

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 años o más 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:			ZIP CODES WITH PORTIONS OUTSIDE OF CHICAGO:		
60601	60616	60639	60660	60007	60634
60602	60617	60640	60661	60018	60638
60603	60618	60641	60666	60106	60645
60604	60619	60642		60131	60655
60605	60621	60643		60620	60656
60606	60622	60644		60629	60707
60607	60623	60646		60631	60804
60608	60624	60647		60633	60827
60609	60625	60649			
60610	60626	60651			
60611	60628	60652			
60612	60630	60653			
60613	60632	60654			
60614	60636	60657			
60615	60637	60659			

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 minutos** 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

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

9 = (VOL) Refused

SKIP TO C6

SKIP TO C6

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

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

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

1 = Yes

IF K1=2 OR 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
 - 7 = (VOL) Don't know/Not sure
 - 9 = (VOL) Refused
- SKIP TO J5
- SKIP TO J5
- 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
 - 2 = No
 - 7 = (VOL) Don't know/Not sure
 - 9 = (VOL) Refused
- SKIP TO J5
- SKIP TO J5
- SKIP TO J5
- 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

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

9 = (VOL) Refused

SKIP TO SECTION AC

SKIP TO SECTION AC

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 podría decir si usted tiene...?

Please read:

1 = 65 or older

2 = 45-64

3 = 30-44

4 = 25-29, or

5 = 18-24

Do not read:

7 = DON'T KNOW/NOT SURE

9 = REFUSED

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

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

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

If "Yes", ASK: ¿Es usted?

Interviewer Note: One or more categories may be selected.

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

Mexicano, mexicanoamericano, chicano

2 = Yes, Puerto Rican

Puertorriqueño

3 = Yes, Cuban

Cubano

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

De otro origen latino, hispano o español

Do not read:

5 = No

7 = Don't know/Not sure

9 = Refused

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

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

Interviewer Note: Select all that apply.

Please read:

10 = White

Blanco

20 = Black or African American

Negro o afroamericano

30 = American Indian or Alaska Native

Indoamericano o nativo de Alaska

40 = Asian

Asiático

50 = Pacific Islander, or

Isleño del Pacífico, o

60 = Something else (SPECIFY)

Otro

Do not read:

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

99 = (VOL) Refused

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

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

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

41 = Asian Indian

Indoasiático

42 = Chinese

Chino

43 = Filipino

Filipino

44 = Japanese

Japonés

45 = Korean

Coreano

46 = Vietnamese

Vietnamita

47 = Other Asian

Otro origen asiático

51 = Native Hawaiian

Nativo de Hawái

52 = Guamanian or Chamorro

Guameño o chamorro

53 = Samoan

Samoano

54 = Other Pacific Islander

Otro isleño del Pacífico

99 = (VOL) Refused

Se niega a contestar

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

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

ONLY LIST THOSE SELECTED IN K5 AND K6

10 = White

Blanco

20 = Black or African American

Negro o afroamericano

30 = American Indian or Alaska Native

Indoamericano o nativo de Alaska

40 = Asian

Asiático

41 = Asian Indian

Indoasiático

42 = Chinese

Chino

43 = Filipino

Filipino

44 = Japanese

Japonés

45 = Korean

Coreano

46 = Vietnamese

Vietnamita

47 = Other Asian

Otro origen asiático

51 = Native Hawaiian

Nativo de Hawái

52 = Guamanian or Chamorro

Guameño o chamorro

53 = Samoan

Samoano

54 = Other Pacific Islander **Otro isleño del Pacífico**

60 = Other

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

99 = (VOL) Refused

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

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 \geq 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 peso** 7 = (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

3 = No fue a consultas preventivas en los últimos 12 meses

SKIP TO CVC1

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

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

9 = (VOL) Refused

SKIP TO CAS1**SKIP TO CAS1****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
- 2 = No
- 7 = (VOL) Don't know/not sure
- 9 = (VOL) Refused

**IF CM1 =1 THEN GO TO CAS3, IF CM1 > 1 GO TO CAS2
SKIP TO SNS1
SKIP TO SNS1
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

7 = DON'T KNOW/NOT SURE

9 = REFUSED

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

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

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

9 = (VOL) Refused

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

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 = $.0035 * (K15 \text{ height CM}) * (K15 \text{ height CM})$

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

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

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

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

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

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

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

¿Pesa menos de [critical weight for METRIC VERY OBESE]?

- | | |
|-------------------------------|-------------------|
| 1 = YES, WEIGH LESS | SKIP TO 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 situaciones 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 frecuencia usted tomo soda o otras bebidas endulzadas como té frío endulzado, bebidas para hacer deportes, ponche de frutas u otras bebidas con sabor de frutas? No incluya bebidas sin azúcar, de dieta o jugos del 100%. Puede responder en bebidas por día, semana o mes. Por ejemplo, dos veces al día, una vez a la semana, y así sucesivamente.

(adapted from NYCHS 2013 and BRFSS 2014)

__ 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 farmacias sin una prescripción del médico.

1 = Yes

Sí

2 = No

SKIP TO W6

No

7 = (VOL) Don’t know/Not sure

SKIP TO W6

9 = (VOL) Refused

SKIP TO W6

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

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

1 = Yes

Sí

2 = No

No

7 = (VOL) Don’t know/Not sure

9 = (VOL) Refused

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

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

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

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

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

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 questions are about colorectal (koh-luh-rek-tl) cancer screening.

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

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

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

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

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

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

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

- 1 = Yes
- 2 = No **SKIP TO 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 sigmoidoscopia

2 = Colonoscopy

La colonoscopia

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

9 = (VOL) Refused

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

¿Cuándo 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

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

9 = (VOL) Refused

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

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

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

9 = (VOL) Refused

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

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

¿Cual de estas declaraciones explica por qué usted no consiguió 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
 - 7 = (VOL) Don't know/Not sure
 - 9 = (VOL) Refused
- SKIP TO Z3**
SKIP TO Z3
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

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

9 = (VOL) Refused

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

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

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

9 = (VOL) Refused

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

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 inequidades 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 narcóticos

3 = Heroin

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 padres

2 = 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?

- | | |
|---|--|
| 6 = 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 V6A 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 |

Appendix B: Questionnaire

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