) Refused **CONTINUE TO K3**

K3. We don't need to know your exact age, but can you just tell me if you are...?
No necesitamos saber su edad exacta, ¿pero me podria decir si usted tiene…?

Please read:
1 = 65 or older
2 = 45-64
3 = 30-44
4 = 25-29, or
5 = 18-24

Do not read:
7 = DON'T KNOW/NOT SURE
9 = REFUSED

K4. Are you Hispanic or Latino/a, or Spanish origin? ***(BRFSS 2014)***
¿Es usted latino, hispano o de origen de español?

If "Yes", ASK: Are you…
If "Yes", ASK: ¿Es usted?

Interviewer Note: One or more categories may be selected.
1 = Yes, Mexican, Mexican-American, Chicano/a
Mexicano, méxicoamericano, chicano
2 = Yes, Puerto Rican
Puertorriqueño
3 = Yes, Cuban
Cubano
4 = Yes, Another Hispanic, Latino/a, or Spanish origin
De otro origen latino, hispano o español

Do not read:
5 = No
7 = Don't know/Not sure
9 = Refused

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

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

Interviewer Note: Select all that apply.

Please read:

10 = White

Blanco

20 = Black or African American

Negro o afroamericano

30 = American Indian or Alaska Native

Indoamericano o nativo de Alaska

40 = Asian

Asiático

50 = Pacific Islander, or

Isleño del Pacífico, o

60 = Something else (SPECIFY)

Otro

Do not read:

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

99 = (VOL) Refused

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

K6. Would you say you are…(READ LIST, MULTIPLE RECORD)?
¿Diria que es …(READ LIST, MULTIPLE RECORD)?
41 = Asian Indian
Indoasiático
42 = Chinese
Chino
43 = Filipino
Filipino
44 = Japanese
Japonés
45 = Korean
Coreano
46 = Vietnamese
Vietnamita
47 = Other Asian
Otro origen asiático
51 = Native Hawaiian
Nativo de Hawái
52 = Guamanian or Chamorro
Guameño o chamorro
53 = Samoan
Samoano
54 = Other Pacific Islander
Otro isleño del Pacífico
99 = (VOL) Refused
Se niega a contestar

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

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

ONLY LIST THOSE SELECTED IN K5 AND K6

10 = White
Blanco
20 = Black or African American
Negro o afroamericano
30 = American Indian or Alaska Native
Indoamericano o nativo de Alaska
40 = Asian
Asiático
41 = Asian Indian
Indoasiático
42 = Chinese
Chino
43 = Filipino
Filipino
44 = Japanese
Japonés
45 = Korean
Coreano
46 = Vietnamese
Vietnamita
47 = Other Asian
Otro origen asiático
51 = Native Hawaiian
Nativo de Hawái
52 = Guamanian or Chamorro
Guameño o chamorro
53 = Samoan
Samoano
54 = Other Pacific Islander **Otro isleño del Pacífico**
60 = Other
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

The next two questions are about sexual identity and gender identity.
Las siguientes dos preguntas se refieren a su orientación sexual e identidad de género.

INTERVIEWER NOTE: We ask this question in order to better understand the health and health care needs of people with different sexual orientations and gender identities.
INTERVIEWER NOTE: Le hacemos esta pregunta para poder entender mejor la salud y las necesidades de atención médica de personas con diferentes orientaciones sexuales e identidades de género.
INTERVIEWER NOTE: Please say the number before the text response. Respondent can answer with either the number of the text/word.

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

Please read:
1 = 1 Straight
1 Heterosexual
2 = 2 Lesbian or gay
2 Lesbiana o gay (homosexual)
3 = Bisexual
3 Bisexual

Do not read:
4 = Other
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

K25.Do you consider yourself to be transgender?
¿Se considera usted transgénero?
If yes, ask "Do you consider yourself to be 1. Male-to-female, 2. Female-to-male, or 3. Gender non-conforming?"
If yes, ask "**¿Se considera usted ser 1. hombre- a mujer, 2. mujer- a hombre, o 3. el género no conforme?"**

1 = Yes, Transgender, male-to female
Si, Transgénero, hombre- a mujer
2 = Yes, Transgender, female-to-male
Si, Transgénero, mujer- a hombre
3 = Yes, Transgender, gender non-conforming
Si, Transgénero, el género no conforme
4 = No
No
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

INTERVIEWER NOTE: If asked about definition of transgender:
Some people describe themselves as transgender when they experience a different gender identity from their sex at birth. For example, a person born into a male body, but who feels female or lives as a woman would be transgendered. Some transgender people change their physical appearance so that it matches their internal gender identity. Some transgender people take hormones and some have surgery. A transgender person may be of any sexual orientation – straight, gay, lesbian, or bisexual.
Algunas personas se describen a sí mismas como transgénero cuando experimentan una identidad de género diferente al sexo que presentaron al nacer. Por ejemplo, una persona que nació con un cuerpo masculino, pero que se siente mujer o vive como mujer, sería una persona transgénero. Algunas personas transgénero cambian su aspecto físico para que coincida con su identidad de género interna. Algunas personas transgénero toman hormonas y algunas se someten a cirugías. Una persona transgénero puede tener cualquier orientación sexual: heterosexual, gay, lesbiana o bisexual.

INTERVIEWER NOTE: If asked about definition of gender non-conforming:
Some people think of themselves as gender non-conforming **when they do not identify only as a man or only as a woman.**
Algunas personas no están conformes con su género y no se identifican solamente como hombre o solamente como mujer.

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

¿Es usted...?

1 = Married
Casado/a
2 = Divorced
Divorciado/a
3 = Widowed
Viudo/a
4 = Separated
Separado/a
5 = Never married
Nunca estuvo casado/a
6 = A member of an unmarried couple
Vive en pareja sin estar casado/a
7 = A member of a civil union
Parte de una pareja que vive en union libre
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

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

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

Read only if necessary:

1 = Never attended school or only attended kindergarten
Nunca fue a la escuela o sólo fue al kínder
2 = Grades 1 through 8 (Elementary)
1.o a 8.o grado (escuela primaria)
3 = Grades 9 through 11 (Some high school)
9.o a 11.o grado (algunos estudios secundarios)
4 = Grade 12 or GED (High school graduate)
12.º grado o diploma GED (graduado de escuela secundaria superior)
5 = College 1 year to 3 years (Some college or technical school)
1 a 3 años de universidad (algunos estudios universitarios o de escuela técnica)
6 = College 4 years or more (College graduate)
4 años o más de universidad (graduado de estudios universitarios)

Do not read:

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

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

¿Vive en casa propia o rentada?

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

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

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

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

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

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

_____ Number of adults [RANGE 1-20]
99 = (VOL) Refused/Don't know

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

¿Cuántos niños menores de 18 años viven con usted?

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

IF K10 > 0 THEN ASK

CM1. For how many of these children are you the parent, step-parent, foster parent or guardian?
CM1. ¿De cuántos de estos niños es usted el padre/la madre, el padrastro/la madrastra, el padre adoptivo/la madre adoptiva o el guardián legal?

__ Number of children [RANGE 0-25]

0 = None	**SKIP TO NEXT SECTION**
77 = (VOL) Don't know/Not sure	**SKIP TO NEXT SECTION**
99 = (VOL) Refused	**SKIP TO NEXT SECTION**

IF CM1 > 0 THEN CHILD = 1;
ELSE CHILD = 0
IF CHILD = 1;

CATI: CREATE VARIABLE "POSITION" TO STORE CHILD'S POSITION IF CM1 > 1. FILL POSITION:

oldest child
primer hijo(a)
second oldest child
segundo hijo(a)
third oldest child
tercer hijo(a)
fourth oldest child
cuarto hijo(a)
fifth oldest child
quinto hijo(a)
sixth oldest child
sexto hijo(a)
seventh oldest child
séptimo hijo(a)
eighth oldest child
octavo hijo(a)
ninth oldest child
noveno hijo(a)
tenth oldest child
décimo hijo(a)
eleventh oldest child
decimoprimer hijo(a)
twelfth oldest child
decimosegundo hijo(a)

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

¿Es usted actualmente...?

Please read:

1 = Employed for wages
Empleado asalariado
2 = Self-employed
Trabajador independiente
3 = Out of work for 1 year or more
Desempleado por 1 año o más
4 = Out of work for less than 1 year
Ha estado desempleado por menos de 1 año
5 = A Homemaker
La mujer o el hombre que se ocupa de las tareas de la casa
6 = A Student
Estudiante
7 = Retired
Jubilado
Or
8 = Unable to work
No puede trabajar

Do not read:
9 Refused

If K10 (NUMBER OF CHILDREN IN HH) or (HH1 or K9) (ADULTS IN HH) = 77 or 99, skip to K14C

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

K10 (Number of Children) We will use NHOUSE to create a field

(PVTYLVL) to populate the fill for K14.

IF NHOUSE = 1 THEN PVTYLVL = 12,140
IF NHOUSE = 2 THEN PVTYLVL = 16,460
IF NHOUSE = 3 THEN PVTYLVL = 20,780
IF NHOUSE = 4 THEN PVTYLVL = 25,100
IF NHOUSE = 5 THEN PVTYLVL = 29,420
IF NHOUSE = 6 THEN PVTYLVL = 33,740
IF NHOUSE = 7 THEN PVTYLVL = 38,060
IF NHOUSE = 8 THEN PVTYLVL = 42,380

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

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

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

ASK ALL:

02 = Less than $[PVTYLVL * 2]	**IF "NO," ASK 05; IF "YES," ASK 01**
Son menos de $[PVTYLVL * 2]	
01 = Less than $[PVTYLVL]	**IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (<100%)**
Son menos de $[PVTYLVL *]	
05 = Less than $[PVTYLVL * 5]	**IF "NO", ASK 06 (500-599%); IF "YES" ASK 04 (300-399%)**
Son menos de $[PVTYLVL * 5]	
06 = Less than $[PVTYLVL * 6]	**IF "NO", CODE 07 (>600%); IF "YES" CODE 06 (500-599%)**
Son menos de $[PVTYLVL * 6]	
04 = Less than $[PVTYLVL * 4]	**IF "NO", CODE 05; IF "YES" ASK 03 (200-299%)**
Son menos de $[PVTYLVL * 4]	
07 = $[PVTYLVL * 6]	
03 = Less than $[PVTYLVL * 3]	**IF "NO", CODE 04; IF "YES" CODE 03**
Son menos de $[PVTYLVL * 3]	

Do not read:
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

IF K14_02 = 77 or 99, ASK K14A
ELSE SKIP TO INSTRUCTIONS BEFORE K14B.

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

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

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

IF K14 = 02 (100-199%) OR K14a = 2, ASK K14B. ELSE SKIP TO K15.

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

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

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

K14c. How often in the past 12 months would you say you were worried or stressed about having enough money to pay rent or mortgage? (BRFSS)
En los últimos 12 meses, ¿con qué frecuencia diría usted que estuvo preocupado o estresado por no tener suficiente dinero para pagar la renta o la hipoteca?
READ LIST.
1 = Always
Siempre
2 = Usually
La mayoría de las veces
3 = Sometimes
A veces
4 = Never
Nunca

DON'T READ:
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

FS2. Do you or anyone in your household currently have a checking or savings account?
¿Tiene usted o alguien de su hogar una cuenta de cheques o de ahorros en la actualidad?

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

END TIMING: DEMOG

BEGIN TIMING: CHILDR

Earlier you told me that you are the parent, step-parent, foster parent or guardian of [FILL FROM CM1] child/children under the age of 18.

Anteriormente me dijo que usted es el padre/la madre, el padrastro/la madrastra, el padre adoptivo/la madre adoptiva o el guardián legal del/de los [FILL FROM CM1]niño/niños menor/es de dieciocho años.

CM2. (IF CM1>1: Thinking about the POSITION:) [REPEAT FOR ALL CHILDREN FOR WHICH RESPONDENT IS PARENT/GUARDIAN]
CM2. (IF CM1>1: Pensando en el POSITION:) [REPEAT FOR ALL CHILDREN FOR WHICH RESPONDENT IS PARENT/GUARDIAN]

CM2a_i. How old is this child?
¿Qué edad tiene este niño?
____ Months (RANGE 0 to 24)
____ meses (RANGE 0 to 24)
____ Years (RANGE 0 to 17)
____ años (RANGE 0 to 17)
77 = (VOL) Don't know/Not Sure
99 = (VOL) Refused

CM2b i. Is this child a boy or a girl?
¿Es un niño o una niña?
1 = Boy
1 = Niño
2 = Girl
2 = Niña
3 = (VOL) Other
3 = (VOL) Otro/a
7 = (VOL) Don't know/Not Sure
9 = (VOL) Refused

CM2f i. Is this child of Latino or Hispanic origin?
¿El niño es de origen latino o hispano?
[READ IF NECESSARY]: Such as Mexican-American, Latin American, Central or South American or Spanish American?
[READ IF NECESSARY]: ¿Es, por ejemplo, estadounidense de origen mexicano, latinoamericano, centroamericano, sudamericano o hispanoamericano?

1 = Yes, Latino or Hispanic
2 = No, not Latino or Hispanic
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

CM2g i. Which one or more of the following would you say best describes this child's race?
¿Cuáles de las siguientes opciones diría usted que describe mejor la raza del niño?

Please read:
10 = White
Blanco
20 = Black or African American
Negro o afroamericano
30 = American Indian or Alaska Native
Indoamericano o nativo de Alaska
40 = Asian
Asiático
50 = Pacific Islander, or
Isleño del Pacífico, o
60 = Something else (SPECIFY)
Otro

Do not read:
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

CM2c i. How would you describe the health of this child? **[READ LIST]**
CM2c i. ¿Cómo describiría la salud de este niño? [READ LIST]
1 = Excellent
1 = Excelente
2 = Very good
2 = Muy buena
3 = Good
3 = Buena
4 =Fair
4 =Regular
5 = Poor
5 = Mala
7 = (VOL) Don't know/Not Sure
9 = (VOL) Refused

CMd i. What type of school does this child attend? **[READ LIST]**
CMd i. ¿En qué tipo de escuela estudia este niño? [READ LIST]
IF CHILD'S AGE >= 5 1 = Public school
IF CHILD'S AGE >= 5 1 = Escuela pública
IF CHILD'S AGE >= 5 2 = Charter school
IF CHILD'S AGE >= 5 2 = Escuela charter
IF CHILD'S AGE >= 5 3 = Private school
IF CHILD'S AGE >= 5 3 = Escuela privada
IF CHILD'S AGE >= 5 4 = Home school

IF CHILD'S AGE >= 5 4 = Escuela en el hogar
IF CHILD'S AGE < 6 5 = Preschool or Pre-K
IF CHILD'S AGE < 6 5 = Preescolar
IF CHILD'S AGE < 5 6 = Daycare
IF CHILD'S AGE < 5 6 = Guardería
7 = Another type of school, or
7 = Otro tipo de escuela
8 = Your child does not go to school
8 = Su hijo no va a la escuela
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

CMe i. Is this child covered by any kind of health insurance?
CMe i. ¿Este niño está cubierto por algún tipo de seguro médico?
1 = Yes
2 = No
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

REPEAT UNTIL i = CM1.

END TIMING: CHILDR

BEGIN TIMING: OBESITY

NEW SECTION: CHILDHOOD OBESITY

[RANDOMLY SELECT A CHILD]

IF CM1>1 These next questions are about the[POSITION OF SELECTED CHILD] child in your household.

ELSE IF CM1=1 GO TO CO1.

Las próximas preguntas se refieren al [POSITION OF SELECTED CHILD] niño en su hogar.

CV1. This is your [SELECTED CHILD CM2a_i]-year[/month IF CM2a_i month only]-old, right?

CV1. Este es su hijo de **[SELECTED CHILD CM2a_i]** años/meses, ¿es correcto?

1 = Yes

1 = Sí

2 = No

2 = No

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

9 = (VOL) Refused

[IF CV1 = 2, 7, 9, re-ask child enumeration questions.]

CO1. How would you describe this child's weight? Would you say…

¿Cómo describiría el peso de este niño? Diría que...

[READ LIST]

1 = Very underweight

1 = Está muy por debajo del peso correcto

2 = Slightly underweight

2 = Está ligeramente por debajo del peso correcto

3 = About the right weight

3 = Tiene el peso correcto

4 = Slightly overweight

4 = Está ligeramente excedido de peso

5 = Very overweight

5 = Está muy excedido de peso7 = (VOL) Don't know/not sure

9 = (VOL) Refused

CO2. In the last 12 months, has a doctor, nurse or other health professional told you or another caregiver that your [SELECTED CHILD CM2a_i]-year[/month IF CM2a_i month only]-old was overweight or obese?

En los últimos 12 meses, ¿un médico, una enfermera u otro profesional de la salud le dijo a usted u a otro cuidador que su hijo de [SELECTED CHILD CM2a_i]año(s) [/mes(es)IF CM2a_i month only] tenía sobrepeso o estaba obeso?

1 = Yes

2 = No

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

9 = (VOL) Refused

END TIMING: OBESITY

BEGIN TIMING: DENTAL

NEW SECTION: CHILD DENTAL CARE

CDC1. During the past 12 MONTHS, did the [SELECTED CHILD CM2a_i]-year[/month IF CM2a_i month only]-old see a dentist or other oral health care provider for preventive dental care, such as check-ups and dental cleanings, dental sealants, or fluoride treatments?

Durante los últimos 12 MESES, ¿el niño de [SELECTED CHILD CM2a_i]año(s)[/mes(es) IF CM2a_i month only] fue al dentista u a otro proveedor de atención de salud bucal para recibir atención dental preventiva, como chequeos y limpiezas dentales, selladores dentales o tratamientos con flúor?

1 = Yes, one visits
1 = Sí, una vez
2 = Yes, two or more visits
2 = Sí, dos o más veces
3 = No preventive visits in past 12 months **SKIP TO CVC1**
3 = No fue a consultas preventivas en los últimos 12 meses **SKIP TO CVC1**
7 = (VOL) Don't know/Not sure **SKIP TO CVC1**
9 = (VOL) Refused **SKIP TO CVC1**

CDC2. [IF CDCNEW1 = 1 OR 2] What kind of place or places did this child receive his or her dental or oral health care?
¿En qué tipo de lugares recibió este niño su atención de salud dental o bucal?

[READ LIST, CODE ALL THAT APPLY]

1 = Dentist's office
1 = Dentista
2 = Clinic or health center
2 = Clínica o centro de salud
3 = School
3 = Escuela
4 = Or some other place
4 = Algún otro lugar
7 = (VOL) Don't know/Not Sure
9 = (VOL) Refused

END TIMING: DENTAL

BEGIN TIMING: VISION

NEW SECTION: CHILD VISION CARE
[SAME RANDOMLY SELECTED CHILD]

CVC1. Has the [SELECTED CHILD CM2a_i]-year[/month IF CM2a_i month only]-old EVER had his or her vision tested with pictures, shapes or letters?
¿Al niño de [SELECTED CHILD CM2a_i]año(s)[/mes(es) IF CM2a_i month only]ALGUNA VEZ le hicieron un examen de la visión con imágenes, formas o letras?

1 = Yes	
2 = No	**SKIP TO CAS1**
7 = (VOL) Don't know/Not sure	**SKIP TO CAS1**
9 = (VOL) Refused	**SKIP TO CAS1**

CVC2. [IF CVC1 = 1, YES] At what kind of place or places did this child have his or her vision tested?
¿En qué tipo de lugar o lugares le hicieron a este niño el examen de la visión?
[READ LIST, CODE ALL THAT APPLY]

1 = Eye doctor or eye specialist (ophthalmologist's, optometrist's) office
1 = Consultorio de un médico o especialista en ojos (oftalmólogo u optometrista)
2 = Pediatrician or other general doctor's office
2 = Consultorio del pediatra u de otro médico general
3 = Clinic or health center
3 = Clínica o centro de salud
4 = School
4 = Escuela
5 = Or some other place
5 = Algún otro lugar
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

END TIMING: VISION

BEGIN TIMING: ASTHMA

IF CHILD = 1;

[DISPLAY TEXT IF CM1>1]For the next questions, please now consider all children in your household for whom you are the parent or guardian.
Para las siguientes preguntas, tenga en cuenta a todos los niños que viven en su hogar, de los cuales usted es el padre/la madre o el guardián.

CAS1. Has your child/Have any of your children ever been told by a doctor or other health professional that [IF CM1 = 1: he or she has/IF CM1 > 2 they have] asthma?
¿Algún médico u otro profesional de la salud le dijo a su hijo/alguno de sus hijos que[IF CM1 = 1: tiene /IF CM1 > 2: tiene] asma?

1 = Yes	**IF CM1 =1 THEN GO TO CAS3, IF CM1 > 1 GO TO CAS2**
2 = No	**SKIP TO SNS1**
7 = (VOL) Don't know/not sure	**SKIP TO SNS1**
9 = (VOL) Refusted	**SKIP TO SNS1**

CAS2. How many?
¿Cuántos?

___ Number of children [RANGE: 1 to CM1]
77 = (VOL) Don't know/not sure
99 = (VOL) Refused

CAS3. During the past 12 months, IF CAS2 OR CM1 = 1: has this child/ IF CAS2>1: have any of these children had to visit an emergency room or urgent care center because of (IF CAS2 = 1 OR CM1 = 1: his or her/IF CAS2>1: their) asthma?
Durante los últimos 12 meses, IF CAS2 OR CM1 = 1:¿este niño/IF CAS2>1:alguno de estos niños ha tenido que ir a una sala de emergencias o a un centro de atención de urgencias a causa de (IF CAS2 = 1 OR CM1 = 1: su / IF CAS2>1: sus)asma?

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

END TIMING: ASTHMA

BEGIN TIMING: SPECIAL

NEW SECTION: CHILDREN WITH SPECIAL HEALTHCARE NEEDS (IF CHILD = 1_)

SNS1. (IF CM1=1: Is your child/IF CM1>1: Are any of your children) limited or prevented in any way in (IF CM1=1: his or her/ IF CM1>1: their) ability to do the things most children of the same age can do?
[IF CM1=1:¿Su hijo /IF CM1>1: ¿Alguno de sus hijos] está limitado o tiene algún tipo de impedimento en (IF CM1=1: su / IF CM1>1: su) capacidad para hacer las cosas que la mayoría de los niños de su edad pueden hacer?
1 = YES
2 = NO **SKIP TO NEXT SECTION**
7 = DON'T KNOW/NOT SURE **SKIP TO NEXT SECTION**
9 = REFUSED **SKIP TO NEXT SECTION**

SNS2. [IF SNS1 = 1, YES AND CM1>1] How many children in the home are limited or prevented in any way in his or her ability to do the things most children of the same age can do?
¿Cuántos niños en su hogar están limitados o tienen algún tipo de impedimento en su capacidad para hacer las cosas que la mayoría de los niños de su edad pueden hacer?
____ NUMBER OF CHILDREN [RANGE 0 – CM1]
77 = Don't know/Not sure
99 = Refused

SNS3. [IF SNS1 = 1, YES] (IF SNS2=1: Is this child's limitation/IF SNS2>1: Are these children's limitations) in abilities because of ANY medical, behavioral or other health conditions?
[IF SNS2=1: ¿La limitación de este niño en su /IF SNS2>1: ¿La limitación de estos niños en sus] capacidades se deben a ALGUNA afección médica, de comportamiento o de otro tipo?
1 = Yes
2 = No **SKIP TO NEXT SECTION**
7 = (VOL) Don't know/Not sure **SKIP TO NEXT SECTION**
9 = (VOL) Refused **SKIP TO NEXT SECTION**

SNS4. [IF SNS1 = 1, YES AND SNS3 = 1, YES] Is this a condition that has lasted or is expected to last 12 months or longer?
¿Ha durado la afección o se prevé que dure 12 meses o más?

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

END TIMING: SPECIAL

BEGIN TIMING: DIAPER

ACCESS TO DIAPERS

IF CHILD = 1 AND THERE IS AT LEAST ONE CHILD UNDER THE AGE OF FIVE (CM2a_i < 5)

The next questions are about your (IF CM1=1: child/IF more than 1 child with CM2a i <5 years: children under the age of five.
Las siguientes preguntas son sobre su (IF CM1=1:hijo menor/IF more than 1 child with CM2a i <5 years:hijos menores de cinco años.

AD1. Did you ever feel that you did not have enough diapers to change them as often as you would like?
¿Alguna vez sintió que no tenía suficientes pañales para cambiar a su hijo/sus hijos con la frecuencia que le gustaría?
INTERVIEWER: THIS QUESTION IS ASKED OF ALL RESPONDENTS WITH CHILDREN UNDER THE AGE OF 5, EVEN IF THEY ARE NO LONGER IN DIAPERS.

1 = Yes	**GO TO AD2**
2 = No	**GO TO AD3**
7 = (VOL) Don't know/not sure	**GO TO K15**
9 = (VOL) Refused	**GO TO K15**

AD2. What did you do in that situation?
¿Qué hizo en esa situación?

[READ LIST]
[SELECT ALL THAT APPLY]

1 = Borrow diapers or money from family or friends Pedir prestado pañales o dinero de familia o amigos	**GO TO K15**
2 = Get diapers from an agency Obtener los pañales de una agencia	**GO TO K15**
3 = Stretch the diapers that you have Estirar/hacer durar los pañales que ya tengo	**GO TO K15**
4 = Or something else [SPECIFY] **Otro**	**GO TO K15**
7 = (VOL) Don't know/Not sure	**GO TO K15**
9 = (VOL) Refused	**GO TO K15**

AD3. Did you feel that you had enough diapers because you:
Sintió que tenía suficientes pañales porque pudo:

[READ LIST]
[SELECT ALL THAT APPLY]

1 = Borrow diapers or money from family or friends
Pedir prestado pañales o dinero de familia o amigos
2 = Get diapers from an agency
Obtener los pañales de una agencia
3 = Stretch the diapers that you have
Estirar/hacer durar los pañales que ya tengo
4 = Purchase diapers with your own money
Comprar pañales con mi propio dinero
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

END TIMING: DIAPER

BEGIN TIMING: DEMOG2

Now, we have some more questions about your health.
Ahora tenemos algunas preguntas más sobre su salud.

K15. About how tall are you without shoes? ***(BRFSS 2014)***
Aproximadamente, ¿cuánto mide sin zapatos?
Round fractions down

_ _ _ FEET [RANGE 3-9] /INCHES [RANGE 0-11]
_ _ _ METERS [RANGE 0-3] /CENTIMETERS [RANGE 0-275]
7777 = (VOL) Don't know/Not sure
9999 = (VOL) Refused

K16. About how much do you weigh without shoes? ***(BRFSS 2014)***
Aproximadamente, ¿cuánto pesa sin zapatos?
Round fractions up

_ _ _ POUNDS [RANGE 50-600]
_ _ _ KILOGRAMS [RANGE 20-275]

7777 = (VOL) Don't know/Not sure
9999 = (VOL) Refused

IF K16 = 9999 OR 7777 AND K15 ≠ 99/99 OR 77/77 THEN CALCULATE BMI FOR HEIGHT AND ASK K17a or K18a (for metric)
ELSE IF K15 = 99/99 OR 77/77 AND K16 ≠ 9999 OR 7777 THEN CALCULATE BMI FOR WEIGHT AND ASK K19a or K20a (for metric)
ELSE SKIP TO L1

BMI = 703 * LBS / inches SQ

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

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

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

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

K17a. Do you weigh less than [critical weight for OBESE]?
¿Pesa menos de [critical weight for OBESE]?
1 = YES, WEIGH LESS **SKIP TO K17c**
2 = NO, DON'T WEIGH LESS
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

K17b. Do you weigh less than [critical weight for VERY OBESE]?
¿Pesa menos de [critical weight for VERY OBESE]?

1 = YES, WEIGH LESS	**SKIP TO L1**
2 = NO, DON'T WEIGH LESS	**SKIP TO L1**
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

K17c. Do you weigh less than [critical weight for OVERWEIGHT]?
¿Pesa menos de [critical weight for OVERWEIGHT]?

1 = YES, WEIGH LESS	
2 = NO, DON'T WEIGH LESS	**SKIP TO L1**
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

K17d. Do you weigh less than [critical weight for UNDERWEIGHT]?
¿Pesa menos de [critical weight for UNDERWEIGHT]?

1 = YES, WEIGH LESS	**SKIP TO L1**
2 = NO, DON'T WEIGH LESS	**SKIP TO L1**
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

CRITICAL WEIGHT FOR METRIC VERY OBESE = .0035 * (K15 height CM)*(K15 height CM)

CRITICAL WEIGHT FOR METRIC OBESE = .003 * (K15 height CM)*(K15 height CM) CRITICAL

WEIGHT FOR METRIC OVERWEIGHT = .0025* (K15 height CM)*(K15 height CM)

CRITICAL WEIGHT FOR METRIC UNDERWEIGHT = .00185* (K15 height CM)*(K15 height CM)

K18a. Do you weigh less than [critical weight for METRIC OBESE]?
¿Pesa menos de [critical weight for METRIC OBESE]?

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

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

1 = YES, WEIGH LESS	**SKIP TO L1**
2 = NO, DON'T WEIGH LESS	**SKIP TO L1**
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

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

¿Pesa menos de [critical weight for METRIC OVERWEIGHT]?

1 = YES, WEIGH LESS
2 = NO, DON'T WEIGH LESS **SKIP TO L1**
7 = (VOL) Don't know/Not sure **SKIP TO L1**
9 = (VOL) Refused **SKIP TO L1**

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

¿Pesa menos de [critical weight for METRIC UNDERWEIGHT]?

1 = YES, WEIGH LESS **SKIP TO L1**
2 = NO, DON'T WEIGH LESS **SKIP TO L1**
7 = (VOL) Don't know/Not sure **SKIP TO L1**
9 = (VOL) Refused **SKIP TO L1**

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

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

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

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT: = SQUARE ROOT OF (38 * K16 weight LB)
THEN CONVERT TO FEET, INCHES

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

¿Mide menos de [critical height for OBESE]?

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

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

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

1 = YES, LESS **SKIP TO L1**
2 = NO, NOT LESS **SKIP TO L1**
7 = (VOL) Don't know/Not sure **SKIP TO L1**
9 = (VOL) Refused **SKIP TO L1**

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

¿Mide menos de [critical height for OVERWEIGHT]?

1 = YES, LESS **SKIP TO L1**
2 = NO, NOT LESS
7 = (VOL) Don't know/Not sure **SKIP TO L1**
9 = (VOL) Refused **SKIP TO L1**

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

¿Mide menos de [critical height for UNDERWEIGHT]?

1 = YES, LESS	**SKIP TO L1**
2 = NO, NOT LESS	**SKIP TO L1**
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

CALCULATE CRITICAL HEIGHT FOR METRIC VERY OBESE = SQUARE ROOT OF (286 * K16 weight KILOS) CALCULATE CRITICAL HEIGHT FOR METRIC OBESE = SQUARE ROOT OF (333 * K16 weight KILOS) CALCULATE CRITICAL HEIGHT FOR METRIC OVERWEIGHT = SQUARE ROOT OF (400 * K16 weight KILOS)

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

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

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

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

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

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

1 = YES, LESS	**SKIP TO L1**
2 = NO, NOT LESS	**SKIP TO L1**
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

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

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

1 = YES, LESS	**SKIP TO L1**
2 = NO, NOT LESS	
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

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

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

1 = YES, LESS	**SKIP TO L1**
2 = NO, NOT LESS	**SKIP TO L1**
7 = (VOL) Don't know/Not sure	**SKIP TO L1**
9 = (VOL) Refused	**SKIP TO L1**

END TIMING: DEMOG2

BEGIN TIMING: FRUIT

Section L: Fruits and Vegetables

These next questions are about the fruits and vegetables you ate or drank yesterday. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned. Please think about all meals, snacks, and food consumed at home and away from home.
Las próximas preguntas son acerca de las frutas y vegetales que comió o tomo ayer. Por favor, piense en las frutas y verduras en todas sus presentaciones, ya sea crudas o cocinadas, frescas, congeladas y enlatadas. Piense en todas las comidas, refrigerios y alimentos que consumió en la casa y afuera de la casa.

L1. How many total servings of fruit did you eat yesterday? A serving would equal one medium apple or a handful of grapes. ***(NYCHS 2011)***
¿Cuántas porciones totales de fruta comió usted ayer? Una porción equivale a una manzana media o un manojo de uvas.

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

PROBE: You ate (REPEAT ALL THE FRUITS RESPONDENT SAID). That adds up to X servings. Would you say you ate X servings of fruits yesterday?
¿Usted comió (REPEAT ALL THE FRUITS RESPONDENT SAID). Eso se suma a X porciones. Diría que ayer comió x porciones de frutas?

_____ NUMBER OF SERVINGS [RANGE 0 – 50]
77 = Don't know/Not sure
99 = Refused

L2. How many total servings of vegetables did you eat yesterday? A serving would equal a handful of broccoli or a cup of carrots. ***(NYCHS 2011)***
¿Cuántas porciones totales de vegetales comió usted ayer? Una porción equivale a un manojo de brócoli o una taza de zanahorias.

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

PROBE: You ate (REPEAT ALL THE VEGETABLES RESPONDENT SAID). That adds up to X servings. Would you say you ate X servings of vegetables yesterday?
¿Usted comió (REPEAT ALL THE VEGETABLES RESPONDENT SAID). Eso se suma a X porciones. Diría que ayer comió x porciones de vegetales?

_____ NUMBER OF SERVINGS [RANGE 0 – 50]
77 = Don't know/Not sure
99 = Refused

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

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

1= Very difficult
1= muy difícil
2 = Somewhat difficult
2= algo difícil
3 = Somewhat easy, or
3= algo fácil
4 = Very easy?
4 = o muy fácil?
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

Now I'm going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was often true, sometimes true or never true for your household in the last 12 months.
Ahora le voy a leer dos declaraciones que las personas han hecho sobre situaciónes alimentarias. Para cada uno, favor de indicar si ha ocurrido frecuentemente, a veces, o nunca en su hogar en los últimos 12 meses.

L14. "We worried whether our food would run out before we got money to buy more." Was that often true, sometimes true or never true for your household in the last 12 months?
"Nos preocupamos que la comida se podía acabar antes de tener dinero para comprar más." En su hogar, ¿ésto ocurrió frecuentemente, a veces, o nunca en los últimos 12 meses?

1 = Often true
Frecuentemente
2 = Sometimes true
A veces
3 = Never true
Nunca
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

L15. “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 your household in the last 12 months?
“La comida que compramos no rindió lo suficiente, y no teníamos dinero para comprar más." En su hogar, ¿ésto ocurrió frecuentemente, a veces, o nunca en los últimos 12 meses?

1 = Often true
Frecuentemente
2 = Sometimes true
A veces
3 = Never true
Nunca
7 = (VOL) Don’t know/Not sure
9 = (VOL) Refused

If CHILD = 1;

L16. During the past week, on how many days did all the family members who live in the household eat a meal together?
Durante la semana pasada, ¿cuántos días comieron juntos todos los miembros de la familia que viven en el hogar?

__ DAYS [RANGE 0 TO 7]
77 = DON’T KNOW/NOT SURE
99 = REFUSED

L6. During the past 30 days, how often did you drink regular soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice. You can answer in drinks per day, week or month. For example, twice a day, once a week and so forth.
¿Durante los últimos 30 días, con que frequencia usted tomo soda o otras bebidas endulzadas como té frío endulzado, bebidas para hacer deportes, ponche de frutas u otras bebidas con sabor de frutas? No incluya bebidas sin azúcar, de dieta o jugos del 100%. Puede responder en bebidas por día, semana o mes. Por ejemplo, dos veces al día, una vez a la semana, y así sucesivamente.
(adapted from NYCHS 2013 and BRFSS 2014)

__ Drinks per day [RANGE 1-9]
__ Drinks per week [RANGE 1-69]
__ Drinks per month [RANGE 1-300]
6 = Never
Nunca
7 = (VOL) Don’t know/Not sure
9 = (VOL) Refused

END TIMING: FRUIT

BEGIN TIMING: ACTIVE

Section M: Exercise (Physical Activity)

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

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

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

END TIMING: ACTIVE

BEGIN TIMING: ABUSE

Section W: Alcohol and Prescription Drug Use

W1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? ***(NYCHS 2013)***
Durante los últimos 30 días, ¿cuántos días a la semana o al mes tomó usted por lo menos una bebida alcohólica?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
NOTE: Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una medida de licor. Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

1_____Days per week [RANGE 1-7]
2_____Days in past 30 [RANGE 1-30] 888 = No drinks in the past 30 days
Ninguna bebida durante los últimos 30 días
777 = (VOL) Don't know/Not sure
999 = (VOL) Refused

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

W3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF MALE READ: 5 or more drinks on one occasion?] [IF FEMALE READ: 4 or more drinks on one occasion?] ***(NYCHS 2013)***
Tomando en cuenta todos los tipos de bebidas alcohólicas, ¿durante los últimos 30 días cuántas veces ha tomado [IF MALE READ: 5 o más bebidas en una ocasión?] [IF FEMALE READ: 4 o más bebidas en una ocasión?

NOTE: One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.
NOTE: Un trago equivale a una cerveza de 12 onzas, una copa de vino de 5 onzas o una medida de licor. Una cerveza de 40 onzas equivaldría a 3 tragos; un cóctel con dos medidas de alcohol equivaldría a 2 tragos.

__ NUMBER OF TIMES [CATI RANGE 0 -50]

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

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

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

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

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

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

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

1 = Yes
Sí
2 = No **SKIP TO W6**
No
7 = (VOL) Don't know/Not sure **SKIP TO W6**
9 = (VOL) Refused **SKIP TO W6**

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

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

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

W6.In the past 12 months have you ever, even once taken a prescription pain reliever such as oxycodone or hydrocodone that was NOT prescribed for you?
En los últimos 12 meses alguna vez, incluso si fue una sóla vez, ¿ha tomado usted un analgésico prescrito como oxicodona o hidrocodona que no fue prescrito para usted?

READ IF NEEDED: Do not count 'over the counter' medications such as aspirin, Tylenol or Advil which can be bought in drug stores without a doctor's prescription.
READ IF NEEDED: No cuente medicamentos 'de venta sin prescripción' como aspirina, Tylenol o Advil que puede comprar en farmácias sin una prescripción del médico.

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

END TIMING: ABUSE

BEGIN TIMING: CERVICAL

Section N: Breast/Cervical Cancer Screening

IF K1 = 3 OR 4 OR 7 OR 9 SKIP TO N10, ELSE IF K3 = 7 OR 9 (DK/REF AGE) SKIP TO N10, ELSE IF RESPONDENT IS [FEMALE (K1 =2) AND [UNDER THE AGE OF 21 (K2 < 21 AND > 9 OR K3 =5)]] OR MALE (K1 = 1), SKIP TO N10
ELSE IF FEMALE (K1 = 2) UNDER THE AGE OF 40 (K2 < 40) OR (K3 = 3 OR 4), SKIP TO N3 ELSE CONTINUE

The next questions are about breast and cervical cancer screening.
Las preguntas siguientes se refieren al cáncer de mama y al cáncer del cuello uterino.

N1. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? ***(BRFSS 2014)***
La mamografía es una radiografía que se realiza a cada uno de los senos para detectar el cáncer de mama.
¿Alguna vez se ha hecho una mamografía?

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

N2. How long has it been since you had your last mammogram? ***(BRFSS 2014)***
¿Cuándo fue la última vez que se hizo una mamografía?

1 = Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
2 = Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
3 = Within the past 3 years (2 years but less than 3 years ago)
En los últimos 3 años (hace 2 años pero menos de 3)
4 = Within the past 5 years (3 years but less than 5 years ago)
En los últimos 5 años (hace 3 años pero menos de 5)
5 = 5 or more years ago
Hace 5 años o más
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

N3. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? ***(BRFSS 2013)***
La prueba de Papanicolaou o "Pap" es un examen para detectar el cáncer de cuello uterino. ¿Alguna vez se ha hecho una prueba de Papanicolaou?

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

N4. How long has it been since your last Pap test? ***(BRFSS 2013)***
¿Cuándo fué la última vez que se hizo la prueba de Papanicolaou?

1 = Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
2 = Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
3 = Within the past 3 years (2 years but less than 3 years ago)
En los últimos 3 años (hace 2 años pero menos de 3)
4 = Within the past 5 years (3 years but less than 5 years ago)
En los últimos 5 años (hace 3 años pero menos de 5)
5 = 5 or more years ago
Hace 5 años o más
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

N5. Have you had a hysterectomy? ***(BRFSS 2013)***
¿Le han hecho una histerectomía?

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

IF FEMALE (K1 = 2) UNDER THE AGE OF 45 (K2 < 45 OR K3 = 3, 4, 5) AND N5<>1 THEN CONTINUE. ELSE SKIP TO N10 [MENSTRUATION Q]

The next questions are about birth control.
Las siguientes preguntas se refieren al control de la natalidad.

N6. During the past 12 months, have you had sex with a male partner? By sex we mean oral, vaginal or anal sex but not masturbation.
¿Durante los últimos 12 meses, ¿ha tenido relaciones sexuales con un hombre? Por sexo nos referimos a sexo oral o anal, pero no/a la masturbación.

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

IF N6 = 1 go to N7; Else if N6 = 2, 7 or 9, skip to N10;

N7. The last time you had vaginal sex, did you or your partner use any method of birth control to prevent a pregnancy?
La última vez que tuvo sexo vaginal, ¿usted o su pareja utilizó algún método anticonceptivo para evitar un embarazo?

1 = Yes
2 = No **SKIP TO N9**
3 = (VOL) Never had vaginal sex **SKIP TO N10**
7 = (VOL) Don't know/Not sure **SKIP TO N10**
9 = (VOL) Refused **SKIP TO N10**

N8. [IF N7 = 1, YES] What method or methods of birth control did you use?
¿Qué método o métodos usó?

[READ LIST IF NEEDED, CODE ALL THAT APPLY]

1 = Any type of condom
2 = Birth control pills
3 = Injectable birth control ("the shot," "Depo-Provera"), vaginal ring ("Nuva Ring"), patch ("Ortho-Evra")
4 = Intrauterine device/IUD ("Mirena" or "Copper-T") or implant ("Implanon")
5 = Emergency contraception ("Plan B" or "Morning After Pill")
6 = Withdrawal or Rhythm Method
7 = Diaphragm, cervical cap, sponge, jelly, cream or spermicide
8 = Sterilization (Tubes Tied, Vasectomy, or Hysterectomy)
9 = I did not use any of these methods

1 Cualquier tipo de preservativo
2 Pastillas anticonceptivas
3 Anticonceptivo inyectable ("la inyección", "Depo-Provera"), anillo vaginal ("Nuva-Ring"), parche ("Ortho – Evra")
4 Dispositivo Intrauterino/IUD ("Mirena" o "Copper-T"), o implante ("Implanon")
5 Anticonceptivo de emergencia ("Plan B" o "Píldora del día después")
6 Método rítmico, de marcha atrás
7 Diafragma, capuchón cervical, esponja, gel, crema o espermicida
8 Esterilización (Ligadura de trompas, Vasectomía o Histerectomía)
9 No usé ninguno de estos métodos

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

N9. [IF N7 = 2, NO] The last time you had vaginal sex, did you intend to get pregnant? Would you say yes, no, or no, but you wouldn't have minded if you did?
¿La última vez que tuvo sexo vaginal, usted tenía la intención de embarazar a su pareja? ¿Diría que "sí", que "no" o que "no, pero no le importaría si lo hubiera hecho"?

1 = Yes
Sí
2 = No
No
3 = No, but wouldn't have minded
No, pero no le importaría si lo hubiera hecho 4 = (VOL) Respondent was already pregnant
5 = (VOL) Respondent is unable to get pregnant or partner unable to get respondent pregnant (fertility issues)
7 = Don't know/Not sure
9 = Refused

N10. [ASK ALL] Have you or someone in your household ever not been able to afford menstruation products, such as tampons or maxi pads?
¿Alguna vez usted o alguien en su hogar no ha podido pagar productos para la menstruación, como tampones o toallas femeninas?

1 = Yes
2 = No
3 = (VOL) No females in household
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

END TIMING: CERVICAL

BEGIN TIMING: COLORECTAL

Section P: Colorectal Cancer Screening

IF RESPONDENT IS UNDER 50 YEARS OF AGE (K2 < 50 AND > 9) OR (K3 = 2, 3, 4, 5, 7, or 9), SKIP TO P5

The next questons are about colorectal (koh-luh-rek-tl) cancer screening.
Las siguientes preguntas son sobre las pruebas de detección del cáncer colorrectal.

P1. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood.
Have you ever had this test using a home kit? ***(BRFSS 2013)***
La prueba de sangre en las heces se puede hacer en casa con un kit especial para detectar la presencia de sangre en las heces. ¿Alguna vez se ha hecho esta prueba con un kit casero?
1 = Yes
2 = No **SKIP TO P3**
7 = (VOL) Don't know/Not sure **SKIP TO P3**
9 = (VOL) Refused **SKIP TO P3**

P2. How long has it been since you had your last blood stool test using a home kit? ***(BRFSS 2013)***
¿Cuándo fué la última vez que se hizo una prueba de sangre en las heces con un kit casero?
1 = Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
2 = Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
3 = Within the past 3 years (2 years but less than 3 years ago)
En los últimos 3 años (hace 2 años pero menos de 3)
4 = Within the past 5 years (3 years but less than 5 years ago)
En los últimos 5 años (hace 3 años pero menos de 5)
5 = 5 or more years ago
Hace 5 años o más
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

P3. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams? ***(BRFSS 2013)***
NOTE: sigmoidoscopy (sig-moyd-ahs-kuh-pee); colonoscopy (koh-luhn-ahs-kuh-pee)
La sigmoidoscopía y la colonoscopia son exámenes en los que se inserta una sonda en el recto para examinar el colon a fin de detectar señales de cáncer u otros trastornos de salud. ¿Alguna vez se ha hecho alguno de estos exámenes?
1 = Yes
2 = No **SKIP TO P5**

7 = (VOL) Don't know/Not sure **SKIP TO P5**
9 = (VOL) Refused **SKIP TO P5**

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

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

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

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

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

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

1 = Within the past year (anytime less than 12 months ago)
En el último año (hace menos de 12 meses)
2 = Within the past 2 years (1 year but less than 2 years ago)
En los últimos 2 años (hace 1 año pero menos de 2)
3 = Within the past 3 years (2 years but less than 3 years ago)
En los últimos 3 años (hace 2 años pero menos de 3)
4 = Within the past 5 years (3 years but less than 5 years ago)
En los últimos 5 años (hace 3 años pero menos de 5)
5 = Within the past 10 years (5 years but less than 10 years ago)
En los últimos 10 años (hace 5 años pero menos de 10)
6 = 10 or more years ago
Hace 10 años o más
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

[ASK ALL]

P5. Are you aware of/have you heard of PrEP, or pre-exposure prophylaxis (pro-feh-lack-sus), a daily pill that can lower the chances of infection in HIV negative individuals?
¿Conoce o ha oído hablar de la PrEP o profilaxis previa a la exposición, una píldora diaria que puede disminuir la probabilidad de infección en las personas VIH negativas?

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

P6. Are you currently on a PrEP regimen?
¿Actualmente sigue un tratamiento de profilaxis previa a la exposición?

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

END TIMING: COLORECTAL

BEGIN TIMING: MENTAL

Section S: Mental Health

Now, I am going to ask you some questions about how you have been feeling lately. During the past 30 days,

Ahora le voy a hacer algunas preguntas sobre cómo se ha sentido últimamente. En los últimos 30 días,

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

¿aproximadamente con qué frecuencia se sintió NERVIOSO/A? ¿Diría usted que todo el tiempo la mayor parte del tiempo, casi todo el tiempo, pocas veces o ninguna vez?

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

S2. How often did you feel HOPELESS – all of the time, most of the time, some of the time, a little of the time, or none of the time? ***(BRFSS 2013)***

En los últimos 30 días, ¿Con qué frecuencia se sintió DESESPERANZADO/A? ¿Diría usted que todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez?

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

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

En los últimos 30 días, ¿Con qué frecuencia se sintió AGITADO/A O INQUIETO/A? [If necessary: todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez]

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

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

En los últimos 30 días, ¿Con qué frecuencia se sintió TAN DEPRIMIDO/A QUE NADA PODÍA ANIMARLO/A? [If necessary: todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez]

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

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

Siga pensando en los últimos 30 días; ¿con qué frecuencia sintió que TODO LE COSTABA TRABAJO? [If necessary: todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez]

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

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

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

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

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

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

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

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

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

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

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

¿Cual de estas declaraciones explica por qué usted no consiguio el tratamiento de salud mental o consejería que necesitabas?

[READ LIST]

INTERVIEWER NOTE: Pause for a Yes/No response after each item.

(MULTIPLE RESPONSE)

1 = You couldn't afford the cost.
Usted no podía pagar el costo.

2 = You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
Estaba preocupado que recibir tratamiento de salud mental o consejería pudiera causar sus vecinos o comunidad a tener una opinión negativa de usted.

3 = You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
Estaba preocupado que recibir tratamiento de salud mental o consejería pudiera tener un efecto negativo en su trabajo.

4 = Your health insurance does not cover any mental health treatment or counseling.
Su seguro de salud no cubre cualquier tratamiento de salud mental o consejería.

5 = Your health insurance does not pay enough for mental health treatment or counseling.
Su seguro de salud no paga suficiente para tratamiento de salud mental o consejería.

6 = You did not know where to go to get services.
No sabía donde ir para conseguir servicios.

7 = You were concerned that the information you gave the counselor might not be kept confidential.
Estaba preocupado que la informacion que usted le dio al consejero podría no ser mantenido confidencial.

8 = You were concerned that you might be committed to a psychiatric (sahy-kee-a-trik) hospital or might have to take medicine.
Estaba preocupado que usted podría ser confiado a un hospital psiquiátrico o podría que tener que tomar medicamentos.

9 = Some other reason or reasons (SPECIFY)
Alguna otra razon o razones.

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

99 = (VOL) Refused

END TIMING: MENTAL

BEGIN TIMING: COHESION

Section AA: Social Cohesion/Neighborhood Conditions

The next questions are about your home and the neighborhood you live in.
Las siguientes preguntas son sobre su hogar y el vecindario en el que vive.

AA6: How long have you lived in your neighborhood?
¿Cuánto tiempo hace que vive en su vecindario?

Read only if necessary:	
1 = Less than one year	
1 = Menos de un año	
2 = At least 1 year, but less than 3 years	
2 = Al menos un año, pero menos de 3 años	
3 = At least 3 years, but less than 5 years	
3 = Más de 3, pero menos de 5 años	
4 = At least 5 years, but less than 10 years	**SKIP TO AA8**
4 = Más de 5, pero menos de 10 años	**SKIP TO AA8**
5 = At least 10 years, but less than 20 years	**SKIP TO AA8**
5 = Más de 10, pero menos de 20 años	**SKIP TO AA8**
6 = 20 years or longer	**SKIP TO AA8**
6 = 20 años o más	**SKIP TO AA8**
Do not read:	
7 = Don't know / Not sure	**SKIP TO AA8**
9 = Refused	**SKIP TO AA8**

AA7. [IF AA6 = 1 OR 2 OR 3] People move for many different reasons. Thinking of your most recent move, can you tell me the reason or reasons that you moved?
Las personas se mudan por diferentes razones. Piense en su mudanza más reciente. ¿Puede decirme la razón o las razones por las que se mudó?

[READ LIST]
INTERVIEWER NOTE: Pause for a Yes/No response after each item.
[SELECT ALL THAT APPLY]

PROGRAMMING NOTE: RANDOMIZE LIST, WITH THE EXCEPTION OF OPTIONS, 12, 77 AND 99, WHICH SHOULD APPEAR AT THE BOTTOM.
1 = Received eviction notice
1 = Recibió un aviso de desalojo
2 = Previous home or apartment was foreclosed
2 = Le embargaron la casa o el apartamento anterior
3 = Rent increased at previous home or apartment
3 = El alquiler de la casa o el apartamento anterior aumentó
4 = Landlord would not fix things at previous home or apartment

4 = El propietario no arreglaba las cosas en la casa o el apartamento anterior
5 = To save money
5 = Para ahorrar dinero
6 = Better quality or larger home
6 = Para irse a una casa de mejor calidad o más grande
7 = Closer to work or school
7 = Para irse a una casa más cerca del trabajo o la escuela
8 = Closer to family or friends
8 = Para estar más cerca de familiares o amigos
9 = Better quality neighborhood or schools
9 = Porque el barrio o las escuelas son de mejor calidad
10 = Relocated to new city
10 = Le dieron un traslado a otra ciudad
11 = Change in family status (e.g. marriage, divorce, children, adult child moved out)
11 = Cambio en la situación familiar (por ejemplo, matrimonio, divorcio, hijos, mudanza de un hijo adulto)
12 = Other (please specify)
12 = Otra opción (especifique)
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

AA8. During the past 12 months, has there been water or dampness in your residence from broken pipes, leaks, heavy rains or floods?
Durante los últimos 12 meses, ¿entró agua o humedad en su residencia debido a tuberías rotas, goteras, lluvias abundantes o inundaciones?

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

AA9. Now, thinking about your neighborhood, is there a park, playground or sports field within walking distance of your home?
Ahora piense en su vecindario. ¿Hay un parque, área de juegos o campo de deportes a poca distancia de su hogar?

1 = Yes
2 = No **SKIP TO Z3**
7 = (VOL) Don't know/Not sure **SKIP TO Z3**
9 = (VOL) Refused **SKIP TO Z3**

[IF CHILD = 1 AND ANY CM2a_i >= 1 YEAR OLD]

AA10. ~~Thinking~~: (IF CM1=1: Does your child/IF CM1>1: Do your children) play at that park, playground or sports field?
[IF CM1=1: ¿Su hijo juega / IF CM1>1: ¿Sus hijos juegan] en ese parque, área de juegos o campo de deportes?

1 = Yes, often	
1 = Sí, a menudo	
2 = Yes, sometimes	
2 = Sí, a veces	
3 = No	**SKIP TO Z3**
4 = (VOL) My neighborhood does not have these facilities	**SKIP TO Z3**
4 = Mi vecindario no tiene estas instalaciones	**SKIP TO Z3**
7 = (VOL) Don't know/Not sure	**SKIP TO Z3**
9 = (VOL) Refused	**SKIP TO Z3**

AA11. Thinking about the park, playground or sports field nearest to your home: Do you strongly agree, agree, disagree or strongly disagree with the following statement: This park, playground or sports field is safe during the day?
Piense en el parque, área de juegos o campo de deportes más cercano a su hogar: Indique si está usted completamente de acuerdo, de acuerdo, en desacuerdo o completamente en desacuerdo con las siguientes afirmaciones: ¿Este parque, área de juegos o campo de deportes es seguro durante el día?

1 = Strongly agree	**SKIP TO Z3**
Completamente de acuerdo	
2 = Agree	**SKIP TO Z3**
De acuerdo	
3 = Disagree	**GO TO NEXT QUESTION**
En desacuerdo	
4 = Strongly disagree	**GO TO NEXT QUESTION**
Completamente en desacuerdo	
7 = Don't know/Not sure	**SKIP TO Z3**
9 = Refused	**SKIP TO Z3**

AA12. You told me that the park or play ground near where you live is not safe. Please tell me why you feel that way, by answering YES or NO to the following problems:
Usted me dijo que el parque o el área de juegos cerca de donde vive no es seguro. Dígame por qué piensa eso respondiendo SÍ o NO sobre los siguientes problemas:

[READ LIST]
[SELECT ALL THAT APPLY]

1 = There is broken glass or trash on the ground that can hurt children
1 = Hay vidrios rotos o basura en el suelo con los que los niños pueden lastimarse
2 = The playground equipment is broken or unsafe
2 = El equipamiento del área de juegos está roto o es inseguro
3 = The traffic around the park is unsafe
3 = El tráfico alrededor del parque es inseguro
4 = I am not comfortable with other people using the park or playground
4 = Le incomoda que otras personas usen el parque o el área de juegos
5 = Crimes or violent activity have happened at the park
5 = Hubo delitos o actividades violentas en el parque
6 = Any other reasons? (SPECIFY)
6 = ¿Algunas otras razones? (ESPECIFIQUE)
7 = Don't know
9 = Refused

Z3. Do you feel safe in your neighborhood? ***(Aminzadeh et al., 2013)*** (READ LIST)
¿Se siente seguro(a) en su vecindario?

1 = Yes, all of the time
Sí, en todo momento
2 = Yes, most of the time
Sí, la mayor parte del tiempo
3 = Sometimes
A veces
4 = No, mostly not
No, la mayor parte del tiempo
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

AA5. In your neighborhood, how often does violence occur? READ LIST.
AA5. ¿Con qué frecuencia hay episodios de violencia en su vecindario? READ LIST.
1 = Every day
1 = Todos los días
2 = At least every week
2 = Al menos todas las semanas
3 = At least every month
3 = Al menos todos los meses
4 = Every few months
4 = Algunas veces al año

5 = Once a year or so
5 = Más o menos una vez al año
6 = Not at all
6 = Nunca
7 = (VOL) Don't know/Not sure

AA1. Would you say that you really feel part of your neighborhood? Would you say you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree? ***(adapted from Kim et al. 2013)***
¿Diría que realmente se siente parte de su vecindario? ¿Diría que está completamente de acuerdo, de acuerdo, ni de acuerdo ni en desacuerdo, en desacuerdo o completamente en desacuerdo?

1 = Strongly agree
Completamente de acuerdo
2 = Agree
De acuerdo
3 = Neither agree nor disagree
Ni de acuerdo ni en desacuerdo
4 = Disagree
En desacuerdo
5 = Strongly disagree
Completamente en desacuerdo
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

AA13. In the last 12 months have you attended a neighborhood meeting about a local issue?
En los últimos 12 meses, ¿fue a una reunión de vecinos donde se haya abordado un problema local?

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

END TIMING: COHESION

BEGIN TIMING: HATECRIME

Section HC: Hate Crimes

HC1. During the past year, were you attacked or threatened by someone OR did you have something stolen from you?
Durante el año pasado, ¿fue atacado(a) o amenazado(a) por alguien o le robaron algo?

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

HC2. [IF HC1 = 1] Do you have any reason to suspect one or more of those incidents was a hate crime or crime of prejudice or bigotry? Hate crimes or crimes of prejudice or bigotry occur when an offender targets people because of one or more of their personal characteristics or religious beliefs.
¿Tiene alguna razón para sospechar que uno o más de esos incidentes haya sido un delito motivado por el odio, el prejuicio o la intolerancia? Los delitos motivados por el odio, el prejuicio o la intolerancia ocurren cuando un delincuente ataca a otra persona debido a una o más de sus características personales o creencias religiosas.

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

HC3. [IF HC2 = 1] Do you suspect the offender(s) targeted you because of
¿Sospecha que el delincuente lo(a) atacó debido a lo siguiente?
[READ LIST]
INTERVIEWER NOTE: Pause for a Yes/No response after each item.
[SELECT ALL THAT APPLY]

1 = Your race?
1 = Su raza
2 = Your religion?
2 = Su religión
3 = Your ethnic background?
3 = Su origen étnico
4 = Your gender?
4 = Su género
5 = Your sexual orientation?
5 = Su orientación sexual
6 = Any disability?
6 = Alguna discapacidad
7 = Don't know
9 = Refused

END TIMING: HATECRIME

BEGIN TIMING: ISSUES

Section CYH: Child and Youth Health Issues

ASK ALL

Thinking about children and teens in Chicago, how big of a problem do you feel the following health issues are for children and teens across the city of Chicago? For each, say whether you think it is a big problem, somewhat of a problem or not a problem.
Pensando en los niños y adolescentes de Chicago, ¿qué importancia cree usted que tienen los siguientes problemas de salud para los niños y adolescentes de la ciudad de Chicago? Para cada opción, diga si piensa que es un problema importante, un problema de cierta importancia o no es un problema.
[RANDOMIZE LIST]

CYH1. Alcohol abuse by youth. Would you say…
CYH1. El abuso de alcohol por parte de los jóvenes. ¿Diría que...?
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH2. Childhood asthma. Would you say…
CYH2. El asma infantil. ¿Diría que...?
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH5. Child abuse and neglect. (Would you say…)
CYH5. El abuso y abandono infantil. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know

9 = (VOL) Refused

CYH6. Depression among children and teens. (Would you say…)
CYH6. La depresión entre niños y adolescentes. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH7. Drug abuse by youth. (Would you say…)
CYH7. El abuso de las drogas por parte de los jóvenes. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH8. Infant mortality. (Would you say…)
CYH8. La mortalidad infantil. (¿Diría que...?)

IF NEEDED: Infant mortality is the rate of death among infants.
IF NEEDED: La mortalidad infantil es la tasa de muerte entre los niños.

1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH9. Injuries from accidents among children and teens. (Would you say…)
CYH9. Las lesiones provocadas por accidentes entre niños y adolescentes. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema

7 = (VOL) Don't know
9 = (VOL) Refused

CYH10. Childhood obesity. (Would you say…)
CYH10. La obesidad infantil. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH11. Parents' health problems affecting their children. (Would you say…)
CYH11. Los problemas de salud de los padres que afectan a sus hijos. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH13. Smoking and tobacco use by youth, including vaping or using e-cigarettes. (Would you say…)
CYH13. Fumar y consumir tabaco por parte de los jóvenes, lo que incluye vapear o usar cigarrillos electrónicos. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH14. Stress among children and teens. (Would you say…)
CYH14. El estrés entre niños y adolescentes. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema

7 = (VOL) Don't know
9 = (VOL) Refused

CYH15. Suicide among children and teens. (Would you say…)
CYH15. El suicidio entre niños y adolescentes. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH16. Teen pregnancy. (Would you say…)
CYH16. El embarazo en la adolescencia. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

IF CHILD = 1, then ASK:

Okay, now how big of a problem do you feel the following ***social*** issues are for children and teens across the city of Chicago?
Ahora, ¿qué importancia cree usted que tienen los siguientes problemas ***sociales*** para los niños y adolescentes de la ciudad de Chicago?

[RANDOMIZE LIST]

CYH18. Bullying, including cyberbullying. Would you say…
CYH18. El acoso, incluido el acoso cibernético. ¿Diría que...?
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH19. Discrimination and racism. Would you say…
CYH19. La discriminación y el racismo. ¿Diría que...?
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH20. Gun-related violence in neighborhoods. (Would you say for children and teens in Chicago it is…)
CYH20. La violencia relacionada con las armas en los vecindarios. (¿Diría que para los niños y adolescentes de Chicago…?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH21. Hunger. (Would you say…)
CYH21. El hambre. (¿Diría que...?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH22. Lack of adult supervision and involvement for children and teens. (Would you say for children and teens in Chicago it is …)
CYH22. La falta de supervisión y participación de los adultos en los asuntos de los niños y adolescentes. (¿Diría que para los niños y adolescentes de Chicago…?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH25. Not enough job opportunities for parents. (Would you say for children and teens in Chicago it is …)
CYH25. La falta de oportunidades laborales suficientes para los padres. (¿Diría que para los niños y adolescentes de Chicago…?)

1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH26. Not enough job opportunities for teens and young adults. (Would you say for children and teens in Chicago it is …)
CYH26. La falta de oportunidades laborales suficientes para adolescentes y adultos jóvenes. (¿Diría que para los niños y adolescentes de Chicago…?)

1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH27. Poverty. (Would you say for children and teens in Chicago it is …)
CYH27. La pobreza. (¿Diría que para los niños y adolescentes de Chicago…?)

1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH28. Social media. (Would you say for children and teens in Chicago it is …)
CYH28. Las redes sociales. (¿Diría que para los niños y adolescentes de Chicago…?)

1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema

7 = (VOL) Don't know
9 = (VOL) Refused

CYH30. Unsafe housing. (Would you say for children and teens in Chicago it is …)
CYH30. La inseguridad de las viviendas. (¿Diría que para los niños y adolescentes de Chicago…?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH31. Violence at schools. (Would you say for children and teens in Chicago it is …)
CYH31. La violencia en las escuelas. (¿Diría que para los niños y adolescentes de Chicago…?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH32. Worse health for children of color than for white children, also known as racial inequities. (Would you say for children and teens in Chicago it is …)
CYH32. Peor salud para niños de color que para niños blancos, también conocida como una de las iniquidades raciales. (¿Diría que para los niños y adolescentes de Chicago…?)
1 = A big problem
1 = Es un problema importante
2 = Somewhat of a problem
2 = Es un problema de cierta importancia
3 = Not a problem
3 = No es un problema
7 = (VOL) Don't know
9 = (VOL) Refused

CYH34. [IF QCYH7 = 1, A big problem] You said a few minutes ago that you think that drug abuse is a big problem for children and teens across the city of Chicago. Which one of the following drugs are you MOST concerned about for youth? Please listen to the full list and then respond.
Hace unos minutos dijo que cree que el abuso de las drogas es un gran problema para los niños y adolescentes de la ciudad de Chicago. ¿Cuál de las siguientes drogas le preocupa MÁS que los jóvenes consuman? Escuche toda la lista y luego responda.
[READ ALL]

1 = Cocaine
1 = Cocaína
2 = Prescription drugs, including narcotic painkillers
2 = Medicamentos recetados, incluidos los analgésicos narcóticos3 = Heroin
3 = Heroína
4 = Marijuana
4 = Marihuana
7 = (VOL) Don't know/Not sure
9 = (VOL) Refused

CYH37. [IF CYH18 = 1, A big problem] You said a few minutes ago that you think that bullying and cyberbullying is a big problem for children and teens across the city of Chicago. Who do you think should DO MORE to try to reduce bullying and cyberbullying in Chicago? Please listen to the full list and then respond.
Hace unos minutos dijo que cree que el acoso (bullying) y el ciberacoso es un gran problema para los niños y adolescentes de la ciudad de Chicago. ¿Quién cree que debería HACER MÁS para tratar de reducir el acoso (bullying) y el ciberacoso en Chicago? Escuche toda la lista y luego responda.

[READ LIST]
(MULTIPLE RESPONSE)

1 = Parents
1 = Los padres2 = Other children and adolescents
2 = Otros niños y adolescentes
3 = Teachers
3 = Los maestros
4 = School administrators
4 = Los administradores escolares
5 = Doctors and nurses
5 = Los médicos y enfermeras
6 = Law enforcement
6 = Las fuerzas del orden público
7 = Community organizations
7 = Las organizaciones comunitarias
77 = (VOL) Don't know/Not sure
99 = (VOL) Refused

[ASK IF CHILD = 1]

CYH38. Of all the health problems that children and adolescents in Chicago face, is there ONE PROBLEM that you think is GETTING WORSE, FASTER THAN OTHERS?
¿Existe UN PROBLEMA que usted piense QUE ESTÁ EMPEORANDO MÁS RÁPIDO QUE LOS DEMÁS?

[Open text]
2 = No answer
7 = (VOL) Don't know/Refused
9 = (VOL) Refused

END TIMING: ISSUES

BEGIN TIMING: CLOSING

Section V: Concluding Questions

Now I just have a few more questions before we end the interview.
Ahora sólo tengo unas pocas preguntas mas antes de terminar la encuesta.

IF FLAGGED AS CELL PHONE, GO TO V3a. ELSE, CONTINUE

V1. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. ***(BRFSS 2011, 2014)***
¿Tiene más de un número de teléfono en su casa? No incluya teléfonos celulares ni teléfonos que solo se utilicen para una computadora o un fax.

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

V2. How many of these telephone numbers are residential numbers? ***(BRFSS 2011, 2014)***
¿Cuántos de estos números de teléfono son particulares?

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

V3. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.
(BRFSS 2011, 2014)
¿Tiene usted un teléfono celular para uso personal? Incluya los celulares utilizados para uso personal y laboral.

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

V3a. In addition to your cell phone, do you also have a regular landline telephone at home?
¿Además de su teléfono celular, tiene también un teléfono fijo en su hogar?

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

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

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

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

IF NEEDED: I also want to remind you that all information you provide will be kept completely confidential. Your name and address will be separated from the answers you just gave in this survey. We will not share this information with anyone else or mail you anything other than the $10 check.

IF NEEDED: también necesito recordarle que toda la información que nos proporciono se mantendrá completamente confidencial. Su nombre y su dirección se separarán de las respuestas que acaba de dar en esta encuesta. No compartiremos esta información con nadie más y tampoco le enviaremos algo además del cheque de $10 dólares.

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

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

V6. Is this the address for your home where you live?
¿Es esta la dirección de la casa donde vive?

1 = Yes	**SKIP TO INSTRUCTIONS BEFORE V7a**
2 = No	**CONTINUE TO INSTRUCTIONS BEFORE V6a**
7 = (VOL) Don't know/Not sure	**CONTINUE TO INSTRUCTIONS BEFORE V6A**
9 = (VOL) Refused	**CONTINUE TO INSTRUCTIONS BEFORE VV6A IF S2 = 99997 OR 99999, SKIP TO V6b, ELSE CONTINUE TO V6a.**

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

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

1 = Yes	**SKIP TO V7**
2 = No	**CONTINUE TO V6b**

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

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

ENTER ZIP CODE_____(GO TO INSTRUCTIONS BEFORE V7)

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

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

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

V7. To make sure all Chicago neighborhoods are represented, we need to know where our study participants live.

The best way to do this is to collect addresses. Can you provide me your address?

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

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

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

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

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

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

V7a. Unfortunately, our system is not accepting that address. Please let me confirm the address and spelling one more time. The address I have is (FILL FROM V5). Is this correct?
Desafortunadamente, nuestra sistema no esta aceptando esa dirección. Permíteme confirmar la dirección y como se deletrea una vez mas. La dirección que tengo es (FILL FROM V5). ¿Es esto correcto?

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

V8. Can you tell me just the name of the street you live on?
¿Me podría por lo menos decir el nombre de la calle en cual vive?

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

V9. And what is the name of the street down the corner from you that crosses your street?
¿Y cuál es el nombre de la calle de la esquina que cruza su calle?

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

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

V9a. Unfortunately, our system does not recognize that intersection. Please let me confirm the street names and spellings one more time. The streets I have are (FILL FROM V8 and V9). Is this correct?
Desafortunadamente, nuestra sistema no reconoce esa intersección. Permíteme confirmarle el nombre de las calles y como se deletrea una vez más. Las calles que tengo son (FILL FROM V8 and V9). ¿Es esto correcto?

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

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

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

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

Closing Statement

Please read:
These are all the questions I have. Thank you very much for participating in this important survey.
Estas son todas las preguntas que tengo para usted. Muchas gracias por haber participado en este estudio importante para el Departamento de Salud Pública de Chicago.

If you have any questions about this study, you can call (312) XXX-XXXX.
Si tiene alguna pregunta acerca de este estudio, puede llamar al (312)XXX-XXXX.

END TIMING: CLOSING

Appendix C: Frequently Asked Questions (FAQs)

25831m– Healthy Chicago Survey (HCS) – Cell Version

Introduction

Hello. I'm _____ and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in YOUR neighborhood and how to make things better.

If you qualify for the survey, we will pay you $10 for completing it. Any information you provide will be confidential and it takes less than two minutes to determine eligibility.

[IF NEEDED] You don't have to give me any personal identifying information such as your name or address. No one at the Health Department or outside of this study will be able to know your responses.

Purpose/Topic of the Survey

Q: What is this survey about?

A: The Healthy Chicago Survey is a telephone survey led by the Chicago Department of Public Health to gather information on the health of Chicagoans.

Q: How are you going to use this information?

A: This information will help the Chicago Department of Public Health measure and monitor progress of its 5-year strategic plan, Healthy Chicago. The survey will provide data to inform the policies, programs, education initiatives and public awareness campaigns to make Chicago the healthiest city in the nation.

Q: What kind of questions will you ask?

A: The survey will ask questions about health behaviors, disease conditions, access to and utilization of health care.

Legitimacy

Q: Who is doing this survey? You are not the Department of Health?

A: Abt Associates is an independent social science research firm that has been contracted by the Chicago Department of Public Health to conduct the Healthy Chicago Survey.
ONLY IF NEEDED: C R Market Surveys/Market Ease is a data collection organization that has been hired to administer the surveys.

Q: How do I know you are who you say you are?

A: I am a trained interviewer hired for this study. I can give you the telephone number for my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.
[IF NEEDED: You may also call (Rotating monthly Chicago study number; see tack-up) for more information. Leave a message, and your call will be returned as soon as possible.]

> ONLY if the respondent will not accept your supervisor's number for verification:
>
> I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-745-2801.

Q: Where can I find information online about Healthy Chicago?

A: You can visit www.cityofchicago.org/city/en/depts/cdph/supp_info/healthy-communities/healthy-chicago-survey.html. You can also visit www.cityofchicago.org/cdph. On that page, look for the Featured Campaigns drop-down menu and you can click on "Healthy Chicago Survey". Here you can read about the Healthy Chicago Survey, review results from the survey, find answers to your common questions about the survey, and read publications that feature Healthy Chicago data.

Q: I searched your telephone number online and found reports of spam/scam/fraudulent calls. How do I know you are who you say you are and that this is a legitimate survey?

A: Websites like whitepages.com allow the public to report on calls they receive that they believe to be potentially fraudulent. I am a trained interviewer hired for this important health survey being conducted for the Chicago Department of Public Health. I can give you the telephone number of my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.
[IF NEEDED: You may also call (Rotating monthly Chicago study number; see tack-up) for more information. Leave a message, and your call will be returned as soon as possible.]

ONLY if the respondent will not accept your supervisor's number for verification:

I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-745-2801.

Why me?

Q: Why can't you just call someone else?

A: This survey is based on randomly selected cellular telephone numbers in Chicago. Because the telephone numbers are picked by chance, we cannot substitute them. You cannot be replaced. Your participation assures that your neighborhood is represented.

Q: I'm in good health. Talk to someone else.

A: I'm glad your health is good! To have an accurate picture of the health of Chicagoans, we need to interview people both in good health and in poor health. Your cell phone number and you were randomly selected, and you cannot be replaced in the survey. Your interview will give the Department of Public Health a better understanding of how Chicagoans across the city and in your neighborhood are doing.

Privacy

Q: I'm unlisted, how did you get my phone number?

A: The phone numbers called are generated randomly using a computer, because we need to talk to people in every neighborhood. The computer can even generate unlisted numbers.

A: We don't get the numbers from the telephone book but rather the computer randomly generates all of the numbers that we call. Because of this, we call both published and unpublished phone numbers.

Q: I'm on the state and national "Do Not Call" list. Why are you calling me?

A: Signing up for the "Do Not Call" registry prevents telemarketers who are trying to sell something from calling you. We are not selling anything. We are calling to conduct a legitimate research study for the Chicago Department of Public Health.

Confidentiality

Q: Are my responses going to be confidential?

A: Your answers are all confidential. You don't have to give me any personal identifying information such as your full name or address. A computer generates your telephone number. Your information is handled in a secure and confidential manner. The only personal information we collect is solely for the purposes of sending you a check for $10 to thank you for your participation in the survey. Answers to survey questions are aggregated which means that no one individual's data can be traced back to a particular person.

A: We will not give the Chicago Department of Public Health your name or any information that would allow them to know who you are.

Q: Why do you have to ask so many personal questions?

A: We know that many of the questions asked are about your personal health and may be difficult to discuss with a stranger. For many of these issues there is no other way of knowing if a problem exists without asking about it. Your answers are combined with others to help the Chicago Department of Public Health understand and plan for the health care needs of city residents. You will only be talking with trained interviewers employed to assure the confidentiality for this study.

Q: Why do you need to know how many adults live in this household?

A: The Chicago Department of Public Health needs this information to better understand the health of all residents of Chicago.

Q: Why do you need to know my household income?

A: The Chicago Department of Public Health only needs to know the range in which your household income falls and not your actual income. All of the information is used for research purposes only.

Q: Do I have to answer all of the questions?

A: You do not have to answer any question that you do not feel comfortable answering and you can skip any question at any time.

Q: Why are you asking me for my address?

A: We are asking for your address so that we can send you $10 to thank you for your participation in the survey. This information will be used also to identify the neighborhood in which you live, which will allow us to make sure that each Chicago neighborhood is represented in this study.

Time/Burden

Q: How long will this take again?

A: The length of the survey depends on how you answer certain questions, but it takes about 20 minutes for most people.

Q: Why are you calling at night (or at this time)?

A: In order to accommodate various schedules, we make calls at many times during the week and on weekends.

Q: I don't have time.

A: We need to represent the opinions of all Chicagoans including busy people like you in order to present an accurate picture of the health of Chicagoans. We can start now and see how far we can get and schedule a call back for a time that is more convenient for you.

Q: I don't do surveys over the phone. Can you send me the questionnaire?

A: We can only conduct this survey over the phone. Our study procedures prevent us from mailing you the survey.

Check for Cell Survey

Q: How am I going to get the payment? How do I know you'll really send this?

A: We will mail you a $10 check. You should receive your check within 2 to 3 weeks. However, sometimes processing can take up to 4 to 6 weeks. If you do not receive your check after 6 weeks, you can leave a message for the Abt Project Director, Rebecca Devlin, at 617-349-2770 and she will work with you to make sure that you receive your check.

Q: You told me this was confidential and I answered your questions, but now you are asking me for my full name and my address!

A: Your name and address will only be on the check, and are entirely separate from your answers. The Chicago Department of Public Health will NOT have access to it. The check can be sent to any address, but your correct name is needed so you can cash or deposit it.

Q: I don't feel comfortable giving you my address. Can I get it some other way? Can I just give you my initials instead?

A: Unfortunately, we can only mail it to you. The check can be sent to any address, but your correct name is needed so you can cash or deposit it.

Lack of interest

Q: Thanks, but I am not interested.

A: Many people say they are not interested, but once they get started, they end up enjoying the interview. The questions are all about your health and are easy to answer and you will make a contribution to helping other Chicagoans.

Q: I already told you I'm not interested in your survey, why are you calling again?

A: I'm sorry for the inconvenience, but we'd like to talk to you / selected respondent) one more time about the importance of this survey and to ask for (you / him or her) to participate. The design of this study does not allow us to just replace you with someone else once you are chosen for the study. The Chicago Department of Public Health wants to make sure that people in your neighborhood are represented in the study.

25831l –Healthy Chicago Survey (HCS) – Landline Version

Introduction

Hello. I'm _____ and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in YOUR neighborhood and how to make things better.Any information you provide will be confidential and it takes less than two minutes to determine eligibility.

Purpose/Topic of the Survey

Q: What is this survey about?

A: The Healthy Chicago Survey is a telephone survey led by the Chicago Department of Public Health to gather information on the health of Chicagoans.

Q: How are you going to use this information?

A: This information will help the Chicago Department of Public Health measure and monitor progress of its 5-year strategic plan, Healthy Chicago. The survey will provide data to inform the policies, programs, education initiatives and public awareness campaigns to make Chicago the healthiest city in the nation.

Q: What kind of questions will you ask?

A: The survey will ask questions about health behaviors, disease conditions, access to and utilization of health care.

Legitimacy

Q: Who is doing this survey? You are not the Department of Health?

A: Abt Associates is an independent social science research firm that has been contracted by the Chicago Department of Public Health to conduct the Healthy Chicago Survey.
ONLY IF NEEDED: C R Market Surveys/Market Ease is a data collection organization that has been hired to administer the surveys.

Q: How do I know you are who you say you are?

A: I am a trained interviewer hired for this study. I can give you the telephone number for my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.

[IF NEEDED: You may also call (Rotating monthly Chicago study number; see tack-up)for more information. Leave a message, and your call will be returned as soon as possible.]

> ONLY if the respondent will not accept your supervisor's number for verification:
>
> I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-745-2801.

Q: Where can I find information online about Healthy Chicago?

A: You can visit www.cityofchicago.org/city/en/depts/cdph/supp_info/healthy-communities/healthy-chicago-survey.html.
You can also visit www.cityofchicago.org/cdph. On that page, look for the Featured Campaigns drop-down menu and you can click on "Healthy Chicago Survey". Here you can read about the Healthy Chicago Survey, review results from the survey, find answers to your common questions about the survey, and read publications that feature Healthy Chicago data.

Q: I searched your telephone number online and found reports of spam/scam/fraudulent calls. How do I know you are who you say you are and that this is a legitimate survey?

A: Websites like whitepages.com allow the public to report on calls they receive that they believe to be potentially fraudulent. I am a trained interviewer hired for this important health survey being conducted for the Chicago Department of Public Health. I can give you the telephone number of my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.
[IF NEEDED: You may also call (Rotating monthly Chicago study number; see tack-up) for more information. Leave a message, and your call will be returned as soon as possible.]

> ONLY if the respondent will not accept your supervisor's number for verification:
>
> I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-745-2801.

Why me?

Q: Why can't you just call someone else?

A: This survey is based on randomly selected telephone numbers in Chicago. Because the telephone numbers and specific household members are picked by chance, we can't substitute households or individuals. You cannot be replaced. Your participation assures that your neighborhood is represented.

Q: I'm in good health. Talk to someone else.

A: I'm glad your health is good! To have an accurate picture of the health of Chicagoans, we need to interview people both in good health and in poor health. Your phone number and you were randomly selected, and you cannot be replaced in the survey. Your interview will give the Department of Public Health a better understanding of how Chicagoans across the city and in your neighborhood are doing.

Why not me?

Q: I'm available now to do this interview. Why don't you want me to do it?

A: I'd like to conduct the interview with you. Unfortunately, I can only conduct the survey with the household member who has been randomly selected. By randomly choosing a person, the computer makes sure that a wide range of Chicagoans will take part in this survey. Would I be able to speak to the [selected adult, e.g. youngest male]?

Privacy

Q: I'm unlisted, how did you get my phone number?

A: The phone numbers called are generated randomly using a computer, because we need to talk to people in every neighborhood. The computer can even dial unlisted numbers.

A: We don't get the numbers from the telephone book but rather the computer randomly generates all of the numbers that we call. Because of this, we call both published and unpublished phone numbers.

Q: I'm on the state and national "Do Not Call" list. Why are you calling me?

A: Signing up for the "Do Not Call" registry prevents telemarketers who are trying to sell something from calling you. We are not selling anything. We are calling to conduct a legitimate research study for the Chicago Department of Public Health.

Confidentiality

Q: Are my responses going to be confidential?

A: Your answers are all confidential. You don't have to give me any personal identifying information such as your full name or address. A computer generates your telephone number. Your information is handled in a secure and confidential manner. Answers to survey questions are aggregated which means that no one individual's data can be traced back to a particular person.

A: We will not give the Chicago Department of Public Health your name or any information that would allow them to know who you are.

Q: Why do you have to ask so many personal questions?

A: We know that many of the questions asked are about your personal health and may be difficult to discuss with a stranger. For many of these issues there is no other way of knowing if a problem exists without asking about it. Your answers are combined with others to help the Chicago Department of Public Health understand and plan for the health care needs of city residents. You will only be talking with trained interviewers employed to assure the confidentiality for this study.

Q: Why do you need to know how many adults live in this household?

A: It is information used to select one member from your household to complete the interview. It is a random selection, like drawing numbers from a hat.

Q: Why do you need to know my household income?

A: The Chicago Department of Public Health only needs to know the range in which your household income falls and not your actual income. All of the information is used for research purposes only.

Q: Do I have to answer all of the questions?

A: You do not have to answer any question that you do not feel comfortable answering and you can skip any question at any time.

Q: Why are you asking me for my address?

A: We are asking for your address so that we can identify the neighborhood in which you live, which will allow us to make sure that each Chicago neighborhood is represented in this study.

Time/Burden

Q: How long will this take again?

A: The length of the survey depends on how you answer certain questions, but it takes about 20 minutes for most people.

Q: Why are you calling at night (or at this time)?
A: In order to accommodate various schedules, we make calls at many times during the week and on weekends.

Q: I don't have time.
A: We need to represent the opinions of all Chicagoans including busy people like you in order to present an accurate picture of the health of Chicagoans. We can start now and see how far we can get and schedule a call back for a time that is more convenient for you.

Q: I don't do surveys over the phone. Can you send me the questionnaire?
A: We can only conduct this survey over the phone. Our study procedures prevent us from mailing you the survey.

Lack of interest

Q: Thanks, but I am not interested.
A: Many people say they are not interested, but once they get started, they end up enjoying the interview. The questions are all about your health and are easy to answer and you will make a contribution to helping other Chicagoans.

Q: I already told you I'm not interested in your survey, why are you calling again?
A: I'm sorry for the inconvenience, but we'd like to talk to (you / selected respondent) one more time about the importance of this survey and to ask for (you / him or her) to participate. The design of this study does not allow us to just replace you with someone else once you are chosen for the study. The Chicago Department of Public Health wants to make sure that people in your neighborhood are represented in the study.

Appendix D: Pretest Report

To: Emily Laflamme
Chicago Department of Public Health

From: Nicholas Ruther, Rebecca Devlin
Abt Associates

Date: November 12, 2018

RE: Pretest Report for the 2018 Healthy Chicago Survey

This memorandum provides a summary of the pretest of the 2018 Healthy Chicago Survey. We provide an overview of the study training, the outcomes of the four days of dialing, information on the 30 interviews completed for the pretest, and recommendations.

Training

Training took place on Thursday, November 1, at Abt Associates' Huntington, West Virginia call center. Project management staff led the training remotely via teleconference. A total of 14 interviewers were trained. A refresher training was held on Tuesday, November 6 before the pretest dialing began.

Training included: an introduction to the Healthy Chicago Initiative and 2.0 Action Areas; an overview of the study and survey content; a review of the data collection and adverse event protocols; a review of good data security and confidentiality practices; and a review of frequently asked questions and answers. The training concluded with a thorough review of the 2018 Healthy Chicago CATI instrument. Abt Associates began dialing the study after the refresher training on November 6 at approximately 3:30 Central time.

Pretest Data Collection Overview

The pretest was conducted starting on November 6-9, concluding when the target number of 30 interviews was obtained.

Both landline and cell phone sample were dialed during the pretest with the goal of completing approximately 80% of interviews with respondents from the cell phone sample frame. At the conclusion of the pretest, 23 interviews (76.7%) were completed with cell phone respondents and 7 (23.3%) were completed with landline respondents. Interviews were conducted in English only. Abt will report the outcome of the first 2 or 3 Spanish interviews to CDPH separately.

A technical display issue of question text on the CATI program screen affecting 4 cases beginning at the sexual orientation question caused Abt Associates to suspend dialing on

Tuesday, November 6 after the first 4 completes. Dialing resumed the next evening with no further reports of that issue.

Survey Timing

The average duration is 23.6 minutes for both versions of the survey, which is close to the desired average duration of 23.5 minutes. The average interview length for landline sample was 23.4 minutes. The shortest landline interview was 17.9 minutes, while the longest was 31.2 minutes. The average interview length for cell phone sample was 23.7 minutes. The shortest cell phone interview was 16.0 minutes, while the longest was 42.6 minutes. Table 1 provides a breakdown of timings by section of the survey.

Table 1. Section Timings

Marker	Section	Label	Average length (in minutes)
1		Disposition Screen	1.0
2	Before Intro 1 to K1a	Screener and Introduction (Intro 1 - K1a)	1.6
3	Before A1 to after A1	Health Status (A1)	0.4
4	Before C1 to C11	Health Care Access (C1 - C11)	1.4
5	Before D2 to after D2	Oral Health (D2)	0.2
6	Before E1 to after E1	Hypertension Awareness (E1)	0.2
7	Before G4 to G7	Chronic Health Conditions (G4 - G9)	0.5
8	Before J1 to J6	Tobacco Use (J1 - J6)	0.7
9	Before K2 to FS2	Demographics (K2 - FS2)	2.7
10	Before CM2 to CMe	Child Rostering (CM2 – CMe)	1.0
11	Before CV1 to CO2	Child Module: Obesity (CV1 – C02)	0.5
12	Before CDC1 to CDC2	Child Module: Dental Care (CDC1 – CDC3)	0.5
13	Before CVC1 to CVC2	Child Module: Vision Care (CVC1 – CVC3)	0.3
14	Before CAS1 to CAS3	Child Module: Asthma (CAS1 – CAS3)	0.2
15	Before SNS1 to SNS4	Child Module: Special Needs (SNS1 – SNS4)	0.2
16	Before AD1 to AD3	Child Module: Access to Diapers (AD1 – AD3)	0.2
17	Before K15 to K20d	Demographics (K15 - K20d)	0.3
18	Before L1 to L6	Fruits and Vegetables (L1 - L6)	1.9
19	Before M1 to M1	Exercise/Physical Activity (M1)	0.2
20	Before W1 to W6	Alcohol and Prescription Drug Use (W1 - W6)	1.0
21	Before N1 to N10	Breast/Cervical Cancer Screening (N1 - N10)	0.4
22	Before P1 to P6	Colorectal Cancer Screening (P1 - P6)	0.8
23	Before S1 to S9	Mental Health (S1 - S9)	1.7
24	Before AA6 to AA13	Social Cohesion/Neighborhood Conditions (AA6-AA13)	1.8
25	Before HC1 to HC3	Hate Crimes (HC1 – HC3)	0.2

Marker	Section	Label	Average length (in minutes)
26	Before CYH1 to CYH38	Child and Youth Health Issues (CYH1 - CYH38)	3.6
	26a	Child and Youth Health Issues – w/o Child (n = 24)	3.0
	26b	Child and Youth Health Issues – with Child (n = 6)	5.9
27	Before V1 to Closing	Concluding Questions (V1 - Closing)	2.6

Of the 30 completed interviews, 6 (20.0%) completed the Child Module questions. The average timing of interviews including the Child Module was 29.1 minutes. The average timing of interviews that did not receive the Child Module (n=24) was 22.3 minutes. Abt expects approximately one third of respondents to be eligible for the Child Module.[1] When the average timings are weighted with this eligibility percentage, the weighted average timing is 24.5 minutes, which exceeds the target of 23.5 minutes.

As we begin administering Spanish interviews we expect to see the average duration increase. Once full data collection commences, Abt will continue to monitor interviews and check the data for respondent break-offs and any other concerns with specific questions or sections.

Additional Subsection Timings

The following sections/questions are sponsored by CDPH's partners, Lurie Children's Hospital and the Maternal, Infant, Child, Adolescent Health (MICAH) division at CDPH:

- Child Demographics/Rostering (CM2 – CMe)
- Child Module: Obesity (CV1 – C02)
- Child Module: Dental Care (CDC1 – CDC3)
- Child Module: Vision Care (CVC1 – CVC3)
- Child Module: Asthma (CAS1 – CAS3)
- Child Module: Special Healthcare Needs (SNS1 – SNS4)
- Child Module: Access to Diapers (AD1 – AD3)
- Birth Control and Menstrual Products (N6 – N10)
- Park Safety (AA10 – AA12)
- Child and Youth Health Issues (CYH1 – CYH38)

Table 2 provides an estimate of the duration of these questions/sections from the pretest.

Table 2. Estimated Duration of CDPH Partner Questions

[1] This assumption is based on the number of respondents reporting children under the age of 18 in the household in the 2014-2016 survey. It should be noted that in the 2017 survey, upon reaching the target number of 3,000 completed interviews, only 24% were with the parent or guardian of a child in the household. Abt expects the percentage of Child Module respondents for the 2018 survey to be closer to the one third indicated here.

Section	Questions	Average length (in minutes) for respondents completing the section	Average length (in minutes), weighted by percentage receiving section [a]
Child Demographics/Rostering	CM2 – CMe	1.0	0.3
Child Module: Obesity	CV1 – C02	0.5	0.2
Child Module: Dental Care	CDC1 – CDC3	0.5	0.2
Child Module: Vision Care	CVC1 – CVC3	0.3	0.1
Child Module: Asthma	CAS1 – CAS3	0.2	0.1
Child Module: Special Healthcare Needs	SNS1 – SNS4	0.2	0.1
Child Module: Access to Diapers	AD1 – AD3	0.2	0.1
Birth Control and Menstrual Products [b]	N6 – N10	0.5	0.2
Park Safety	AA10 – AA12		
Child and Youth Health Issues	CYH1 – CYH38	3.6	4.0
Total		7.1	5.2

[a] Abt estimates that one-third (33%) of respondents will be eligible for the Child Module questions; this same weight was applied to the Child and Youth Health Issues section, for which Child Module eligible respondents receive more questions.

[b] These new items were added to the Breast/Cervical Cancer screening section, and the CATI program did not measure timings for these particular questions. Abt estimated the duration of these questions by comparing timing data for respondents for this year's pretest with last year's data.

Abt estimates the average duration for these questions/sections to be 5.2 minutes, not including the items on park usage and safety, which were added to the Social Cohesion/Neighborhood Conditions section. The CATI program did not measure timings for just these three questions; only 3 respondents were asked them, and none were asked the follow-up item if they did not agree that the park was safe. Abt cannot provide an estimate of the timing of these new questions alone at this point, although we estimate them to be of brief duration, perhaps adding 0.1 minutes to the interview.

Respondent Demographics

Table 3 provides a breakdown of age, gender, race and ethnicity, and marital status of pretest respondents.

Table 3. Demographic Breakdown of Pretest Respondents

Age	
18 – 24	13.3%
25 – 29	10.0%
30 – 44	20.0%
45 – 64	20.0%
65 or older	36.7%
Gender	
Male	53.3%
Female	46.7%
Hispano or Latino/a	
Mexican, Mexican-American, Chicano/a	13.3%
Another Hispanic, Latino/a, or Spanish	3.3%
Not Hispanic, Latino/a, or Spanish	83.3%
Race	
White	46.7%
Black or African American	36.7%
Asian	6.7%
Something else	6.7%
Refused	3.3%
Marital Status	
Married	16.7%
Divorced	23.3%
Widowed	10.0%
Never married	46.7%
Member of an unmarried couple	3.3%

Item Nonresponse and Breakoffs

Abt reviewed data from completed interviews, paying particular attention to new questions added this year. In addition, we reviewed the data for questions that were skipped by a significant number of respondents.

The Child and Youth Health Issues section of questions experienced the greatest frequency of nonresponse. In Table 4, we highlight the following questions that were not answered by at least one respondent. The table includes the total number of respondents that were eligible to answer a question, as well as the number of non-respondents to that question (respondents who were coded as answering either Don't Know or Refused).

Table 4. Question Non-Response

Question Number	Question Text	Total Eligible	Total Non-Respondents
D2	How long has it been since you had your teeth cleaned by a dentist or dental hygienist?	30	2
K5	Which one or more of the following would you say is your race?	v	1
K14	The next question is about your combined household income. Is your household's annual household income from all sources:	30	4
K14a	Can you just tell me if your annual household income is less than [PVTYLVL]?	3	1
K14b	Is your combined household's annual income from all source less than [PVTYLVL * 1.33]?	5	2
FS2	Do you or anyone in your household currently have a checking or savings account?	30	2
CDC2	What kind of place or places did this child receive his or her dental or oral health care?	5	1
CVC1	Has the [SELECTED CHILD CM2a_i]-year[/month IF CM2a_i month only]-X-year-old EVER had his or her vision tested with pictures, shapes or letters?	6	1
P1	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?	16	1
AA5	In your neighborhood, how often does violence occur?	30	1
HC3	Do you suspect the offender(s) targeted you because of	1	1
CYH2	Childhood asthma	30	6
CYH8	Infant mortality	30	5
CYH9	Injuries from accidents among children and teens	30	6
CYH10	Childhood obesity	30	1
CYH11	Parents' health problems affecting their children	30	4
CYH14	Stress	30	1
CYH15	Suicide	30	5
CYH16	Teen pregnancy	30	1
CYH35	In your opinion, which of the following services are the easiest for families to access for mental health care for children and adolescents in Chicago?	6	3
CYH36	Who do you think is MOST EFFECTIVE in trying to reduce bullying and cyberbullying in Chicago schools and communities?	5	1
V8	Can you tell me just the name of the street you live on?	14	3
V9	And what is the name of the street down the corner from you that crosses your street?	11	1

Question Number	Question Text	Total Eligible	Total Non-Respondents
V10	This is my last question. Can you please tell me in which neighborhood in the city you live?	6	1

Geocoding non-response

Of the 30 completed interviews, 16 (53.3%) provided a full address that we were able to successfully code to a Community Area. Only 1 record provided a bad address that could not be coded. Next, 14 cases were asked for intersection. Of these, 10 provided an intersection and 8 of these cases were successfully coded to a Community Area. The remaining 6 cases were asked for their neighborhood and each case provided a response. Only 1 of these 6 cases provided a neighborhood in the other-specify field that will be sent for manual geocoding, while 1 refused to provide a neighborhood.

In summary, 24 completes (80.0%) provided address and/or intersection information that could be automatically coded to a Community Area. Of the remaining 6 cases, 5 provided a neighborhood, and one didn't provide any information that would allow for geocoding to a community area.

Non-completes

There were 94 records that started the survey but did not complete. Below is a breakdown of where records broke off:

- 1 record broke off at the cell phone introduction
- 1 record broke off at confirming we were speaking to an adult 18 or over
- 1 record broke off when we were confirming the number we had reached
- 3 records broke off when we tried to confirm we had reached a cell phone
- 5 records broke off when we tried to confirm whether they lived in a private residence
- 2 records broke off at the landline introduction
- 5 records broke off when we tried to confirm their zip code
- 1 record broke off when we tried to confirm that they lived in the city of Chicago
- 6 records broke off during the household selection
- 7 records broke off when coding the language at the start of the interview
- 6 records broke off at INTRO2
- 2 records broke off at K1
- 1 record broke off at C1
- 1 record broke off at C11
- 1 record broke off at K4
- 1 record broke off at K5
- 1 record broke off at K25
- 1 record broke off at K14c

- 1 record broke off at FS2
- 1 record broke off at K15
- 1 record broke off at L2
- 1 record broke off at W5
- 1 record broke off at P5
- 1 record broke off at AA10
- 2 records broke off at HC1

Of the total 40 cases that screened out, 15 screened out because they did not live in Chicago.

Recommendations

Abt recommends the following revisions to the questionnaire as a result of interview monitoring and interviewer feedback:

1. Revise the skip pattern for Don't know/Refused responses to question N6 so that these respondents skip to question N10 and are not asked the birth control follow-up questions, although it should be noted that one respondent refused question N6 but still answered questions N7 and N8. Also, consider revising question N6 to ask whether the respondent had sex within the past 12 months, which might be considered less sensitive.

   Current wording:

   During the past 12 months, with how many men have you had sex? By sex we mean oral, vaginal or anal sex but not masturbation.

   Revised wording:

   During the past 12 months, have you had sex with a male partner? By sex we mean oral, vaginal or anal sex but not masturbation.

2. Consider revising CYH8 to include an optional explanation if respondent doesn't understand what infant mortality means. One respondent observed seemed to have difficulty at first in understanding this question, but then seemed to understand upon being asked again. A possible alternate phrasing for respondents who might have difficulty understanding is "rate of death among infants."

3. Make question CYH34 a multiple response question. This single response question asks about drugs the respondent is most concerned about, but one pretest respondent observed was reluctant to choose one, requiring the interviewer to probe a few times for her to pick the drug she is most concerned about.

4. Revise the wording of question CYH35 or revise it to be multiple response. It should be noted that 3 out of 6 respondents (50%) indicated don't know or refused to this question.

   Current wording:

   Please think about mental health services for children and adolescents in Chicago. In your opinion, which of the following services are the easiest for families to access for mental health care for children and adolescents in Chicago?

   Revised wording:

   Please think about mental health services for children and adolescents in Chicago. In your opinion, which of the following services is the easiest for families to access for mental health care for children and adolescents in Chicago?

5. Revise the wording of question CYH36 to be shorter and clearer. We had revised this question previously, but in monitoring pretest interviews, this question was found to be long and perhaps confusing to respondents. A suggested rewording is below.

   Current wording:

   You said a few minutes ago that you think that bullying and cyberbullying is a big problem for children and teens across the city of Chicago. Who do you think is MOST EFFECTIVE in trying to reduce bullying and cyberbullying TODAY in Chicago schools and communities? Please listen to the full list and then respond.

   Revised wording:

   You said a few minutes ago that you think that bullying and cyberbullying is a big problem for children and teens across the city of Chicago. Who do you think is MOST EFFECTIVE in addressing bullying and cyberbullying in Chicago schools and communities? Please listen to the full list and then respond.

Appendix E: Pilot Test Report

To: Emily Laflamme
Chicago Department of Public Health

From: Nicholas Ruther, Rebecca Devlin
Abt Associates

Date: November 29, 2018

RE: Pilot Test Report for the 2018 Healthy Chicago Survey

This memorandum provides a summary of the pilot test of the 2018 Healthy Chicago Survey. This pilot test was conducted as a follow-up to the pretest that was conducted November 6-9. We provide an overview of the study training, the outcomes of the two days of dialing for the pilot test, information on the 30 interviews completed, and recommendations.

Training

Training took place on Tuesday, November 27, at Abt Associates' Huntington, West Virginia call center. Project management staff led the training remotely via teleconference. A total of 19 interviewers were trained, including 5 interviewers from the pretest.

Training included an overview of understanding trauma and the Adverse Childhood Experiences Survey (ACES), provided by CDPH. The Abt project team repeated the training provided in the pretest, as there were interviewers included in the training who had not interviewed for the pretest. Training included: an introduction to the Healthy Chicago Initiative and 2.0 Action Areas; an overview of the study and survey content; a review of the data collection and adverse event protocols; a review of good data security and confidentiality practices; and a review of frequently asked questions and answers. The training concluded with a thorough review of the 2018 Healthy Chicago CATI instrument. Interviewers began dialing the study at approximately 6:30pm Central time.

Pilot Test Data Collection Overview

The pilot test was conducted November 27 – 28, concluding when the target number of 30 interviews was obtained.

Both landline and cell phone sample were dialed during the pilot test with the goal of completing approximately 80% of interviews (24) with respondents from the cell phone sample frame. At the conclusion of the pilot test, 24 interviews were completed with cell phone respondents and 6 were completed with landline respondents.

Interviews were conducted in English only. Abt will report the outcome of the first 2 or 3 Spanish interviews to CDPH separately.

Survey Timing

The average duration for the pilot test is 22.5 minutes for both versions of the survey, which is shorter than the desired average duration of 23.5 minutes. The average interview length for landline sample was 18.0 minutes. The shortest landline interview was 14.0 minutes, while the longest was 22.1 minutes. The average interview length for cell phone sample was 23.6 minutes. The shortest cell phone interview was 17.8 minutes, while the longest was 39.1 minutes. Table 1 provides a breakdown of timings by section of the survey.

Table 1. Section Timings

Marker	Section	Label	Average length (in minutes)
1		Disposition Screen	0.9
2	Before Intro 1 to K1a	Screener and Introduction (Intro 1 - K1a)	1.5
3	Before A1 to after A1	Health Status (A1)	0.3
4	Before C1 to C11	Health Care Access (C1 - C11)	1.3
5	Before D2 to after D2	Oral Health (D2)	0.2
6	Before E1 to after E1	Hypertension Awareness (E1)	0.2
7	Before G4 to G7	Chronic Health Conditions (G4 - G9)	0.5
8	Before J1 to J6	Tobacco Use (J1 - J6)	0.6
9	Before K2 to FS2	Demographics (K2 - FS2)	2.6
10	Before CM2 to CMe	Child Rostering (CM2 – CMe)	0.5
11	Before CV1 to CO2	Child Module: Obesity (CV1 – C02)	0.1
12	Before CDC1 to CDC2	Child Module: Dental Care (CDC1 – CDC3)	0.1
13	Before CVC1 to CVC2	Child Module: Vision Care (CVC1 – CVC3)	0.1
14	Before CAS1 to CAS3	Child Module: Asthma (CAS1 – CAS3)	0.1
15	Before SNS1 to SNS4	Child Module: Special Needs (SNS1 – SNS4)	0.1
16	Before AD1 to AD3	Child Module: Access to Diapers (AD1 – AD3)	0.1
17	Before K15 to K20d	Demographics (K15 - K20d)	0.3
18	Before L1 to L6	Fruits and Vegetables (L1 - L6)	2.0
19	Before M1 to M1	Exercise/Physical Activity (M1)	0.2
20	Before W1 to W6	Alcohol and Prescription Drug Use (W1 - W6)	0.9
21	Before N1 to N10	Breast/Cervical Cancer Screening (N1 - N10)	0.7
22	Before P1 to P6	Colorectal Cancer Screening (P1 - P6)	0.5
23	Before S1 to S9	Mental Health (S1 - S9)	1.6
24	Before AA6 to AA13	Social Cohesion/Neighborhood Conditions (AA6-AA13)	1.6
25	Before HC1 to HC3	Hate Crimes (HC1 – HC3)	0.2

Marker	Section	Label	Average length (in minutes)
26	Before CYH1 to CYH38	Child and Youth Health Issues (CYH1 - CYH38)	2.9
	26a	Child and Youth Health Issues – w/o Child (n = 21)	2.3
	26b	Child and Youth Health Issues – with Child (n = 9)	4.4
27	Before V1 to Closing	Concluding Questions (V1 - Closing)	2.5

Of the 30 completed interviews, 9 (30.0%) completed the Child Module questions. The average timing of interviews including the Child Module was 26.3 minutes. The average timing of interviews that did not receive the Child Module (n=21) was 20.9 minutes. Abt expects one third of respondents to be eligible for the Child Module. When the average timings are weighted upwards slightly with this eligibility percentage, the weighted average timing is 22.6 minutes.

Abt staff will monitor the timings of the instrument throughout the course of data collection. Typically, average duration decreases as data collection continues and interviewing staff become more familiar with the instrument. However, at the same time, as we begin administering Spanish interviews we expect to see the average duration increase. Additionally, as new interviewers are added to the project from Abt's data collection subcontractors, we may also expect to see timings increase.

Additional Subsection Timings

The following sections/questions are sponsored by CDPH's partners, Lurie Children's Hospital and the Maternal, Infant, Child, Adolescent Health (MICAH) division at CDPH:

- Child Demographics/Rostering (CM2 – CMe)
- Child Module: Obesity (CV1 – C02)
- Child Module: Dental Care (CDC1 – CDC3)
- Child Module: Vision Care (CVC1 – CVC3)
- Child Module: Asthma (CAS1 – CAS3)
- Child Module: Special Healthcare Needs (SNS1 – SNS4)
- Child Module: Access to Diapers (AD1 – AD3)
- Birth Control and Menstrual Products (N6 – N10)
- Park Safety (AA10 – AA12)
- Child and Youth Health Issues (CYH1 – CYH38)

Table 2 provides an estimate of the duration of these questions/sections from the pretest.

Table 2. Estimated Duration of CDPH Partner Questions

Section	Questions	Average length (in minutes) for respondents completing the section	Average length (in minutes), weighted by percentage receiving section [a]
Child Demographics/Rostering	CM2 – CMe	1.6	0.5
Child Module: Obesity	CV1 – C02	0.4	0.1
Child Module: Dental Care	CDC1 – CDC3	0.4	0.1
Child Module: Vision Care	CVC1 – CVC3	0.3	0.1
Child Module: Asthma	CAS1 – CAS3	0.2	0.1
Child Module: Special Healthcare Needs	SNS1 – SNS4	0.2	0.1
Child Module: Access to Diapers	AD1 – AD3	0.4	0.1
Birth Control and Menstrual Products [b]	N6 – N10	0.6	0.2
Park Safety	AA10 – AA12		
Child and Youth Health Issues	CYH1 – CYH38	2.9	3.0
Total		7.0	4.3

[a] Abt estimates that one-third (33%) of respondents will be eligible for the Child Module questions; this same weight was applied to the Child and Youth Health Issues section, for which Child Module eligible respondents receive more questions.

[b] These new items were added to the Breast/Cervical Cancer screening section, and the CATI program did not measure timings for these particular questions. Abt estimated the duration of these questions by comparing timing data for respondents who were asked the full section and those eligible for the Birth Control subsection

Abt estimates the average duration for these questions/sections to be 4.3 minutes, not including the items on park usage and safety, which were added to the Social Cohesion/Neighborhood Conditions section. The CATI program did not measure timings for just these three questions; only 8 respondents were asked them (8 AA10 and 5 AA11), and none were asked the follow-up item if they did not agree that the park was safe. Abt cannot provide an estimate of the timing of these new questions alone at this point, although we estimate them to be of brief duration, perhaps adding 0.1 minutes to the interview.

Respondent Demographics

Table 3 provides a breakdown of age, gender, race and ethnicity, and marital status of pilot test respondents.

Table 3. Demographic Breakdown of Pilot Test Respondents

Age	
18 – 24	10.0%
25 – 29	10.0%
30 – 44	33.3%
45 – 64	30.0%
65 or older	16.7%
Gender	
Male	26.7%
Female	73.3%
Hispano or Latino/a	
Mexican, Mexican-American, Chicano/a	16.7%
Another Hispanic, Latino/a, or Spanish	6.7%
Not Hispanic, Latino/a, or Spanish	76.7%
Race	
White	40.0%
Black or African American	40.0%
American Indian or Alaska Native	3.3%
Asian	6.7%
Something else	10.0%
Marital Status	
Married	23.3%
Divorced	13.3%
Widowed	6.7%
Never married	43.3%
Member of unmarried couple	6.7%
Member of civil union	3.3%
Refused	3.3%

Item Nonresponse and Breakoffs

Abt reviewed data from completed interviews, paying particular attention to new questions added this year. In addition, we reviewed the data for questions that were skipped by a significant number of respondents.

In Table 4, we highlight the questions that were not answered by at least one respondent. The table includes the total number of respondents that were eligible to answer a question, as well as the number of non-respondents to that question (respondents who were coded as answering either Don't Know or Refused).

The Child and Youth Health Issues section of questions experienced the greatest frequency of nonresponse. In particular, one respondent provided only 'Don't Know' responses to all CYH Section questions they received, while another only provided 'Refused.' These two respondents received only the initial CYH section questions asked of all respondents, as they were not child module cases. It should be noted also that two out of nine respondents (22.2%) who were asked question (During the past 12 months, have you had sex with a male partner?) refused to answer the question.

Table 4. Question Non-Response

Question Number	Question Text	Total Eligible	Total Non-Respondents
K8	Are you…(Marital status)?	30	1
K9	How many members of your household, INCLUDING YOURSELF, are 18 years of age or older?	24	1
K10	How many children less than 18 years of age live in your household	30	1
K14	The next question is about your combined household income. Is your household's annual household income from all sources:	29	9
K14a	Can you just tell me if your annual household income is less than [PVTYLVL]?	7	2
FS2	Do you or anyone in your household currently have a checking or savings account?	30	2
L2	How many total servings of vegetables did you eat yesterday? A serving would equal a handful of broccoli or a cup of carrots.	30	1
W3	Considering all types of alcoholic beverages, how many times during the past 30 days did you have [IF MALE READ: 5 or more drinks on one occasion?] [IF FEMALE READ: 4 or more drinks on one occasion?]	13	1
N6	During the past 12 months, have you had sex with a male partner? By sex we mean oral, vaginal or anal sex but not masturbation.	9	2
P1	A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit	12	1
P3	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	12	1

Question Number	Question Text	Total Eligible	Total Non-Respondents
P3a	For a SIGMOIDOSCOPY, a flexible tube is inserted into the rectum to look for problems. A COLONOSCOPY is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test. Was your MOST RECENT exam a sigmoidoscopy or a colonoscopy?	5	1
S5	Still thinking about the past 30 days, how often did you feel EVERYTHING WAS AN EFFORT?	30	1
S7	Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?	30	1
S8	During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?	30	1
AA5	In your neighborhood, how often does violence occur?	30	3
CYH1	Alcohol abuse by youth	30	4
CYH2	Childhood asthma	30	4
CYH5	Child abuse and neglect	30	4
CYH6	Depression among children and teens	30	4
CYH7	Drug abuse by youth	30	3
CYH8	Infant mortality	30	3
CYH9	Injuries from accidents among children and teens	30	4
CYH10	Childhood obesity	30	3
CYH11	Parents' health problems affecting their children	30	4
CYH13	Smoking and tobacco use by youth, including vaping or using e-cigarettes	30	2
CYH14	Stress among children and teens	30	2
CYH15	Suicide among children and teens	30	3
CYH16	Teen pregnancy	30	2
CYH20	Gun-related violence in neighborhoods	9	1
CYH38	Of all the health problems that children and adolescents in Chicago face, is there ONE PROBLEM that you think is GETTING WORSE, FASTER THAN OTHERS?	9	2
V8	Can you tell me just the name of the street you live on?	9	1
V9	And what is the name of the street down the corner from you that crosses your street?	8	2

Question Number	Question Text	Total Eligible	Total Non-Respondents
V10	This is my last question. Can you please tell me in which neighborhood in the city you live?	5	1

Geocoding non-response

Of the 30 completed interviews, 22 (73%) provided a full address. Of these, we were able to successfully code 21 to a Community Area. Of those who agreed to provide an address, 1 record provided a bad address that could not be coded. Next, 9 cases were asked for intersection. Of these, 6 provided an intersection and 4 of these cases were successfully coded to a Community Area. The remaining 5 cases were asked for their neighborhood and only 1 provided a 'Don't Know' response. Only 1 case provided a neighborhood in the other-specify field that will be sent for manual geocoding.

In summary, 25 completed interviews (83%) provided address and/or intersection information that could be automatically coded to a Community Area. Four of the remaining 5cases provided a neighborhood, while one responded 'Don't Know.'

Non-completes

There were 44 records that started the survey but did not complete. Below is a breakdown of where records broke off:

- 1 records terminated before we could confirm we had reached someone 18 years or older
- 6 records were terminated because they belonged to a minor
- 1 record was terminated because they did not confirm we had reached the number associated with the record
- 2 records broke off before we could confirm we reached a private residence
- 2 records terminated because we did not reach a private residence
- 11 records terminated at S5 because they did not live in Chicago
- 1 record broke off before we could confirm we had reached a cell phone
- 1 record broke off before we could record whether their household was located in Chicago
- 1 record was terminated because person on phone would not provide name of selected HH member
- 2 records were set as callbacks because the selected HH member preferred the survey in Spanish
- 1 record broke off before we could confirm which language to use for the survey
- 5 records broke off before INTRO2
- 4 records broke off before we could ask for gender
- 1 records broke off before we could ask A1

- 1 record broke off before we could ask C2a
- 1 record broke off before we could ask C11
- 1 record broke off before we could ask K14_1
- 1 record broke off before we could ask CV1
- 1 record broke off before we could ask V3a

Of the total 21 cases that screened out, 11were screened out at the introduction because they do not live in Chicago.

Revisions and Recommendations

The project team and Emily Laflamme, CDPH Principal Investigator, monitored interviews during the first night of the pilot test. Call Center staff continued to monitor the remainder of the pilot test. As a result of this monitoring, the following changes were made to the questionnaire and incorporated into the program on the second day of the pilot test:

1. **Lead-in to CM2** (Earlier you told me that you are the parent, step-parent, foster parent or guardian of (FILL FROM CM!) child/children.): "under the age of 18" was added to the end of this lead-in to clarify that we are asking only about children under the age of 18 in the child enumeration questions that follow.

2. **Lead-in to K15** (Thank you. Now, we have some more questions about your health): "Thank you" was removed from this statement so as not to indicate that the interview was near completion.

3. **P5** (Are you aware of/have you heard of PrEP, or pre-exposure prophylaxis, a daily pill that can lower the chances of infection in HIV negative individuals?): A pronunciation (pro-feh-lack-sus) was added to this question.

4. **S9** (Which of these statements explains why you did not get the mental health treatment or counseling you needed?): An interviewer instruction to pause for a Yes/No response after each item was added.

5. **CYH37** (Who do you think should DO MORE to try to reduce bullying and cyberbullying in Chicago? Please listen to the full list and then respond.): Question CYH36 was removed from the questionnaire after the pretest, which included this statement: You said a few minutes ago that you think that bullying and cyberbullying is a big problem for children and teens across the city of Chicago. This statement was added to CYH37.

In addition to the revisions above, which have already been implemented, Abt recommends the following additional revisions.

1. **AD2** (What did you do in that situation?): Because it is read, revise "Other (SPECIFY)" to "Or something else (SPECIFY)".

2. **Introduction/Informed Consent**: After the first night of dialing for the pilot test, interviewers were asked for their impressions of respondents' main reason(s) for refusing to complete the interview. Interviewers commented that refusals came mostly in the form of hang-ups during the introduction, which they felt was too long. As a result, the Abt project team revisited the introduction and informed consent, and compared the Healthy Chicago text with what is used in the New York Community Health Survey (NY CHS) to determine what might be removed or rephrased. As a result of this comparison, we make the following suggested revisions.

   > Hello. I'm and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in YOUR neighborhood and how to make things better.
   >
   > ~~Your telephone number has been chosen randomly.~~ (IF CELL PHONE RESPONDENT: If you qualify for the survey, we will pay you $10 for completing it.~~ The survey will take about 20 minutes.~~) Any information you provide will be ~~completely~~ confidential and it takes less than two minutes to determine eligibility.
   >
   > [IF NEEDED] You don't have to give me any personal identifying information such as your name or address. No one at the Health Department or outside of this study will be able to know your responses.
   >
   > AFTER ELIGIBILITY DETERMINATION/RESPONDENT SELECTION (no update):
   > Your contact information such as your phone number will not be shared with the Health Department or anyone else. Participation is voluntary: you can stop the interview at any time or decide not to answer any question. The interview takes about 20 minutes. If you have any questions I can't answer, I'll give you a telephone number for more information. If you prefer not to answer any question, please tell me and I will simply go on to the next question.

   Please note that the revisions above will require Institutional Review Board (IRB) review and approval. To stay on schedule and not delay the start of main study data collection, Abt recommends proceeding with the main survey without this revision in place, and implementing this revision once it is approved by the Abt and CDPH IRBs.

To: Emily Laflamme
Chicago Department of Public Health

From: Nicholas Ruther, Rebecca Devlin
Abt Associates

Date: December 19, 2018

RE: Report on the initial Spanish completes for the 2018 Healthy Chicago Survey

This memorandum provides a summary of the interviews completed in Spanish to date for the 2018 Healthy Chicago Survey. We provide an overview of the outcomes of the initial dialing for the Spanish version of the interview, the timing of the first four interviews completed, and feedback.

Spanish

Dialing of the Spanish version of the survey started on the evening of Monday, December 17. Of the four interviews completed in Spanish, one interview was completed with a landline respondent and three were completed with cell phone respondents.

Survey Timing

Thus far, the average duration for the Spanish survey is 33.1 minutes for both versions of the survey. The interview length for the landline completed interview was 30.1 minutes. The average interview length for cell phone completed interviews was 34.1 minutes. The shortest cell phone interview was 28.8 minutes, while the longest was 39.1 minutes.

Three of the four interviews completed in Spanish were eligible for the Child Module. The average for these three interviews was 34.6 minutes. The non-Child Module interview was timed at 28.8 minutes.

Interviewer Feedback

Abt bilingual staff reviewed the Spanish language questionnaire during training and the first few days of fielding the instrument. No changes were suggested, but Abt will continue to review any feedback received and share it with CDPH.

Appendix F: Call Design Experiment Report

To: Emily Laflamme
Chicago Department of Public Health

From: Nicholas Ruther, Rebecca Devlin, Dave Roe
Abt Associates

Date: April 10, 2019

RE: Call Attempts Experiment for the 2018 Healthy Chicago Survey

This memorandum provides a summary of the preliminary results of the maximum call attempt experiment conducted during the 2018 Heathy Chicago Survey (HCS). This experiment was conducted to determine the effectiveness of adding a set number (4, 6 or 8) call attempts to the maximum call threshold for telephone numbers flagged as having a higher probability of belonging to households with children. The ultimate goal was to explore ways to increase completed interviews among these households as efficiently as possible, without "over-pursuing". We provide a description of the experiment design, the results for the different experimental groups examined, comparisons based on demographic variables, and recommendations.

Design

In consultation with CDPH, Abt Associates planned the experiment for the 2018 HCS to investigate whether raising the maximum number of call attempts for telephone numbers flagged as having a higher probability of belonging to households with children would help to maximize interviews with respondents who are the parent or guardian of at least one child. Based on prior call count analysis of the 2017 HCS, such households were expected to take more attempts to complete a survey, on average.

To determine the most effective modification to the call design, Abt used the first set of cell phone replicates loaded for dialing in the main study (i.e., after the pilot test) that had been flagged using SmartCell™, a cell phone sampling product offered by our sampling vendor SSI.[18] For records either flagged as 'Yes' or 'Likely' to have children, Abt randomly assigned the flagged telephone numbers to three groups to receive the following call design variations:

1. 6 base attempts, plus an additional 4 attempts for contacts/appointments (standard cell phone frame call design)

[18] Using proprietary data, including public records, credit data, large purchases, magazine subscriptions, etc., SSI matches cell phone numbers with addresses and individuals and can flag records as potentially belonging to households with children.

2. 6 base attempts, plus an additional 6 attempts for contacts/appointments
3. 6 base attempts, plus an additional 8 attempts for contacts/appointments

In addition, there were cell records that could not be flagged and records that were flagged as not having a child in the household. These groups were also included in this analysis as controls and for comparison and received the standard number of call attempts (6+4 for contacts and appointments). Halfway through data collection, Abt examined the results for the three groups to determine whether a uniform protocol change aimed at ensuring that all flagged cases receive the best number of additional attempts would be effective. Abt could then adjust the call design for remaining flagged records to implement the most effective design.

Results

Data presented here are current as of March 29, 2019, with nearly all records completely dialed for the cell sample replicates loaded for dialing at the start of main study data collection. There were 1366 total completes among the first half of the cell sample, with 391 being completes with respondents who are the parent or guardian of at least one child (hence referred to as 'Child Module' completes.)

TABLE 1. Completed interviews and completed Child Module interviews by experimental group

Experimental Group	Records in Group	Completes	Child Module Completes	Child Module Percentage
Non-flagged cell	22,223	689	183	26.6%
Flagged as 'No' Child	8077	356	83	23.3%
Group 1 (6+4)	2590	94	41	43.6%
Group 2 (6+6)	2590	103	42	40.8%
Group 3 (6+8)	2589	124	42	33.9%
Total	38,069	1366	391	28.6%

As expected, overall, the records flagged as having or likely to have a child in household have a higher proportion of Child Module completes than either the non-flagged records or records flagged as not having a child in the household. The three experimental groups yielded higher proportions of child module completes (34-44%) while the proportion child module completes among other cell phone records ranged from 23-26% (Table 1).

TABLE 2. Mean number of call attempts per completed interview

Experimental group	Non-Child Module Completes	Child Module Completes	Difference (Child - Non-Child Module)
Non-flagged cell	3.75	4.04	0.29
Flagged as 'No' Child	3.68	3.77	0.09
Group 1	3.83	4.32	0.49

Group 2	4.52	3.71	-0.81
Group 3	4.01	5.1	1.09
Total	3.81	4.09	0.28

Child Module completes had a slightly higher average mean number of attempts to complete than non-Child Module completed interviews, at 4.09 attempts to 3.81 attempts per completed interview (Table 2), respectively. With the exception of Group 2 (12 maximum possible call attempts), this pattern was consistent across all groups. Group 2 differed in that it had a lower average call attempts for completed Child Module interviews.

In examining the effect of adding additional call attempts, we found that overall, 21 percent of Child Module interviews were completed in the 7-14th call attempt (Table 3), while 18 percent of non-Child Module interviews were completed in the 7-14th call attempt (Table 4). For Group 3, 14 percent of Child Module interviews were completed in the 11-14th call attempt compared with 6 percent of non-Child Module completes. However, this represents only 6 and 5 interviews for Child Module completes and non-Child Module completes, respectively. The small cell sizes for interviews completed in the higher number of call attempts presents difficulty in making meaningful conclusions about the effect of adding additional call attempts.

TABLE 3. Completed Child Module interviews by call attempt

	Attempt 1-6	Attempt 7-10	Attempt 11-12	Attempt 13-14
Non-flagged cell	81.4% (149)	18.6% (34)	0.0% (0)	0.0% (0)
Flagged as 'No' Child	85.5% (71)	14.5% (12)	0.0% (0)	0.0% (0)
Group 1	73.2% (30)	26.8% (11)	0.0% (0)	0.0% (0)
Group 2	76.2% (32)	19.0% (8)	4.8% (2)	0.0% (0)
Group 3	66.7% (28)	19.0% (8)	7.1% (3)	7.1% (3)
Total	79.3% (310)	18.7% (73)	1.3% (5)	0.8% (3)

TABLE 4. Completed non-Child Module interviews by call attempt

	Attempt 1-6	Attempt 7-10	Attempt 11-12	Attempt 13-14
Non-flagged cell	82.8% (419)	17.2% (87)	0.0% (0)	0.0% (0)
Flagged as 'No' Child	85.0% (232)	15.0% (41)	0.0% (0)	0.0% (0)
Group 1	77.4% (41)	22.6% (12)	0.0% (0)	0.0% (0)
Group 2	73.8% (45)	21.3% (13)	4.9% (3)	0.0% (0)
Group 3	80.5% (66)	13.4% (11)	2.4% (2)	3.7% (3)
Total	82.4% (803)	16.8% (164)	0.5% (5)	0.3% (3)

Comparisons across demographic groups

Abt reviewed demographic data, looking for differences in completes by attempt for race, Hispanic ethnicity, age, health status, and other variables. There were not any substantial differences in gender, age, smoking status, health coverage, and education.

There were some notable differences for race and Hispanic ethnicity, as well as health status.

TABLE 5. Completed Interviews by race by call attempt

	Race	Attempt 1-6	Attempt 7-10	Attempt 11+
Non-Child	White	85.2% (288)	13.9% (47)	0.9% (3)
	Black	86.1% (341)	13.1% (52)	0.8% (3)
	American Indian or Alaska Native	81.8% (9)	18.2% (2)	0.0% (0)
	Asian	81.4% (35)	18.6% (8)	0.0% (0)
	Pacific Islander	0.0% (0)	100.0% (3)	0.0% (0)
	Something else	69.0% (100)	29.7% (43)	1.4% (2)
Child	White	81.2% (108)	18.0% (24)	0.8% (1)
	Black	85.5% (118)	12.3% (17)	2.2% (3)
	American Indian or Alaska Native	71.4% (5)	28.6% (2)	0.0% (0)
	Asian	81.8% (9)	9.1% (1)	9.1% (1)
	Pacific Islander	100.0% (1)	0.0% (0)	0.0% (0)
	Something else	67.1% (55)	29.3% (24)	3.7% (3)
Total	White	84.1% (396)	15.1% (71)	0.8% (4)
	Black	86.0% (459)	12.9% (69)	1.1% (6)
	American Indian or Alaska Native	77.8% (14)	22.2% (4)	0.0% (0)
	Asian	81.5% (44)	16.7% (9)	1.9% (1)
	Pacific Islander	25.0% (1)	75.0% (3)	0.0% (0)
	Something else	68.3% (155)	29.5% (67)	2.2% (5)

The largest difference for racial categories was for the 'Something else' group (Table 5). Among other categories with significant numbers of respondents (White and Black), over 80 percent of interviews were completed in the early call attempts, but 'Something else' was just under 70 percent. Respondents who provide 'Something else' for race are generally coded to a special 'Hispanic' category based on their response, and review of interim results for the 2018 HCS indicate that pattern will continue for this round. Related to this result, respondents who report being of Hispanic ethnicity at a prior question are also more likely to complete on later attempts (7-10) (Table 5). Only 73 percent of Hispanic respondents completed the interview on early attempts as compared to 85 percent for non- Hispanic respondents.

TABLE 5. Completed interviews by Hispanic ethnicity by call attempt

	Ethnicity	Attempt 1-6	Attempt 7-10	Attempt 11+
Non-Child	Hispanic	74.6% (173)	23.7% (55)	1.7% (4)
	Non-Hispanic	84.8% (630)	14.7% (109)	0.5% (4)
Child	Hispanic	70.3% (104)	27.0% (40)	2.7% (4)
	Non-Hispanic	84.8% (206)	13.6% (33)	1.6% (4)
Total	Hispanic	72.9% (277)	25.0% (95)	2.1% (8)

	Non-Hispanic	84.8% (836)	14.4% (142)	0.8% (8)

There are some differences in health status by complete attempt, with variation in Child and non-Child Module completes. Most notably, approximately 26 percent of respondents reporting 'Fair' health completed on later attempts compared to 16-19 percent for other health groups (Table 7).

TABLE 7. Completed interviews by health status by call attempt

	Health Status	Attempt 1-6	Attempt 7-10	Attempt 11+
Non-Child	Excellent	82.9% (136)	16.5% (27)	0.6% (1)
	Very Good	84.6% (242)	14.7% (42)	0.7% (2)
	Good	84.4% (265)	15.0% (47)	0.6% (2)
	Fair	74.3% (124)	24.0% (40)	1.8% (3)
	Poor	81.4% (35)	18.6% (8)	0.0% (0)
Child	Excellent	81.3% (61)	18.7% (14)	0.0% (0)
	Very Good	76.8% (86)	19.6% (22)	3.6% (4)
	Good	82.4% (108)	14.5% (19)	3.1% (4)
	Fair	75.0% (48)	25.0% (16)	0.0% (0)
	Poor	77.8% (7)	22.2% (2)	0.0% (0)
Total	Excellent	82.4% (197)	17.2% (41)	0.4% (1)
	Very Good	82.4% (328)	16.1% (64)	1.5% (6)
	Good	83.8% (373)	14.8% (66)	1.3% (6)
	Fair	74.5% (172)	24.2% (56)	1.3% (3)
	Poor	80.8% (42)	19.2% (10)	0.0% (0)

Abt further broke down the completed interviews by Hispanic ethnicity for the experimental groups, looking in detail at completes by attempts for the later additional attempts added. The total number of additional completes for the two groups with more than 10 attempts (Groups 2 and 3) was minimal, with 16 total (8 Child Module and 8 non-Child Module) and did not show a notable difference in response based on Hispanic ethnicity. Table 8 shows the more detailed breakdown of complete by attempt for Hispanic ethnicity.

While results may show large percentage values for some categories, these are based on small absolute numbers. For example, 11 percent of Hispanic non-Child Module completes for Group 2 were completed at attempts 11 to 12, but this result was based on two completes. Ultimately, all three groups completed approximately the same number of total Child module completes (41, 42, and 42 respectively for groups 1, 2, and 3). While Hispanic respondents were more likely to complete on later attempts, Group 1 with only 10 total attempts had the highest overall percentage proportion of Hispanic Child Module completes with 51 percent compared to 40 and 38 percent for Groups 2 and 3.

TABLE 8. Experimental group completed interviews by ethnicity by call attempt

		Ethnicity	Attempts 1-4	Attempts 5-8	Attempts 9-10	Attempts 11-12	Attempts 13-14
Group 1	Non-Child	Non-Hispanic	68.4% (26)	26.3% (10)	5.3% (2)		
		Hispanic	53.3% (8)	26.7% (4)	20.0% (3)		
	Child	Non-Hispanic	65.0% (13)	30.0% (6)	5.0% (1)		
		Hispanic	42.9% (9)	47.6% (10)	9.5% (2)		
Group 2	Non-Child	Non-Hispanic	69.8% (30)	20.9% (9)	7.0% (3)	2.3% (1)	
		Hispanic	38.9% (7)	44.4% (8)	5.6% (1)	11.1% (2)	
	Child	Non-Hispanic	76.0% (19)	12.0% (3)	12.0% (3)	0.0% (0)	
		Hispanic	70.6% (12)	11.8% (2)	5.9% (1)	11.8% (2)	
Group 3	Non-Child	Non-Hispanic	64.6% (31)	25.0% (12)	4.2% (2)	2.1% (1)	4.2% (2)
		Hispanic	70.6% (24)	17.6% (6)	5.9% (2)	2.9% (1)	2.9% (1)
	Child	Non-Hispanic	57.7% (15)	23.1% (6)	3.8% (1)	7.7% (2)	7.7% (2)
		Hispanic	50.0% (8)	18.8% (3)	18.8% (3)	6.3% (1)	6.3% (1)

Recommendations

Based on reviewing the overall results of the experiment and demographic comparisons, Abt concluded that the additional attempts tested past the base 6+4 attempt design were only somewhat effective in increasing overall completes or Child Module completes. Given the additional effort required to add call attempts, and the cost burden associated with that effort, we do not recommend increasing the call attempts beyond the 6+4 attempt standard design. Concurrently, Abt also recommends that the current number of attempts in the overall call design for cell phone records should not be lowered. These recommendations are based on two main points:

6. **Mean attempts per complete -** While the mean attempts for Child Module completes were higher on average, they remained between 4 and 5 attempts for all experimental groups. Given that the majority of cases complete the interview before the additional attempts would be used, 95 and 91 percent respectively for both groups with 11 or more possible attempts, the extra attempts did not add a large number of completes. The absolute number of Child Module completes was similar across the three groups for a similar amount of records, with the experimental Group 1 at only 10 attempts maximum having the highest proportion of Child Module respondents among completes (44 percent compared to 41 and 34 percent for groups 2 and 3.)

7. **Demographics of later to complete attempts** – There were, however, some notable demographic differences between easier to complete (1-6 attempts) and harder to complete respondents (7-10 attempts) that would suggest results could become biased if overall attempts were decreased below 10. In particular, Hispanic respondents had a higher proportion of later 7-plus attempt completes than other demographic groups (27 percent vs 15 percent for Non-Hispanic

reporting respondents overall) for both Child Module and non-Child Module respondents.

Appendix G: Intermediate Weighting Variables

```
-------------------------------------------------------------------------------
final_ca                                                      Community area
-------------------------------------------------------------------------------

                  type:  numeric (byte)
                 label:  community_area_lbl

                 range:  [1,77]                       units:  1
         unique values:  77                       missing .:  0/2,982

              examples:  12    Forest Glen
                         25    Austin
                         42    Woodlawn
                         62    West Elsdon

-------------------------------------------------------------------------------
missing_ca                           Indicator of hot-deck imputation of CA
-------------------------------------------------------------------------------

                  type:  numeric (byte)

                 range:  [0,1]                        units:  1
         unique values:  2                        missing .:  0/2,982

            tabulation:  Freq.  Value
                         2,868  0
                           114  1
```

```
-------------------------------------------------------------------------------
puma10                                                    PUMA, 2010 version
-------------------------------------------------------------------------------

                  type:  numeric (int)
                 label:  puma10_lbl

                 range:  [3499,3532]                  units:  1
          unique values:  18                       missing .:  0/2,982

              examples:  3504  PUMA 3504: CA 12, 13, 14, 16
                         3523  PUMA 3523: CA 23, 26, 27, 29, 30
                         3526  PUMA 3526: CA 34, 57-61
                         3529  PUMA 3529: CA 35-43

-------------------------------------------------------------------------------
puma00                                                    PUMA, 2000 version
-------------------------------------------------------------------------------

                  type:  numeric (int)
                 label:  puma00_lbl

                 range:  [3501,3519]                  units:  1
          unique values:  19                       missing .:  0/2,982

              examples:  3504  PUMA 3504: CA 12, 13, 14, 16
                         3509  PUMA 3509: CA 20, 21, 22, 24
```

```
                        3512  PUMA 3512: CA 57, 58, 59, 60, 61
                        3515  PUMA 3515: CA 42, 43, 44, 45, 69

-------------------------------------------------------------------------------
educ4                                                Education, 4 categories
-------------------------------------------------------------------------------

                  type:  numeric (byte)
                 label:  educ4

                 range:  [1,4]                        units:  1
          unique values:  4                       missing .:  0/2,982

             tabulation:  Freq.   Numeric  Label
                            365         1  Below HS
                            598         2  HS/GED
                            796         3  Some college
                          1,223         4  College or above

-------------------------------------------------------------------------------
age5                                                    Age, 5 categories
-------------------------------------------------------------------------------

                  type:  numeric (byte)
                 label:  age5

                 range:  [1,5]                        units:  1
          unique values:  5                       missing .:  0/2,982
```

```
            tabulation:  Freq.   Numeric  Label
                           209         1  18 to 24
                           228         2  25 to 29
                           825         3  30 to 44
                         1,051         4  45 to 64
                           669         5  65+

-------------------------------------------------------------------------------
male                                                            Male (=1)
-------------------------------------------------------------------------------

                  type:  numeric (byte)
                 label:  male

                 range:  [0,1]                        units:  1
         unique values:  2                        missing .:  0/2,982

            tabulation:  Freq.   Numeric  Label
                         1,663         0  Female
                         1,319         1  Male

-------------------------------------------------------------------------------
racethn5                                        Race/ethnicity (5 categories)
-------------------------------------------------------------------------------

                  type:  numeric (byte)
                 label:  racethn5_lbl
```

```
                range:  [1,5]                       units:  1
        unique values:  5                        missing .:  0/2,982

           tabulation:  Freq.   Numeric  Label
                          969         1  NH White only
                        1,119         2  NH Black/AA only
                          107         3  NH Asian or PI only
                           85         4  NH Other/Mixed
                          702         5  Hispanic/Latino

-------------------------------------------------------------------------------
own                                                     Own dwelling (=1)
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  own

                range:  [0,1]                       units:  1
        unique values:  2                        missing .:  0/2,982

           tabulation:  Freq.   Numeric  Label
                        1,586         0  Rent
                        1,396         1  Own

-------------------------------------------------------------------------------
haskids                                      Kids present in the HH (=1)
-------------------------------------------------------------------------------
```

```
                 type:  numeric (byte)
                label:  haskids

                range:  [0,1]                        units:  1
         unique values:  2                       missing .:  0/2,982

            tabulation:  Freq.   Numeric  Label
                         2,025         0  No kids in HH
                           957         1  Kids present in HH

-------------------------------------------------------------------------------
phone3                                          Phone use (3 categories)
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  phone3_lbl

                range:  [1,3]                        units:  1
         unique values:  3                       missing .:  0/2,982

            tabulation:  Freq.   Numeric  Label
                         1,866         1  CP only
                           116         2  LL only
                         1,000         3  Dual use

-------------------------------------------------------------------------------
marst4                                      Marital status, 4 categories
```

```
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  marst4

                range:  [1,4]                        units:  1
          unique values:  4                        missing .:  0/2,982

             tabulation:  Freq.   Numeric  Label
                          1,221         1  Married
                            451         2  Divorced
                            241         3  Widowed
                          1,069         4  Single

-------------------------------------------------------------------------------
_imputed_racethn5                Imputed racethn5, for weighting purposes
-------------------------------------------------------------------------------

                 type:  numeric (byte)

                range:  [0,1]                        units:  1
          unique values:  2                        missing .:  0/2,982

             tabulation:  Freq.  Value
                          2,911  0
                             71  1

-------------------------------------------------------------------------------
```

```
_imputed_educ4                        Imputed educ4, for weighting purposes
-------------------------------------------------------------------------------

                  type:  numeric (byte)

                 range:  [0,1]                        units:  1
         unique values:  2                        missing .:  0/2,982

            tabulation:  Freq.  Value
                         2,963  0
                            19  1

-------------------------------------------------------------------------------
_imputed_age5                          Imputed age5, for weighting purposes
-------------------------------------------------------------------------------

                  type:  numeric (byte)

                 range:  [0,1]                        units:  1
         unique values:  2                        missing .:  0/2,982

            tabulation:  Freq.  Value
                         2,977  0
                             5  1

-------------------------------------------------------------------------------
_imputed_male                          Imputed male, for weighting purposes
-------------------------------------------------------------------------------
```

```
                type:  numeric (byte)

               range:  [0,1]                        units:  1
         unique values:  2                          missing .:  0/2,982

           tabulation:  Freq.  Value
                        2,975  0
                            7  1
```

_imputed_marst4 Imputed marst4, for weighting purposes

```
                type:  numeric (byte)

               range:  [0,1]                        units:  1
         unique values:  2                          missing .:  0/2,982

           tabulation:  Freq.  Value
                        2,951  0
                           31  1
```

_imputed_own Imputed own, for weighting purposes

```
                type:  numeric (byte)
```

```
                range:  [0,1]                       units:  1
         unique values:  2                      missing .:  0/2,982

            tabulation:  Freq.  Value
                         2,815  0
                           167  1

-------------------------------------------------------------------------------
_imputed_haskids                    Imputed haskids, for weighting purposes
-------------------------------------------------------------------------------

                 type:  numeric (byte)

                range:  [0,1]                       units:  1
         unique values:  2                      missing .:  0/2,982

            tabulation:  Freq.  Value
                         2,964  0
                            18  1

-------------------------------------------------------------------------------
married                                                          Married (=1)
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  married
```

```
                range:  [0,1]                       units:  1
         unique values:  2                        missing .:  0/2,982

            tabulation:  Freq.   Numeric  Label
                         1,761         0  Not married
                         1,221         1  Married

-------------------------------------------------------------------------------
educ3                                                 Education 3 categories
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  educ3

                range:  [1,3]                       units:  1
         unique values:  3                        missing .:  0/2,982

            tabulation:  Freq.   Numeric  Label
                           963         1  HS or below
                           796         2  Some college
                         1,223         3  College or above

-------------------------------------------------------------------------------
age4                                                   Age 4 categories
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  age4
```

```
                range:  [1,4]                       units:  1
        unique values:  4                        missing .:  0/2,982

           tabulation:  Freq.   Numeric  Label
                          437         1  18-29
                          825         2  30-44
                        1,051         3  45-64
                          669         4  65+

-------------------------------------------------------------------------------
gender_age4                                                     (unlabeled)
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  gender_age4_lbl

                range:  [11,24]                     units:  1
        unique values:  8                        missing .:  0/2,982

           tabulation:  Freq.   Numeric  Label
                          213        11  Male, 18-29
                          365        12  Male, 30-44
                          478        13  Male, 45-64
                          263        14  Male, 65+
                          224        21  Female, 18-29
                          460        22  Female, 30-44
                          573        23  Female, 45-64
```

```
                          406        24  Female, 65+

-------------------------------------------------------------------------------
gender_race                                                     (unlabeled)
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  gender_race_lbl

                range:  [11,34]                      units:  1
         unique values:  8                        missing .:  0/2,982

            tabulation:  Freq.   Numeric  Label
                           449        11  Male, NH White only
                           441        12  Male, NH Black/AA only
                           326        15  Male, Hispanic/Latino
                           520        21  Female, NH White only
                           678        22  Female, NH Black/AA only
                           376        25  Female, Hispanic/Latino
                           107        33  NH Asian, both genders
                            85        34  NH Other, both genders

-------------------------------------------------------------------------------
baseweight                                                      Base weight
-------------------------------------------------------------------------------

                 type:  numeric (double)
```

```
                range:  [10.983208,66.224138]       units:  1.000e-06
         unique values:  3                        missing .:  0/2,982

            tabulation:  Freq.  Value
                           597  10.983208
                           313  40.223469
                         2,072  66.224138

------------------------------------------------------------------------------
_hh_num_adults_cap3                          # of adults in HH, capped at 3
------------------------------------------------------------------------------

                type:  numeric (byte)

                range:  [1,3]                        units:  1
         unique values:  3                        missing .:  0/2,982

            tabulation:  Freq.  Value
                         2,699  1
                           216  2
                            67  3

------------------------------------------------------------------------------
age_gender                                              Age-gender interaction
------------------------------------------------------------------------------

                type:  numeric (byte)
               label:  age_gender_lbl
```

```
                range:  [11,22]                     units:  1
        unique values:  4                        missing .:  0/2,982

           tabulation:  Freq.   Numeric  Label
                          684        11  11. Female under 45
                          578        12  12. Male under 45
                          979        21  21. Female 45+
                          741        22  22. Male 45+

-------------------------------------------------------------------------------
age4_gender                                        Age4-gender interaction
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  age4_gender_lbl

                range:  [10,41]                     units:  1
        unique values:  8                        missing .:  0/2,982

           tabulation:  Freq.   Numeric  Label
                          224        10  18-29, Female
                          213        11  18-29, Male
                          460        20  30-44, Female
                          365        21  30-44, Male
                          573        30  45-64, Female
                          478        31  45-64, Male
                          406        40  65+, Female
```

```
                          263        41  65+, Male

-------------------------------------------------------------------------------
age5_gender                                          Age5-gender interaction
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  age5_gender_lbl

                range:  [10,51]                      units:  1
         unique values:  10                       missing .:  0/2,982

             examples:  30    30 to 44, Female
                        31    30 to 44, Male
                        40    45 to 64, Female
                        50    65+, Female

-------------------------------------------------------------------------------
race_gender                                          Race-gender interaction
-------------------------------------------------------------------------------

                 type:  numeric (byte)
                label:  race_gender_lbl

                range:  [10,90]                      units:  1
         unique values:  7                        missing .:  0/2,982

            tabulation:  Freq.   Numeric  Label
```

520	10	NH White only, Female
449	11	NH White only, Male
678	20	NH Black/AA only, Female
441	21	NH Black/AA only, Male
376	50	Hispanic/Latino, Female
326	51	Hispanic/Latino, Male
192	90	Asian + NH other, both genders

---

integeg2_weight Integrated weight, compositing factor 0.5

---

type: numeric (double)

range: [84.80129,1533.9488] units: .00001

unique values: 11 missing .: 0/2,982

mean: 721.916

std. dev: 351.997

percentiles:	10%	25%	50%	75%	90%
	169.603	511.316	1022.63	1022.63	1022.63

---

raked_weight Raked weight (untrimmed)

---

type: numeric (double)

```
                range:  [27.76796,5389.2993]        units:  1.000e-09
        unique values:  2,446                    missing .:  0/2,982

                 mean:   721.916
            std. dev:    543.58

          percentiles:        10%       25%       50%       75%       90%
                           227.286   365.222   583.127   922.323   1391.99

-------------------------------------------------------------------------------
trimmed_weight                                        Trimmed (final) weight
-------------------------------------------------------------------------------

                 type:  numeric (double)

                range:  [105.7,2344]                units:  1.000e-08
        unique values:  2,346                    missing .:  0/2,982

                 mean:   721.916
            std. dev:    528.27

          percentiles:        10%       25%       50%       75%       90%
                           214.328   353.229   568.497    937.96   1468.05

-------------------------------------------------------------------------------
iscell                                                Comes from cell frame
-------------------------------------------------------------------------------
```

```
          type:  numeric (byte)

         range:  [0,1]                        units:  1
unique values:  2                    missing .:  0/2,982

   tabulation:  Freq.  Value
                  605  0
                2,377  1
```