



**BOLD
THINKERS
DRIVING
REAL-WORLD
IMPACT**

Methodological Documentation for the 2017 Healthy Chicago Telephone Survey



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SUBMITTED TO

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1 Overview

The Healthy Chicago Survey (HCS), fielded for the Chicago Department of Public Health, obtained interviews with a representative sample of 3,310 adults living in the City of Chicago. Interviewing was conducted in English and Spanish from December 18, 2017 to June 15, 2018. Samples were drawn from both landline and cell phone random digit dialing (RDD) frames. A general overview of the study is provided in the AAPOR Transparency Initiative Methodology Disclosure Form in Appendix A.

2 Population of Interest and Study Design

For the Healthy Chicago Survey, the target population includes the household population of adults 18 years of age and older who reside in the City of Chicago. We used an overlapping dual frame design that included both landline and cell phone frames. The frames are overlapping because households with both landline and cell phones are included in both frames. The allocation between the two frames was 81.5% of interviews conducted from the cell phone frame (2,699 interviews out of 3,310) and 18.5% of interviews conducted from the landline frame (611 out of 3,310).

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

Landline Telephone Sample

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

The landline frame was constructed by compiling all Chicago telephone exchanges that are classified as providing regular telephone service. The frame is referred to as “list-assisted” because a complete file of directory-listed residential numbers is used to remove 100-banks from the frame if they contain zero residential listings. The remaining 100-banks are “working” and used to enumerate all the telephone numbers within the bank from which a sample is drawn. Telephone numbers known to belong to businesses were removed. This pre-screening process allows for removal of most business numbers from the frame with any remaining businesses identified by interviewers. Once a number is coded as a business it is not dialed again. Purchased landline records were run through the Neustar database to identify numbers that had been ported from landline to wireless; these numbers (n=6) were loaded into the cell phone version of the study.

The landline telephone sample was ordered at the start of data collection. SSI provided the frame count (the total number of landline telephone numbers in the universe within the city of Chicago) for each batch. The frame count was 2,453,000 telephone numbers. A total of 95,470 landline telephone numbers were used for the study. Of these numbers, 6 were identified as ported from landline to wireless and were dialed as if they were cell phone numbers. For each batch, landline

telephone numbers were randomly assigned to replicates. During data collection, all records in a replicate were released at one time. A total of 500 landline replicates were used for the study.¹

Cellular Telephone Sample

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

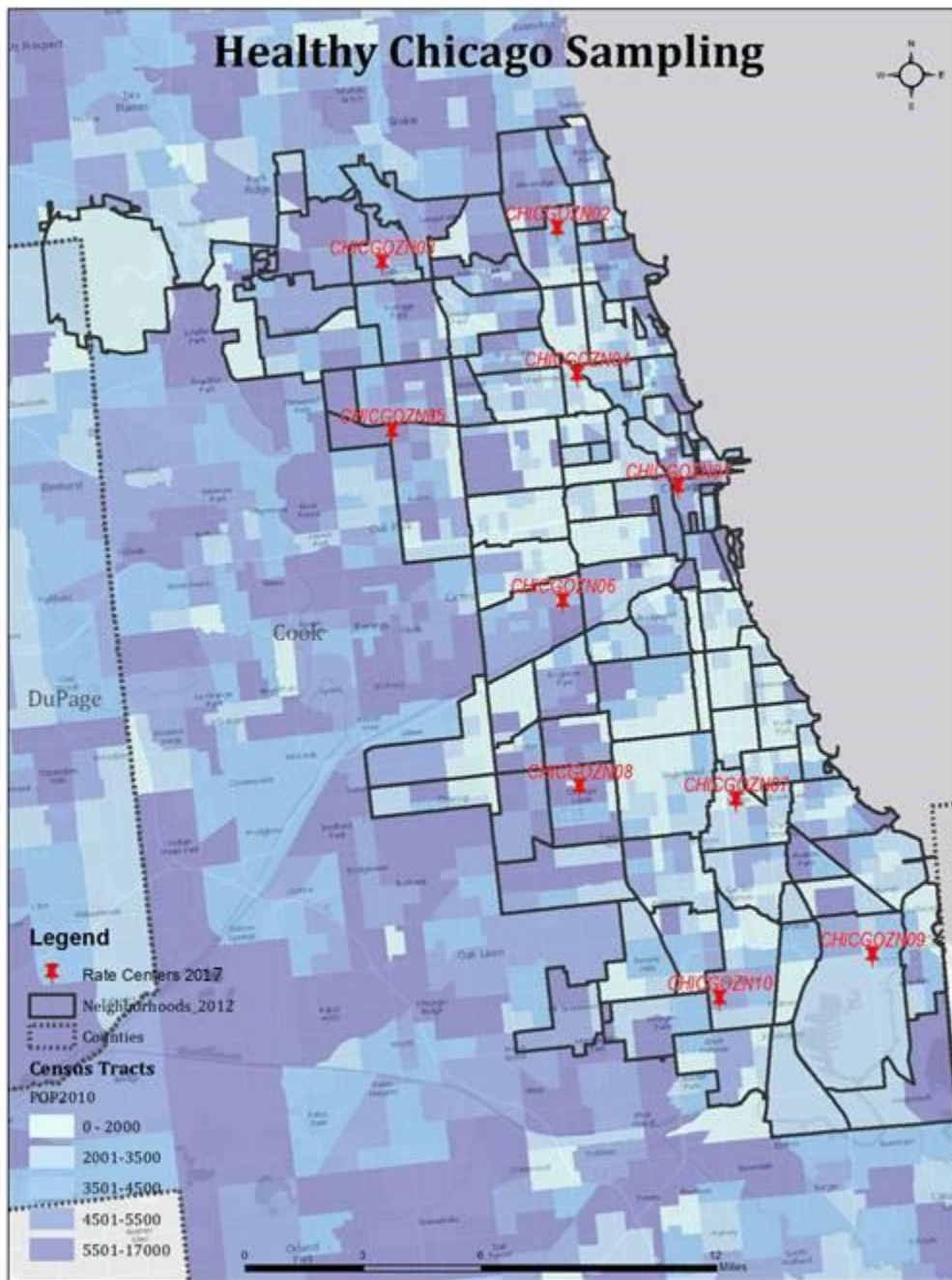
Conducting representative cell phone surveys in areas below the state level poses a challenge because cell phone subscribers cannot be targeted based on residential location using information available in the sampling frame. The only geographic information available on cell phone numbers is the location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

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

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

¹ The number of records per replicate was 200.

Exhibit 1. Chicago cell phone rate centers.



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

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2014, 2015, and 2016 surveys, we submitted the sampled cellular telephone numbers to Marketing Systems Group's Cell-WINS process² to obtain the activity flag with three categories:

- Active (64.6% of the purchased sample)
- Inactive (32.4% of the sample)
- Unknown (2.4% of the sample)

The remaining 0.5% of the purchased sample were duplicates. We also submitted sampled cell phone records that are flagged as "active" to SSI's Geo-ID process, which appends the ZIP code associated with the billing address for the sampled cell phone numbers, if available. We called sampled telephone numbers flagged as "active" and applied no further subsampling.³

The cell phone sample was acquired in five batches. SSI provided the frame count (the total number of cell telephone numbers in the universe) for each batch. The frame counts for each batch were 5,693,000, 5,728,000, and three of 5,754,000. Cellular telephone numbers were randomly assigned to replicates, with all records in a replicate released at the same time. A total of 146,500 cell telephone numbers were purchased for the project, and 94,585 were flagged as active. A total of 83,588 cell telephone numbers were dialed, plus an additional 6 telephone numbers that were identified as ported from landline to wireless, for a total of 83,594 numbers from 523 replicates. These numbers do not include sampled telephone numbers from SmartCell™, which is described next.

SmartCell™

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

In the 2016 survey, we successfully used SmartCell™, a new cell phone sampling product offered by our sampling vendor SSI, to improve coverage of this population. Using proprietary data, including public records, credit data, large purchases, magazine subscriptions, etc., SSI matches cell numbers with individuals, akin to listed landline numbers. Through SmartCell™, we obtained a sample of cell phone numbers associated with addresses within Chicago city limits that have area codes and

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

³ Although the sampling plan indicated that only "active" numbers were to be loaded and dialed, 100 telephone numbers in batch 1 that were flagged as "unknown" were loaded and dialed inadvertently.

exchanges in rate centers other than those used for the main cell phone RDD sample. This product is quite new, first officially released in May 2016, and its performance is still being assessed.⁴

Through SmartCell™, we requested 4,200 cell phone numbers of the frame count of 200,596 numbers associated with addresses within Chicago city limits that have area codes and exchanges in rate centers other than those used for the main cell phone RDD sample. Our goal was to complete 288 interviews, or 12% of our total interviews in the cell phone frame, using SmartCell sample. We completed 289 (8.7%) interviews using the numbers obtained from SmartCell™. We completed more interviews in the cell phone frame in order to reach the target number of completed interviews that included the Child Module (n=1,000, see Section 2.3.1 below), which is the reason we fell short of our goal for SmartCell™ completes percentage-wise.

2.1.1 Misclassified frame cases

Although landline and cell phone numbers are largely accurately identified and classified into each frame, occasionally the frame designation is not accurate and a respondent reports that we have actually reached them on a different type of phone. As noted above, 6 numbers in the landline frame were identified as having been ported from landline to wireless prior to being loaded for dialing; these numbers were dialed as if they were cell phone numbers. During the field period, interviewers identified a small number of additional cases as being misclassified in the cell and landline frames based on how the respondent described the type of the phone that they used. There were 2 records in the landline frame identified by interviewers as cell phones and moved to the cell frame. In the final data set, there are 5 completed interviews sampled from the cell frame that were found to be landline numbers. For weighting purposes, the probabilities of selection of these numbers are those associated with their original frames, not with the ultimate determination of the type of phone and the version of the instrument administered. Additionally, the cases that were sampled from the cell frame but interviewed in the landline version underwent within-household selection of the target respondent. This is reflected through the appropriate multiplicity correction factor (household size) applied to their frame weights.

Screening for Eligibility, Respondent Selection, and Informed Consent

Potential respondents were screened for eligibility criteria: age 18 years or older, residency in Chicago, and live in a private residence. Telephone numbers for individuals who lived outside of Chicago and those that were non-residential were terminated as not eligible. Residency in Chicago was determined by the respondent's ZIP code. For respondents who prefer not to provide their ZIP

⁴ Presentations at AAPOR 2017 indicated that the frame efficiently reaches out-of-area cell phones living within specified geographic areas and is improving over time. As noted in our own prior experience, the demographic profile of these respondents differs from that of cell RDD, but it is unknown how it aligns with in-movers as a group. Zuwallack, R., Healey, K., Orleans, B., Cidade, M., & Heeman, S. (2017). Sampling Out-of-area Numbers for Local Area Cell Phone Samples. Mosher, M., Piekarski, L., & Zuwallack, R. (2017). Hitting Them Where They Live: Comparing List-Assisted RDD Cell Phone Sample to Rate Center Based RDD Cell Phone Sample. Paper presented at the annual conference of the American Association for Public Opinion Research, New Orleans, LA.

code, or for respondents whose ZIP code extends beyond Chicago, interviewers asked whether they live in Chicago. For respondents who did not live in Chicago, or preferred not to say, interviewers asked in what city or town they lived to help evaluate the targeting efficiency of the sample. These individuals were not eligible for the interview, and their interviews were terminated. A total of 20 interviews were completed with individuals who screened into the survey but were determined to reside outside of Chicago when the cases were geocoded. These cases were excluded from the final data set.

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

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

Cell phones were considered personal accessories and not household devices, so no household selection process was used for the cell phone sample. Instead, respondents were asked a series of questions to determine if they were in a safe place to conduct the interview before they were screened for eligibility for the survey.

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

2.1.2 Screening for children under age 18 in the household

Based on prior rounds of data collection, Abt estimated that once the target number of 3,000 completed interviews was reached, at least 1,000 interviews (33.3%) would be completed with a parent or guardian of a child under that age of 18 living in the household. However, it was found that once the target number of 3,000 completes was reached, only 24.3% were completed with a parent or guardian and had thus received the Child Module questions, described later in this chapter. In order to reach the target of 1,000 Child Module completes more efficiently, starting on May 2, 2018, Abt moved the questions that ask about the presence of children under age 18 living in the household and whether the respondent is the parent or guardian of at least one of those children earlier in the cell phone version of the questionnaire. Respondents who were not the parent or guardian of a child living in the household were then screened out of the survey.

2.1.3 Sample coverage

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

- Adults age 18+;
- Reside in Chicago;
- Have phone service;

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- Have phone numbers that are associated with common Chicago area codes (312, 773, 872) and exchanges;
- Can speak English, Spanish or Korean well enough to complete the survey.

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

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

- According to Blumberg et al (2013) analysis of 2012 NHIS data, 2.0% of adults in Cook County, IL did not have phone service in 2012.
- According to a Skalland and Hare (2013) analysis of the 2009 H1N1 flu monitoring data, 4.0% of cell-only adults who resided in the state of Illinois had cell phone numbers that appeared on a different state's cell phone sampling frame; this percentage is likely to be higher in an urban area like Chicago.
- The American Community Survey (ACS) 2016 data indicate that about 3.3% of the adult population in Chicago spoke neither English nor Spanish.
- The ACS 2016 data indicate that about 2.8% of adult population resided in group quarters.

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

3 Questionnaire

Using the 2016 Healthy Chicago questionnaire as a starting point, the 2017 questionnaire was developed by the Chicago Department of Public Health (CDPH) in consultation with Abt Associates. The English-language version of the questionnaire is included in Appendix B. Many questions were taken from other well-established and recognized public health surveys, including the Behavioral Risk Factor Surveillance System (BRFSS) and the New York City Community Health Survey (NYC CHS). CDPH created new questions for the 2015, 2016, and 2017 HCS to measure health issues not addressed by these other surveys. Child Module questions were added in consultation with CDPH's research partner, Ann & Robert H. Lurie Children's Hospital of Chicago.

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

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

As noted above, on April 30, the cell phone version of the questionnaire was revised to screen out any respondent who did not have a qualifying child under the age of 18 living in the household. This was done in an effort to obtain the desired number of completed interviews with parents of children who were asked the new Child Module questions.

Structure and Content of the Survey

The outline of the structure and general content of the 2017 HCS questionnaire is provided below.

3.1.1 Survey screener

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

In the landline sample, an adult was asked a series of questions to determine whether the household was located within the city of Chicago and qualified to participate. After confirming household eligibility, the adult was asked to provide the total number of adults living in the household. In households with more than one adult, the adult was asked to provide the total number of male and female adults living in the household, and the CATI program randomly selected one adult to complete the survey based on respondent selection procedures described below in

section 3.1.2 Respondent selection for landline questionnaire. If the CATI program selected a different adult than the individual who answered the screener questions, once the selected adult came on the phone for the interview, the interviewer introduced himself and explained the purpose of the call again to the selected respondent. The selected adult was also asked to choose the language in which they preferred to conduct the interview.

Individuals contacted from the cell phone sample were required to confirm residency in the city of Chicago along with additional questions to confirm that: (1) the respondent was not driving currently, (2) the respondent was at least 18 years of age, (3) the phone number we had reached was the number we sampled, and (4) the number we dialed was a cellular phone. Because cell phones are considered personal, not household, devices, the individual who answered was allowed to continue with the interview after successfully answering all the screener questions. As noted above, starting on May 2, 2018, respondents who indicated they were not the parent or guardian of a child under age 18 living in the household were ineligible for the survey.

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

3.1.2 Respondent selection for landline questionnaire

In the landline sample, one adult was selected randomly from each eligible household to complete the interview. The sampling unit was the landline telephone number, which represents the household, not family, level; therefore, the random selection was the same regardless of how many families were included in a household. As stated in Section 3.1.1, Survey Screener, for households containing only one adult, the adult was eligible to complete the interview. For households with more than one adult, we asked for the total number of men and the total number of women who resided in the household who were age 18 or older. Then a gender was selected at probabilities of 50% for men and 50% for women. Then a household member of the selected gender was chosen randomly to participate in the interview. Selection used a two-stage process:

STAGE 1: Choose gender

- Generate a random number for the household from 0 TO 999
- If all adults are of one gender, select that gender and skip to STAGE 2
- If male and female adults in the household, select males if the number is ≤ 600 , otherwise select females

STAGE 2: Choose a household member from the selected gender

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

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

3.1.3 Main questionnaire

The main section of the survey included more than 100 questions (although not every question was applicable to or asked of every respondent). The 2016 survey served as the starting point for building the 2017 instrument. A number of questions were deleted in various sections of the survey. A new section of questions, the Child Module, was added about children's health issues and childhood experiences. The topic areas that made up the core of the main section for the 2017 survey were:

1. **Health Status:** This section contained a single question to gauge the overall health of the respondent.
2. **Health Care Access:** This section included questions about the respondent's health coverage, whether the respondents had a regular source of health care and their experience of using health care.
3. **Oral Health:** This section contained a single question about how long it had been since the respondent had visited a dentist or dental clinic.
4. **Hypertension Awareness:** This section included a question about whether the respondent had been told he/she has hypertension.
5. **Chronic Health Conditions:** This section asked about whether a health professional had ever told the respondent that he/she had asthma or diabetes.
6. **Tobacco Use:** These questions established respondents' tobacco use. Individuals who identified as ever having smoked cigarettes were asked follow-up questions about current tobacco use and smoking cessation. Additional questions asked about e-cigarette use.
7. **Demographics:** This section included basic demographic questions about the respondent and household including sex, age, race/ethnicity, country of birth, marital status, household size/make up, education, employment status, height/weight, sexual orientation and gender identity. Questions about the number of children of whom the respondent is the parent or guardian were added to determine eligibility for the new child health questions later in the survey. Some of these questions are included in the Demographics section and ask the respondent about their paid leave policies at work and whether they were not able to take leave. Questions about household income were included in this section and asked whether household income was above or below poverty level thresholds (i.e., poverty level, 200% above poverty level, 300% above poverty level, 400% above poverty level, 500% above poverty level and more than 600% above poverty level). Poverty level was calculated for each household based on the total number of adults and total number of children (under 18 years of age) using the latest Federal Poverty Levels published by the US Census for 2018. The section concluded with questions about the respondent's height and weight.
8. **Fruits and Vegetables:** In this section, respondents were asked the number of servings of fruits and vegetables they had the day before, as well as how easy it was for them to obtain fresh produce. Another question asked for the frequency of soda and sweetened drink

- consumption. New questions were added for qualifying respondents with children about the impact of different social and financial factors on the eating habits of the respondent's child(ren).
9. **Exercise (Physical Activity):** This section included questions about physical activity in the past month, including bicycle riding and walking.
 10. **Alcohol and Prescription Drug Use:** This section of questions asked respondents about their alcohol consumption over the past thirty days, including the number of drinks they have on average, the frequency of binge drinking, and the greatest number of drinks on a single occasion. Additional questions ask about consumption of pain relievers, both prescribed to the respondent and not prescribed to the respondent.
 11. **Breast/Cervical Cancer Screening:** Female respondents age 40 and over were asked whether they had a mammogram or a Pap test. Respondents reporting either of these tests were asked how long it had been since their last test. Female respondents were also asked if they ever had a hysterectomy.
 12. **Colorectal Cancer Screening:** Respondents age 50 and over were asked whether they had a blood stool test or a sigmoidoscopy or colonoscopy. Respondents reporting either of these tests were asked how long it had been since their last test.
 13. **Childhood Vaccinations:** This new section of questions was administered to respondents who are the parents or guardians of children in the household and asked if the respondent's oldest child is up-to-date on vaccinations and whether they refused specific ones for their child.
 14. **Mental Health:** This section included questions about the respondent's emotional health and feelings in the last 30 days and access to mental health care.
 15. **Childhood Experiences:** This is a new section that asked about the respondent's childhood experiences, such as emotional support, bullying, living in foster care, participation in a gang or being incarcerated.
 16. **Social Cohesion:** The first question in this section asked if the respondent feels safe in their neighborhood. The second question asked for the frequency of violence occurring in the respondent's neighborhood and was only asked if the respondent was eligible for the new Child Module set of questions. The final question asked if the respondent felt part of their neighborhood.
 17. **Child and Youth Health Issues:** This new section of questions asked about various issues affecting children in Chicago, including alcohol abuse; health conditions like asthma and diabetes; obesity; parents' health; tobacco use; suicide and stress. If the respondent was the parent or guardian of at least one child living in the household, they were asked additional questions about various social issues impacting children in Chicago. These include bullying, discrimination and racism, gun violence, hunger, and poverty.

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

3.1.4 Location determination questions

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

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

4 Survey Administration

Interviewing Dates

Interviews were conducted from December 4, 2017 to June 15, 2018. Interviews were conducted from Abt's Huntington, West Virginia and McAllen, Texas telephone centers, as well as from the telephone center of our Minority Business Enterprise (MBE) subcontractor, The Blackstone Group, in Chicago, IL.⁵

4.1.1 Pretest

A pretest was conducted December 4 to December 6, 2017 from Abt's Huntington, West Virginia telephone center. A total of 30 interviews were completed. Although the survey length was within the budgeted time, a number of questionnaire revisions were recommended based on monitoring and interviewer feedback.

The complete Pretest Report can be found in Appendix D.

4.1.2 Pilot Test

After the questionnaire and study protocol were approved by the CDPH and Abt IRBs, a pilot test was conducted as a "slow start" to data collection to ensure that the interview length was appropriate and that there were no issues with the new survey questions. The pilot test was conducted December 18 to December 20, 2017. A total of 31 interviews were completed as part of the pilot test.

As a result of the pilot test, Abt recommended revisions to CMd i and to W6. The complete Pilot Test Report can be found in Appendix E. Interviewing in Spanish and Korean were not part of the formal pilot test, so Abt reported on the initial interviews in these languages separately. These reports are also included in Appendix E.

Survey Languages

Residents of the City of Chicago are racially and ethnically diverse, with a large population of Hispanics/Latinos. A notable percentage of these Hispanic residents speak little or no English. To ensure this population could be included in the survey, interviews were conducted in both English and Spanish using the CATI system. A total of 229 of 3,310 completed interviews (6.9%) were conducted in Spanish.

For the first time, the Healthy Chicago Survey was also offered in Korean. A total of 4 of 3,310 completed interviews (0.1%) were conducted in Korean. The Korean language instrument was not programmed into Abt's computer assisted telephone interviewing (CATI) system; the Korean

⁵ Interviewers from our Women-Owned Business Enterprise (WBE) subcontractor, CR Market Surveys, also conducted interviews for the Health Chicago Survey. These interviewers worked from The Blackstone Group's call center.

speaking interviewer instead read the questions from a paper version of the survey and entered responses into the CATI system.

4.1.3 Translation and translation review

Because most of the 2017 instrument used the same questions as 2016, Abt project staff obtained Spanish translations for new questions, specifically the Child Module questions. For these and any questions with revised wording, CETRA, a translation vendor, translated the text into Spanish. As a quality check, an Abt bilingual staff member checked the entire survey instrument to be sure all items had been translated, or newly translated, correctly.

The Chicago Department of Public Health (CDPH) provided the Korean translation of the survey instrument.

Sample Management

Sample was managed to complete the desired number of interviews overall (n=3,000, including at least 1,000 completed interviews with a parent or guardian of a child under the age of 18 living in the household), while evaluating the distribution of interviews by Community Area. This was done by releasing sample replicates in batches, thereby ensuring released sample was fully dialed according to the call protocol and allowing study staff to assess productivity to estimate the amount of sample needed to reach quotas before releasing additional sample replicates. Additionally, supervisor staff routinely monitored interviews to assess interviewers' ability to gain cooperation and convert refusals and provided coaching to interviewers to ensure as many eligible respondents completed the interview as possible.

Call Design and Protocol

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

For the 2017 survey, at least 7 call attempts were made to landline telephone numbers when no contact is established, and at least 5 additional attempts (for a total of 12 attempts) were made if we ever made contact and/or arranged a callback. For the cell frame, at least 6 attempts were made for non-contacts and at least an additional 4 attempts were added (for a total of 10) for contacts/callbacks. Sample was reviewed over the course of data collection to identify any records that should receive additional attempts to improve the quality of the data.

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

"Hello, I'm calling on behalf of the Chicago Department of Public Health from Abt Associates. We are conducting an important study to learn more about the health of Chicago residents. This is a scientific study called the Healthy Chicago Survey. We will call you back in a few days."

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

- Weeknights 5 PM-9 PM
- Saturdays 10 AM-2 PM

- Sundays 1 PM-5 PM and 5 PM-9 PM

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

Calls on the landline sample (made using the automated dialer) were programmed to display a Chicago-based telephone number dedicated solely to the Healthy Chicago Telephone Survey that respondents could call to verify the legitimacy of the survey, to leave a message to obtain information about the survey and CDPH, or to have their name removed from the calling list. Voicemails were checked on a regular basis.

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

Refusal and Refusal Conversion Procedures

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

Incentives

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

5 Response Rate and Disposition of Call Attempts

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

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

1=live-non-contact

2=callback

3=refusal

4=completes/deads

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

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

Calculating Final Disposition Codes from the Case-level Call History

Exhibit 2 provides a detailed mapping of Abt final disposition codes to AAPOR codes set forth by the guidelines provided in AAPOR’s Standard Definitions.⁶ Completed interviews were those cases with a recorded response to the last survey item. Partial completes were not coded for the HCS, because the location determination questions and geocoding of CA were at the very end of the questionnaire, and CDPH only wanted to include interviews for which we had fully attempted to

⁶ The American Association for Public Opinion Research. 2016. *Standard Definitions: Final Dispositions of Case Codes and Outcome Rates for Surveys. 9th edition*. AAPOR.

Response Rate and Disposition of Call Attempts

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

Response Rate and Disposition of Call Attempts

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

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
I	1	Complete	1	Proceed with interview/Completed interview ⁷	617	2,715
R	2.11	Refusal	149	Qualified Soft Refusal – 2 – AFTER S6	19	51
R	2.11	Refusal	150	Qualified Soft Refusal – 3 – AFTER QK12	6	12
R	2.11	Refusal	151	Qualified Soft Refusal - 4 - AFTER QS9	0	1
R	2.11	Refusal	158	Qualified Hard Refusal - 2 – AFTER S6	51	81
R	2.11	Refusal	159	Qualified Hard Refusal - 3 – AFTER QK12	9	22
R	2.11	Refusal	160	Qualified Hard Refusal - 4 - AFTER QS9	0	0
R	2.11	Refusal	176	Qualified Second Soft Refusal – 2 – AFTER S6	18	27
R	2.11	Refusal	177	Qualified Second Soft Refusal – 3 – AFTER QK12	5	4
R	2.11	Refusal	178	Qualified Second Soft Refusal - 4 - AFTER QS9	0	0
R	2.15	Unspecified Appointment – Callback	140	Qualified Callback -2 - AFTER S6	85	243
R	2.15	Unspecified Appointment – Callback	141	Qualified Callback - 3 - AFTER QK12	17	106
R	2.15	Unspecified Appointment – Callback	142	Qualified Callback - 4 - AFTER QS9	0	3
R	2.16	Spanish Interviewer Needed - Callback	167	Qualified Spanish Callback -2 - AFTER S6	1	28
R	2.16	Spanish Interviewer Needed - Callback	168	Qualified Spanish Callback - 3 - AFTER QK12	2	16
R	2.16	Spanish Interviewer Needed - Callback	169	Qualified Spanish Callback - 4 - AFTER QS9	0	0
UH	3.12	Always busy	3	Busy	477	1,100
UH	3.12	Always busy	201	Dialer – busy	1,820	0
UH	3.13	No answer	2	No answer	3,053	4,942
UH	3.13	No answer	120	Possible Unassigned Number/No answer All Attempts	180	4

⁷ The complete totals for Landline and Cell response rate calculations include 22 poor quality Spanish language interviews that were excluded from the final dataset (4 Landline, 18 Cell frame.) See the Data Cleaning subsection of the Final Data Preparation section for full details.

Response Rate and Disposition of Call Attempts

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
UH	3.13	No answer	202	Dialer – no answer	3,260	0
UH	3.15	Call blocking	41	Callback – CALL BLOCKING	25	461
UH	3.15	Call blocking	185	Callback – CALL BLOCKING (over max)	1	19
UOC	3.21a	No screener completed: Live contact, Away for duration	33	Away for duration	2	9
UOC	3.21b	No screener completed: Live contact, Health/Hearing problem	24	Health Problems – SHORT TERM	12	36
UOC	3.21b	No screener completed: Live contact, Health/Hearing problem	27	Hearing Problems	76	61
UOC	3.21b	No screener completed: Live contact, Health/Hearing problem	29	Health Problems – LONG TERM	82	67
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	23	Foreign Language – OTHER	117	601
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	60	Foreign Language – CHINESE	0	0
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	61	Foreign Language – POLISH	42	222
UOC	3.21c	No screener completed: Live contact, Language problem non-Spanish	62	Foreign Language - KOREAN	5	30
UOC	3.22a	No screener completed: Live contact, Specified Appointment – Callback	13	Callback - APPOINTMENTS	131	1,173
UOC	3.22a	No screener completed: Live contact, Unspecified Appointment – Callback	64	CBs QDRIVE: YES	0	111
UOC	3.22a	No screener completed: Live contact, Specified Appointment – Callback	139	Qualified Callback – 1 – AFTER S1	77	68
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	19	Callback – UNSPECIFIED	469	3,005
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	65	CB3 QCONF2: CELL PHONE BELONGS TO PARENT OR GUARDIAN	0	7
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	71	Hung-up	541	5,378

Response Rate and Disposition of Call Attempts

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
UOC	3.22b	No screener completed: Live contact, Unspecified Appointment – Callback	190	Hung-up CB – OVER MAX	1,028	7,782
UOC	3.22c	No screener completed: Live contact, Spanish Interviewer Needed – Callback	59	Foreign Language – Spanish	49	862
UOC	3.22c	No screener completed: Live contact, Spanish Interviewer Needed – Callback	166	Qualified Spanish Callback – 1 – AFTER S1	72	7
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	10	Refusal – SOFT	207	997
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	94	Soft Refusal in screener - LS1	13	0
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	95	Soft Refusal in screener - S1	0	8
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	96	Soft Refusal in screener - S4	0	1
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	98	Soft Refusal in screener - S5	0	0
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	99	Soft refusal in screener (CS7, CS8)	0	7
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	148	Qualified Soft Refusal – 1 – AFTER S1	134	30
UOC	3.22d	No screener completed: Live contact, Soft Refusal – Callback	191	Hung-up REF – OVER MAX	82	404
UOC	3.23	No screener completed: Live contact, Refusal	17	Refusal – HARD (Do Not Callback)	443	2,525
UOC	3.23	No screener completed: Live contact, Refusal	106	HARD REFUSAL – CS2: DK/REF	0	85
UOC	3.23	No screener completed: Live contact, Refusal	138	Refusal – CALL BLOCKING	18	399
UOC	3.23	No screener completed: Live contact, Refusal	157	Qualified Hard Refusal – 1 – AFTER S1	81	34
UOC	3.23	No screener completed: Live contact, Refusal	175	Qualified Second Soft Refusal – 1 – AFTER S1	35	16
UOC	3.23	No screener completed: Live contact, Refusal	186	Second Soft Refusal	101	636
UONC	3.24	No screener completed: No live contact	34	Answering Machine/Voicemail	4,478	26,446
UONC	3.24	No screener completed: No live contact	113	Voicemail Confirming a Residence	21	138
UONC	3.24	No screener completed: No live contact	114	Voicemail - Left a message	61	3,684
UOC	3.9	Other	12	Abandoned Interview	0	0
UONC	3.9	Other: unknown if live contact made	206	Dialer - nuisance hang-up	278	0
NWC	4.1	Out of sample: Doesn't live in Chicago	50	Screen out S4 or S5: DO NOT LIVE IN CHICAGO	7	717

Response Rate and Disposition of Call Attempts

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
NWC	4.1	Out of sample: Doesn't live in Chicago	51	S/O at Introduction: (VOL) DO NOT LIVE IN CHICAGO	0	2,969
NWC	4.1	Out of sample: Doesn't live in Chicago	56	S/O Do Not Live in Chicago	0	0
NWC	4.1	Out of sample: Doesn't live in Chicago	990	Determined to be Outside of Chicago by GIS	0	20
NWC	4.2	Fax/data line	5	Fax/Modem Number/Computer Tone	1,832	24
NWC	4.2	Fax/data line	184	Fax/Modem/Computer tone (live)	72	28
NWC	4.2	Fax/data line	205	Dialer - modem tone	16	0
NWC	4.3	Non-working/disconnect	35	Not in Service/Disconnected	13,203	10,451
NWC	4.3	Non-working/disconnect	115	Recorded Message - customer is unavailable	37	1,019
NWC	4.3	Non-working/disconnect	187	Bad Updated Phone	0	2
NWC	4.3	Non-working/disconnect	209	Dialer - site unknown error	1	0
NWC	4.3	Non-working/disconnect	210	Dialer - site congestion	10	0
NWC	4.3	Non-working/disconnect	211	Dialer - site out of service	31,879	0
NWC	4.3	Non-working/disconnect	212	Dialer - new number dropped	1	0
NWC	4.3	Non-working/disconnect	221	Dialer - unknown error	106	0
NWC	4.3	Non-working/disconnect	234	Dialer - Rejected number	117	0
NWC	4.4	Special technological circumstances	25	Incomplete Call/Line Problems (Temporary)	38	1470
NWC	4.4	Special technological circumstances	208	Dialer - incomplete	80	0
NWC	4.42	Cell phone	137	Cell Phone	0	0
NWC	4.51	Business, government office, other organization	22	Business/Government Number/Non-Resident	3,719	2,162
NWC	4.51	Business, government office, other organization	46	QHH NOT A PRIVATE RESIDENCE	0	0
NWC	4.51	Business, government office, other organization	49	Screen out CONF_PRVRES: No	43	153
SO	4.7	Not eligible respondent: Child/Teen phone	47	Screen out CS4: CELL PHONE BELONGS TO MINOR	0	1,305
SO	4.7	Not eligible respondent: Child/Teen phone	121	Child/Teen Phone	7	737
SO	4.7	Not eligible respondent: No under 18 child in HH	770	Ineligible for Child Module - No child/DK/REF	1	1,907

Response Rate and Disposition of Call Attempts

AAPOR Group	AAPOR Code	AAPOR Disposition Description	Abt CATI Code	Abt CATI Disposition Code Description	N	
					Landline	Cell
SO	4.7	Not eligible respondent: Not parent/guardian of under 18 child	771	Ineligible for Child Module - Not parent/guardian/DK/REF	0	112
NWC	4.9	Other not eligible	48	Screen out QCONF_PHN: No	0	48

Response Rate and Disposition of Call Attempts

Calculating Final Outcome Rates

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

Exhibit 3: Survey Response Rates.

		2014		2015		2016		2017	
		Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell
Interview (Category 1)									
Complete	1.00	1,372	1,179	1,216	1,190	1,079	1,647	617	2,715
Eligible, non-interview (Category 2)									
Refusal	2.11	225	96	258	154	187	152	108	198
Unspecified Appointment – Callback	2.15	166	147	185	172	140	125	102	352
Spanish Interviewer Needed – Callback	2.16	37	50	20	65	16	28	3	44
Unknown eligibility, non-interview (Category 3)									
Always busy	3.12	350	265	2,924	351	2,786	243	2,297	1,100
No answer	3.13	4,657	196	6,229	143	7,331	419	6,493	4,946
Call blocking	3.15	4	15	7	23	3	41	26	480
No screener completed: Live contact, Away for duration	3.21a	87	55	130	28	5	2	2	9
No screener completed: Live contact, Health/Hearing problem	3.21b	320	70	327	59	263	123	170	164
No screener completed: Live contact, Language problem non-Spanish	3.21c	346	221	323	267	317	264	164	853
No screener completed: Live contact, Specified Appointment - Callback	3.22a	742	549	348	443	295	388	208	1,352
No screener completed: Live contact, Unspecified Appointment - Callback	3.22b	3,360	3,486	2,863	3,118	2,888	4,392	2,038	16,172
No screener completed: Live contact, Spanish Interviewer Needed - Callback	3.22c	284	103	135	115	350	293	121	869
No screener completed: Live contact, Soft Refusal - Callback	3.22d	578	421	975	596	793	1,135	436	1,447
No screener completed: Live contact, Refusal	3.23	764	643	1,537	1,230	1,160	1,575	678	3,695
No screener completed: No live contact	3.24	2,987	2,424	4,710	3,236	5,400	4,941	4,560	30,268

Response Rate and Disposition of Call Attempts

		2014		2015		2016		2017	
		Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell
Other: unknown if live contact	3.9	136	0	371	0	240		278	0
Other: "cell phone" dispo used in error	3.91	0	4	0	0			0	0
Not eligible (Category 4)									
Doesn't live in Chicago	4.1	52	1,208	130	1,044	146	1,489	7	3,706
Fax/data line	4.2	2,116	7	2,488	10	2,517	12	1,920	52
Non-working/disconnect	4.3	54,540	6,985	70,183	5,321	83,320	5,523	71,354	11,472
Special technological circumstances	4.4	131	200	176	51	340	160	118	1,470
Cell phone	4.42	25	0	27	0	39	0	0	0
Business, gov't, other org	4.51	4,928	729	4,128	718	5,195	902	3,762	2,315
No eligible respondent: Child/Teen phone; No child or not parent/guardian of child for child module	4.7	15	455	46	435	30	329	8	4,061
Other not eligible	4.9	0	23	1	26	0	28	0	48
Total phone numbers used		78,222	19,531	99,737	18,795	114,840	24,218	95,470	87,788
Completes (1.0)	I	1,372	1,179	1,216	1,190	1,079	1,647	617	2,715
Partial Interviews (1.2)	P	0	0	0	0	0	0	0	0
Eligible Non-Interview: Refusal (2.1)	R	428	293	463	391	343	305	213	594
Eligible Non-Interview: Non-Contact (2.2)	NC	0	0	0	0	0	0	0	0
Eligible Non-Interview: Other (2.3)	O	0	0	0	0	0	0	0	0
Undetermined If Working and Residential (3.1)	UH	5,011	476	9,160	517	10,120	703	8,816	6,526
Working and Residential But Undetermined Eligibility (3.2,3.9)									
Live contact was made	UOC	6,481	5,548	6,638	5,856	6,071	8,172	3,817	24,561
Live contact not made	UONC	3,123	2,428	5,081	3,236	5,640	4,948	4,838	30,268
Not Eligible: Nonworking, Nonresidential, or Ported (4.1-4.5,4.9)	NWC	61,792	9,152	77,133	7,170	91,557	8,114	77,161	19,063
Screen Out: Working and Residential but Not Eligible (4.7)	SO	15	455	46	435	30	329	8	4,061
e1 = Estimated proportion of screener eligibility	(I+P+R)/(I+P+R+SO)	99.2%	76.4%	97.3%	78.4%	97.9%	85.6%	99.0%	44.9%
e2 = Estimated proportion of household eligibility	(I+P+R+NC+O+UOC+UONC+SO)/(I+P+R+NC+O+UOC+UONC+SO+NWC)	15.6%	52.0%	14.8%	60.8%	12.6%	65.5%	11.0%	76.5%

Response Rate and Disposition of Call Attempts

		2014		2015		2016		2017	
		Landline	Cell	Landline	Cell	Landline	Cell	Landline	Cell
Response Rate 1	$I / (I+P+R+N C+O+UH+U O_C+UO_{NC})$	8.4%	11.9%	5.4%	10.6%	4.6%	10.4%	3.4%	4.2%
Response Rate 3	$I / (I+P+R+N C+O+[e1*e2 *UH]+[e1*(U O_C+UO_{NC})])$	11.3%	15.2%	8.4%	13.3%	7.6%	12.1%	6.0%	9.0%
Cooperation Rate 1	$I / (I+P+R+O+[e1*UO_C])$	16.7%	20.6%	14.9%	19.3%	14.6%	18.4%	13.4%	18.9%
Cooperation Rate 3	$I / ((I+P)+R)$	76.2%	80.1%	72.4%	75.3%	75.9%	84.4%	74.3%	82.0%
Refusal Rate 1	$R / ((I+P+(R+ NC+O+UH+ UO_C+UO_{NC}))$	2.6%	3.0%	2.1%	3.5%	1.5%	1.9%	1.2%	0.9%
Refusal Rate 2	$R / ((I+P+R+ NC+O+[e1*e 2*UH]+[e1*(UO_C+UO_{NC})])$	3.5%	3.8%	3.2%	4.4%	2.4%	2.2%	2.1%	2.0%
Refusal Rate 3	$R / ((I+P)+(R +NC+O))$	23.8%	19.9%	27.6%	24.7%	24.1%	15.6%	25.7%	18.0%
Contact Rate 1	$(I+P)+R+O / (I+P+R+O+ NC+UH+UO c+UO_{NC})$	11.0%	14.8%	7.4%	14.1%	6.1%	12.4%	4.5%	5.1%
Contact Rate 2	$(I+P+R+O+[e1*UO_C]) / (I +P+R+NC+ O+[e1*e2*U H]+[e1*(UO C+UO_{NC})])$	68.0%	73.6%	56.5%	68.9%	52.1%	65.9%	44.5%	47.5%
Contact Rate 3	$(I+P)+R+O / (I+P)+R+O+ NC$	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

5.1.1 Calculating a single set of response rates

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

Response Rate and Disposition of Call Attempts

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

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

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

AAPOR recommends computing the weighted response rate as follows:⁸ “Assume the landline frame covers 70 percent of the population and the cell frame covers 80 percent, with 30 percent cell only and 50 percent in the overlap. First, compute the proportion of the population sampled from the landline frame as 0.2 (landline only) + 0.5/2.0 (half the overlap), which equals 0.45; for the cell frame it is 0.3 (cell only) + 0.5/2.0 (half the overlap), which equals 0.55. In this example, the weighted overall response rate is the sum of 0.45 times the landline response rate and 0.55 times the cell frame response rate.”

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

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

HCS Telephone Usage Weighting Targets

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

	2014	2015	2016	2017
	$= RR^{ll}*(.058 + .453/2) +$	$= RR^{ll}*(.059 + .393/2) +$	$= RR^{ll}*(.047 + .355/2) +$	$= RR^{ll}*(.037 + .332/2) +$
Combined RR	$RR^c*(.489 + .453/2)$	$RR^c*(.548 + .393/2)$	$RR^c*(.598 + .355/2)$	$RR^c*(.631 + .332/2)$
	$= .2845*RR^{ll} + .7155* RR^c$	$= .2555*RR^{ll} + .7445* RR^c$	$= .2245*RR^{ll} + .7755* RR^c$	$= .203*RR^{ll} + .8085* RR^c$

⁸ AAPOR. Nonresponse in RDD Cell Phone Surveys. [http://www.aapor.org/Education-Resources/Reports/Cell-Phone-Task-Force-Report/Coverage-and-Sampling-\(1\).aspx](http://www.aapor.org/Education-Resources/Reports/Cell-Phone-Task-Force-Report/Coverage-and-Sampling-(1).aspx)

Response Rate and Disposition of Call Attempts

Landline				
compositing factor	.2845	.2555	.2245	.2030
Cell				
compositing factor	.7155	.7445	.7755	.7970

Survey Response & Cooperation Rates

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

Calculating Response Rates for Dual Frame Surveys: AAPOR Standard Definitions

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

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

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

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

Survey Response & Cooperation Rates

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

6 Final Data Preparation

Data Processing

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

After interviewing was complete, Abt delivered to CDPH a single SAS dataset combining HCS landline and cell survey data from only the completed interviews for the study. The sample record identifier (qkey) uniquely identified each completed interview. Additionally, a combined 2015-2017 dataset with pooled weights appended was delivered to CDPH. Because there were duplicate values of qkey between the waves of data collection, a revised sample identifier (eqkey) was created, which was a concatenation of the year of data collection and qkey (e.g., 2015123456).

Data Documentation

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

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

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

6.1.1 Sample record identifier variables

These variables provide additional information about the sampled telephone number.

Variable Name	Variable Label	Comment
eqkey		(Combined 2015-17 data file) Concatenated value of year of data collection and qkey to create unique identifier across data collection waves for each telephone number in the sample.
qkey	Sample key	Unique identifier for each telephone number in the sample.

Variable Name	Variable Label	Comment
wave	Data collection wave	(Combined 2015-17 data file) Year of data collection for sampled telephone number 2 = 2015 3 = 2016 4 = 2017
rep	Sample replicate	The replicate number in the load sequence. Replicate number is specific to wave/version.
resp	Respondent ID	Respondent Number. A respondent number is assigned once an interview progresses beyond the introduction.
fproj	Project name/number	Abt internal project number that corresponds with questionnaire version: "30313l" = Loaded into the 2015 landline version "30313c" = Loaded into the 2015 cell phone version "30526" = Loaded into the 2016 landline version "30652m" = Loaded into the 2016 cell phone version "24614l" = Loaded into the 2017 landline version "24614m" = Loaded into the 2017 cell phone version
frame	Frame	The frame to which the telephone number belongs:: LL = Landline frame Cell = Cell phone frame
RateCenter <i>[cell telephone numbers only]</i>	Sample Read-in: Rate Center	Indicates the rate center of the cellular telephone number.
qzip	Sample Read-in Zip	For landline telephone numbers, this is the ZIP code that occurs the most often in a six digit exchange. For cell telephone numbers, this is the matched billing ZIP that was returned after submitting records to SSI's GeoID process.
cellwins <i>[cell telephone numbers only]</i>	Sample Read-in Cell Activity	Indicates if the cell phone was flagged as active/inactive: Active = The cell phone is flagged active Inactive = The cell phone is flagged as inactive Unknown = The cell phone activity is unknown

6.1.2 Residency variables

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

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

Variable Name	Variable Label	Comment
s1	S1. Do you live in a private residence, that is, not in a dormitory or other type of group living situation?	Asked to determine if respondent lives in a private residence.
s2_	S2. For this survey, we want to be sure all neighborhoods in Chicago are represented. In order to accurately identify the neighborhood you live in, can you tell me your zip code? [VERBATIM RESPONSE]	Asked to determine whether the respondent lives in the City of Chicago.
s3	Just to confirm I entered it correctly, is your zip code (RESPONSE FROM s2_)?	Asked of all respondents to confirm the ZIP code entered in s2_.
s4	S4. (Can you just tell me,) is your household located in the city of Chicago?	Asked if ZIP code provided at s2_ is not contained completely in the city of Chicago or if the respondent does not provide a ZIP code at s2_.
s5	S5. In what city or town do you live?	Asked of respondents that indicate they do not live in the city of Chicago.
s5_	S5. In what city or town do you live? [VERBATIM RESPONSE]	Verbatim response of city or town the respondent lives if not in Chicago and not included on precoded list.
fixzip2	ZIP code	Asked if respondent did not provide an answer to s2_ or indicated that the ZIP code provided at s2_ is incorrect (after confirmation). For 15 completed interviews in 2015, the respondent indicated that the ZIP code recorded in s2_ was incorrect and updated their ZIP code. For analysis purposes, the ZIP code collected in fixzip2 should be used.

6.1.3 Household selection variables [landline version]

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

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

Variable Name	Variable Label	Comment
qgend	Choose Gender	Field generated that picks the gender of the selected respondent.
ranadlt1	Holds random adult	Indicates the information for the gender selected.
qhh5	QHH5. Could I please speak with [RANDOMLY PICKED RESPONDENT]?	Asked to have selected respondent come to the phone.

6.1.4 Interview status variables

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

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

6.1.5 Income variables

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

Variable Name	Variable Label	Comment
nhouse	Household size	Calculated field that sums the number of adults in the household (qhh1 for landline sample and qk9 for cell phone sample) and the number of children in the household (qk10). Null if qhh1, qk9, or qk10 is Refused or Don't Know.
pvtylvl	Poverty Level calculated based on number of household members	Calculated from nhouse. Not calculated if nhouse is null. In 2015: $pvtylvl = 7610 + (nhouse * 4160)$ In 2016: IF NHOUSE = 1 THEN PVTYLVL = 11,880 IF NHOUSE = 2 THEN PVTYLVL = 16,020 IF NHOUSE = 3 THEN PVTYLVL = 20,160 IF NHOUSE = 4 THEN PVTYLVL = 24,300 IF NHOUSE = 5 THEN PVTYLVL = 28,440 IF NHOUSE = 6 THEN PVTYLVL = 32,580 IF NHOUSE = 7 THEN PVTYLVL = 36,730 IF NHOUSE = 8 THEN PVTYLVL = 40,890 IF NHOUSE GT 8 THEN PVTYLVL = 40,890 + ((NHOUSE-8) * 4,160) In 2017: IF NHOUSE = 1 THEN PVTYLVL = 12,060 IF NHOUSE = 2 THEN PVTYLVL = 16,240 IF NHOUSE = 3 THEN PVTYLVL = 20,420 IF NHOUSE = 4 THEN PVTYLVL = 24,600 IF NHOUSE = 5 THEN PVTYLVL = 28,780 IF NHOUSE = 6 THEN PVTYLVL = 32,960 IF NHOUSE = 7 THEN PVTYLVL = 37,140 IF NHOUSE = 8 THEN PVTYLVL = 41,320 IF NHOUSE GT 8 THEN PVTYLVL = 41,320 + ((NHOUSE-8) * 4,180) Not calculated if nhouse is null.
qk14	QK14. Is your household's annual income from all sources...	This is the main summary variable for income. Not asked if nhouse is null.
qk14z2	QK14.2. Is your household's annual income from all sources less than \$[TWO TIMES POVERTY]	
qk14z1	QK14.1. Is your household's annual income from all sources less than \$[POVERTY]	
qk14z5	QK14.5. Is your household's annual income from all sources less than \$[FIVE TIMES POVERTY]	
qk14z6	QK14.6. Is your household's annual income from all sources less than \$[SIX TIMES POVERTY]	
qk14z4	QK14.4. Is your household's annual income from all sources less than \$[FOUR TIMES POVERTY]	

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

6.1.6 Displayed critical weight variables

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

Variable Name	Variable Label	Comment
fxdqk17b	CRITICAL WEIGHT FOR ENGLISH VERY OBESE - Displayed	Displayed integer representing the critical weight for English Very Obese (in pounds). Values rounded down from calculated critical weight (crwtobs1).
fxdqk17a	CRITICAL WEIGHT FOR ENGLISH OBESE - Displayed	Displayed integer representing the critical weight for English Obese (in pounds). Values rounded down from calculated critical weight (crwtobs2).
fxdqk17c	CRITICAL WEIGHT FOR ENGLISH OVERWEIGHT - Displayed	Displayed integer representing the critical weight for English Overweight (in pounds). Values rounded down from calculated critical weight (crwtovr1).
fxdqk17d	CRITICAL WEIGHT FOR ENGLISH UNDERWEIGHT - Displayed	Displayed integer representing the critical weight for English Underweight (in pounds). Values rounded down from calculated critical weight (crwtudr1).
fxdqk18b	CRITICAL WEIGHT FOR METRIC VERY OBESE - Displayed	Displayed integer representing the critical weight for Metric Very Obese (in kilos). Values rounded up from calculated critical weight (crwtobs4x).
fxdqk18a	CRITICAL WEIGHT FOR METRIC OBESE - Displayed	Displayed integer representing the critical weight for Metric Obese (in kilos). Values rounded up from calculated critical weight (crwtobs4).
fxdqk18c	CRITICAL WEIGHT FOR METRIC OVERWEIGHT - Displayed	Displayed integer representing the critical weight for Metric Overweight (in kilos). Values rounded up from calculated critical weight (crwtovr2).

Variable Name	Variable Label	Comment
fxdqk18d	CRITICAL WEIGHT FOR METRIC UNDERWEIGHT - Displayed	Displayed integer representing the critical weight for Metric Underweight (in kilos). Values rounded up from calculated critical weight (crtwtudr2).

Coding Notes

Abt reviewed “Other” open-ended responses for 8 questions. “Other Specify” open-ended responses were “moved-up” to the pre-code list for 3 questions in the 2015 and 2016 Healthy Chicago Survey and for 6 questions in the 2017 survey. The open-ended responses have been retained in the data so that coding can be reviewed easily.

Variable Name	Variable Label	Comment
2015		
qc9	C9. There are many reasons people delay getting needed medical care. Have you delayed getting needed medical care for any of the following reasons in the past 12 months? Select the most important reason.	<p>New codes were added:</p> <p>Insurance issues/no insurance → 10 A total of 12 respondents (23.1% of “other” responses) reported insurance issues or no insurance (in “other”) during the interview.</p> <p>Work/too busy → 11 A total of 7 respondents (13.5% of “other” responses) reported that work or being too busy delayed getting needed medical care in the past 12 months (in “other”) during the interview.</p> <p>Didn't think it was necessary → 12 A total of 5 respondents (9.6% of “other” responses) reported they didn't think it was necessary (in “other”) during the interview.</p> <p>Service issues/quality of care → 13 A total of 9 respondents (17.3% of “other” responses) reported service or quality of care issues (in “other”) during the interview.</p>

Variable Name	Variable Label	Comment
qk5_	QK5. Which one or more of the following would you say is your race?	<p>A new code was added: Hispanic/Latino/Spanish (Mexican, Cuban, Puerto Rican) → 61</p> <p>A total of 166 respondents (68.3% of “other” responses) responded with Hispanic/Latino/Spanish (in “other”) during the interview.</p> <p>Eleven respondents provided one answer for race (in “other”) during the interview, and were coded to having more than one race and were therefore not asked the follow-up q7 (QK7. Which one of these groups would you say best represents your race?).</p> <p>Additionally, two respondents that initially provided more than one race had only one race after coding but were asked qk7. The values of qk7 remain for these two respondents so CDPH can see what information the respondent provided.</p> <p>Five respondents provided an “other” answer during the interview but were coded to Asian or Other Pacific Islander and therefore were not asked the Asian ancestry question (qk6) during the interview. However, one of these respondents provided enough information in the “other” response that qk6 could be coded.</p>

Variable Name	Variable Label	Comment
qus9_	QS9. Which of these statements explains why you did not get the mental health treatment or counseling you needed?	<p>New codes were added:</p> <p>Didn't want to → 10</p> <p>A total of 7 respondents (20.6% of "other" responses) reported didn't want to (in "other") during the interview.</p> <p>Did not think it was necessary/could take care of myself → 11</p> <p>A total of 3 respondents (8.8% of "other" responses) reported did not think it was necessary/could take care of myself (in "other") during the interview.</p> <p>Provider issues → 12</p> <p>A total of 5 respondents (14.7% of "other" responses) reported provider issues (in "other") during the interview.</p> <p>No time/I'm too busy → 13</p> <p>A total of 5 respondents (14.7% of "other" responses) reported no time/I'm too busy (in "other") during the interview.</p> <p>Services not available → 14</p> <p>A total of 5 respondents (14.7% of "other" responses) reported that services were not available (in "other") during the interview.</p>
2016		
qufs1_	FS1. Suppose that you have an emergency expense that costs \$400. Based on your current financial situation, how would you pay for this expense? You may choose more than one method. Would you...	No new codes were added.

Variable Name	Variable Label	Comment
qk5_	QK5. Which one or more of the following would you say is your race?	<p>A new code was added: Hispanic/Latino/Spanish (Mexican, Cuban, Puerto Rican) → code 70</p> <p>A total of 146 respondents (63.5% of “other” responses) responded with Hispanic/Latino/Spanish (in “other”) during the interview.</p> <p>Ten respondents provided one answer for race (in “other”) during the interview, and were coded to having more than one race and were therefore not asked the follow-up q7 (QK7. Which one of these groups would you say best represents your race?).</p> <p>Four respondents provided an “other” answer during the interview but were coded to Asian or Other Pacific Islander and therefore were not asked the Asian ancestry question (qk6) during the interview. However, one of these respondents provided enough information in the “other” response that qk6 could be coded.</p>
qus9_	QS9. Which of these statements explains why you did not get the mental health treatment or counseling you needed?	<p>New codes were added: Didn't want to → code 10</p> <p>A total of 10 respondents (15.4% of “other” responses) reported didn't want to (in “other”) during the interview.</p> <p>Did not think it was necessary/could take care of myself → code 11</p> <p>A total of 4 respondents (6.2% of “other” responses) reported did not think it was necessary/could take care of myself (in “other”) during the interview.</p> <p>Provider issues → code 12</p> <p>A total of 17 respondents (26.2% of “other” responses) reported provider issues (in “other”) during the interview.</p> <p>No time/I'm too busy → code 13</p> <p>A total of 22 respondents (33.9% of “other” responses) reported no time/I'm too busy (in “other”) during the interview.</p>
2017		

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

Variable Name	Variable Label	Comment
qus9_	S9. Which of these statements explains why you did not get the mental health treatment or counseling you needed?	<p>New codes were added:</p> <p>On a wait list / no timely appointments available → code 10</p> <p>A total of 6 respondents (6.7% of “other” responses) reported on a wait list / no timely appointments available (in “other”) during the interview.</p> <p>My schedule / too busy → code 11</p> <p>A total of 21 respondents (23.6% of “other” responses) reported my schedule / too busy (in “other”) during the interview.</p> <p>Felt I could deal with it / not necessary → code 12</p> <p>A total of 9 respondents (10.1% of “other” responses) reported felt I could deal with it / not necessary (in “other”) during the interview.</p>

Data Cleaning

In 2015, a total of 3 cases had metric heights that indicated entry error. Two respondents reported over 100 centimeters at qk15bc (About how tall are you without shoes? CENTIMETERS) in addition to a response at qk15bm (About how tall are you without shoes? METERS). For these two cases the response to qk15bm was set to 0. One respondent’s metric height was recorded as 0 meters, 6 centimeters. For this respondent, mqk15 (About how tall are you without shoes?) was set to “Don’t Know” (7777), and q15bm and q15bc (meters and centimeters) were set to missing. Ordinarily, a respondent who reported a weight but didn’t report height would have been asked follow-up questions in qk19a-qk19d (Is your height less than [CRITICAL HEIGHT]?), but these questions weren’t asked for this respondent, so we are unable to determine whether the respondent’s BMI meets the criteria for normal weight, obese, etc.

For one case, height was recorded in English measurements, but the weight was recorded as 230 kilograms. For this respondent, mqk16 (About how much do you weight without shoes?) was set to 1 (“ENGLISH”), qk16a (ENTER IN POUNDS) was set to 230, and qk16b (ENTER IN KILOGRAMS) was set to missing.

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

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

etc. Four completes (qkey 201159, 201193, 712643 and 712643) assigned the short version of the questionnaire answered several questions belonging to the long version of the questionnaire. This is because these records had all started the survey prior to the administration of the two different questionnaire versions. However, the four records did not answer all of the questions from the long version of the questionnaire, so we did not recode the value for qversion.

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

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

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

Geocoding

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

1. The interviewer asked for the respondent’s address to send the \$10 incentive check (QV5), verifying if that it was his or her home address (QV6), verifying the earlier recorded ZIP code (QV6A, QV6B), and recording home address if the respondent lived at a different address than the incentive address (QV7). This information was sent for real-time geocoding to determine the CA (BOROCT variable). In the final 2015 data set, 1,571 values (of the 2,406 completes) of the CA (final_ca) are taken from BOROCT. In the final 2016 data set, 1,711 values (of the 2,726 completes) of the CA (final_ca) are taken from BOROCT. In the final 2017 data set, 2,340 values (of the 3,310 completes) of the CA (final_ca) are taken from BOROCT.
2. If this process did not produce a usable geocoded CA, the interviewer read back the address to the respondent and additionally asked for the cross-street information (QV8 and QV9). The second real-time geocoding request was sent to determine the CA (BOROCT2 variable based on the updated address; TEMPD2 variable based on the intersection information). In the 2015 final data set, 5 values of the CA are taken from BOROCT2, and 293 values of the CA are taken from TEMPD2. In the 2016 final data set, 6 values of the CA are taken from BOROCT2, and 409 values of the CA are taken from TEMPD2. In the 2017 final data set, 6 values of the CA are taken from BOROCT2, and 465 values of the CA are taken from TEMPD2.

3. If the second process failed, the interviewer explicitly asked for the neighborhood that the respondent lives in (QV10), which was then recoded to the CA. In the 2015 final data set, 253 values of the CA are taken from QV10. In the 2016 final data set, 320 values of the CA are taken from QV10. In the 2017 final data set, 277 values of the CA are taken from QV10.

In 2015, there were 284 cases manually resolved by the study team and Abt GIS group. In 146 cases, the values of the CA were unanimously determined (GISCA variable). In 2016 280 cases were manually resolved by the study team and Abt GIS group. In 188 cases, the values of the CA were unanimously determined (GISCA variable). In 2017, the remaining 222 cases were manually resolved by the study team and Abt GIS group. In 95 cases, the values of CA were unanimously determined (GISCA variable).

In 2015, the remaining 138 missing values of CA were imputed using a weighted hot-deck imputation based on the race of the respondent. In 14 of these cases, the GIS review provided anywhere from 2 to 11 possible CAs consistent with the address provided by the respondent. The hot-deck imputation process chose one of the areas with probability proportional to the population of the candidate areas in the race/ethnicity group of the respondent. In the remaining 124 cases, GIS review did not produce any candidate areas, and weighted hot deck imputation used all 77 CAs as candidates.

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

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

7 Sample Weighting

Cross-Sectional Weighting of 2017 Data

An overarching objective for weighting the 2017 Healthy Chicago data is to use the same process, including the same weighting dimensions that we used in the 2014, 2015 and 2016 data. By employing what is basically an identical approach, we can consistently compare across waves unperturbed by differences in the weighting strategy, and there is a common basis that facilitates pooling the most recent three waves for examining the Community Areas and the city overall. In weighting the 2017 data, we also want to use the most current population estimates published by the Census Bureau, which is the 2016 American Community Survey data summaries.

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

1. Computation of the base weights: the base weights are inverse probabilities of selection from the landline and cell random digit dialing frames, as well as the SmartCell frame used to supplement geographic coverage of out-of-area cell phones. Subsampling of persons within households in the landline sample are also accounted for as a part of the base weights.
2. Frame integration: this step corrects for the elevated probability of selection of respondents who can be reached by both landline and the cell phones, referred to as “dual users” of cell and landline phones.
3. Defining the calibration variables and control totals.
4. Imputation of missing weighting information, including the demographic characteristics of the households and their Community Areas.
5. Defining the population totals from the American Community Survey and National Health Interview Survey data.
6. Calibration of the survey weights using iterative proportional fitting, or raking.⁹ During this process, the integrated weights from step 2 are adjusted so that the sample totals match the population totals from step 5. Trimming of the weights was incorporated into raking to reduce the design effect and increase precision of the survey estimates.

⁹ Kolenikov, S. (2014). Calibrating survey data using iterative proportional fitting (raking). *The Stata Journal* 14 (1), 22-59.

Steps 3–6 can be thought of as sub-steps of weight calibration to account for sample misbalance, nonresponse and coverage of the RDD frame.¹⁰ Calibration procedures modify the weights so that the weighted estimates on selected demographic and behavioral variables agree with the known population figures. Outcomes that are correlated with these calibration variables will be estimated more accurately. For instance, if a medical condition is strongly associated with age, calibration by age can reduce the error associated with discrepancy of the sample age distribution from the population age distribution. We discuss how calibration variables were constructed and how the final weights were obtained using these variables. Since calibration procedures involve many details at each step, we present these steps separately. Calibration was conducted using the *ipfraking* procedure in Stata; technical details on the procedure can be found in Kolenikov (2014).

7.1.1 Step 1. Base Weights

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

Exhibit 4. Frame weights.

Frame	Frame Count	Total Released	Initial Base Weight
Landline	2,453,000	95,470	25.69
Cell	5,725,000	83,588	68.49
SmartCell	200,596	4,200	47.76

To account for within-household selection, weights for landline numbers were multiplied by the reported number of adults in the household, capped at 3.^{11, 12}

¹⁰ Kott, P. S. (2006). Using calibration weighting to adjust for nonresponse and coverage errors. *Survey Methodology* 32 (2), 133-142.

¹¹ There was no adjustment made for the number of landline telephones in the weighting process. The overall population proportion of households with multiple landline telephones is about 8% of the landline population, 2% overall. This adjustment would further reduce the weights of landline cases and increase the overall design effect; in our experience, this adjustment does not substantially impact outcome estimates.

¹² While households with children were effectively oversampled through the screening interviews administered after the change to the instrument on 5/2/18 that screened out respondents who are not the parent or guardian of a child in the household, the change does not impact weighting. Households enrolled before and after 5/2/18 are not materially different from one another. We have created various versions of weights that would account for the screening procedure in different ways, and we found an increase in design effects with no material differences in estimates of several key outcomes when the base weights of households with and without children are computed differently. Stability of estimates is due to

7.1.2 Step 2. Frame Integration

This step of weighting accounts for higher chances of selection for respondents who have both landline phones and personal or shared cell phones. If only the frame base weights are applied to this group, these respondents will be double counted and over-represented in the results. Of the existing methods for incorporating multiple frames in a single study (Lohr 2009¹³), the one that is the most appropriate for the current study corrects for the multiple ways for a case to be selected. This is a frame count method where the base weight of a case is divided by the number of frames in which that case can be found. This method is equivalent to compositing method with the composite factor set to 0.5.

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

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

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

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

inclusion of the presence of children in calibration margins: the oversampling adjustment factors applied to base weights are clocked back at the calibration stage, and the population proportion of those households is accurately accounted for in any weighting scenario.

¹³ Lohr, S. L. (2009). *Multiple-Frame Surveys*, in D. Pfeffermann and C. R. Rao (editors), *Handbook of Statistics: Sample Surveys: Design, Methods and Applications*, Volume 29A, pp. 71-88. Elsevier.

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

7.1.3 Step 3. Calibration Variables

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

Exhibit 5. Definitions of the calibration variables.

Variable	Questionnaire Items	Categories
Gender	QK1	Male Female
Age	Recode of QK2	18–29 30–44 45–64 65+
Race/ethnicity	QK5_1=10 & QK4_1 > 4 & missing QK5_2 QK5_1=20 & QK4_1 > 4 & missing QK5_2 QK5_1=40 through 54 & QK4_1 > 4 & missing QK5_2 (QK5_1=30, 60 or non-missing QK5_2) & QK4_1 > 4 QK4_1 = 1, 2, 3 or 4 or QK5_1 = 55, 61 or 70 or QK5_2 = 55, 61 or 70 or QK5_3 = 55, 61 or 70	Non-Hispanic White, single race Non-Hispanic Black, single race Non-Hispanic Asian or Pacific Islander, single race Non-Hispanic other race or multiple races Hispanic/Latino
Education	Recode of QK11 variable	HS or Below Some college Bachelor’s degree or above
Housing tenure	QK21	Own Rent
Marital status	Recode of QK8	Married or living with partner Single never married Divorced or separated Widowed
Presence of children in the household	Recode of QK10	None One or more
Phone use	cell sample & QV3A = 2, 7 or 9 landline sample & QV3=2, 7 or 9 (cell sample & QV3A=1) or (landline sample & QV3=1)	Cell phone only Landline only Dual use
Indicators of public use microdata area (PUMA)		18 categories; see below

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

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

These variables and their categories were created for both the Healthy Chicago sample data, using the variables and their categories as defined above, and (except for the phone use variable) the American Community Survey (Ruggles et al., 2010). Demographic targets were obtained from the

FactFinder website using the 2016 ACS data for the city of Chicago. The 2016 Public Use Microdata Sample (PUMS) files were used to create the geographic targets. The phone-use data were taken directly from Blumberg et al. (2012).

Fine levels of geography

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

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

Implementation of both processes relies on the Public Use Microdata Areas¹⁴ (PUMAs) defined by the Census Bureau so that PUMA boundaries agree with census tracts and counties, and each PUMA contains at least 100,000 people. In Healthy Chicago survey data, respondent location information was geocoded to CAs according to the process described in the section on final data preparation.

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

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

To maintain compatibility with the prior waves, the 2017 Healthy Chicago Survey continues to utilize the 2000 vintage PUMAs as groups of CAs (item 2 above). The necessary population counts were obtained by aggregating the estimates of the civilian, non-institutionalized population provided by the 5-year ACS (2012–2016) data at the tract level.

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

¹⁴ The PUMA is the lowest level of geography in a PUMS data file.

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

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

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

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

Exhibit 6. Community Areas and PUMA 2000.

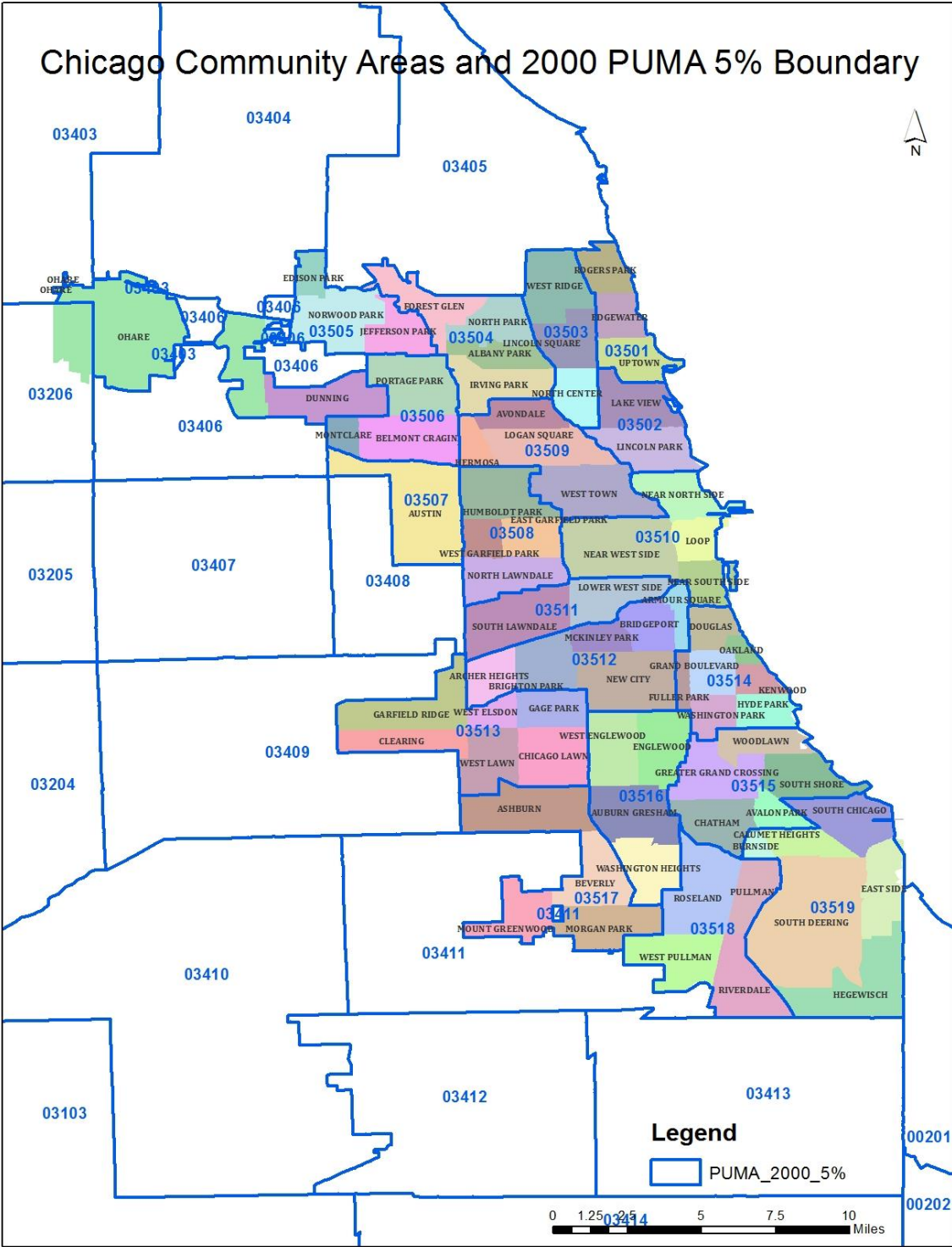


Exhibit 7. Community Areas and PUMA 2010.

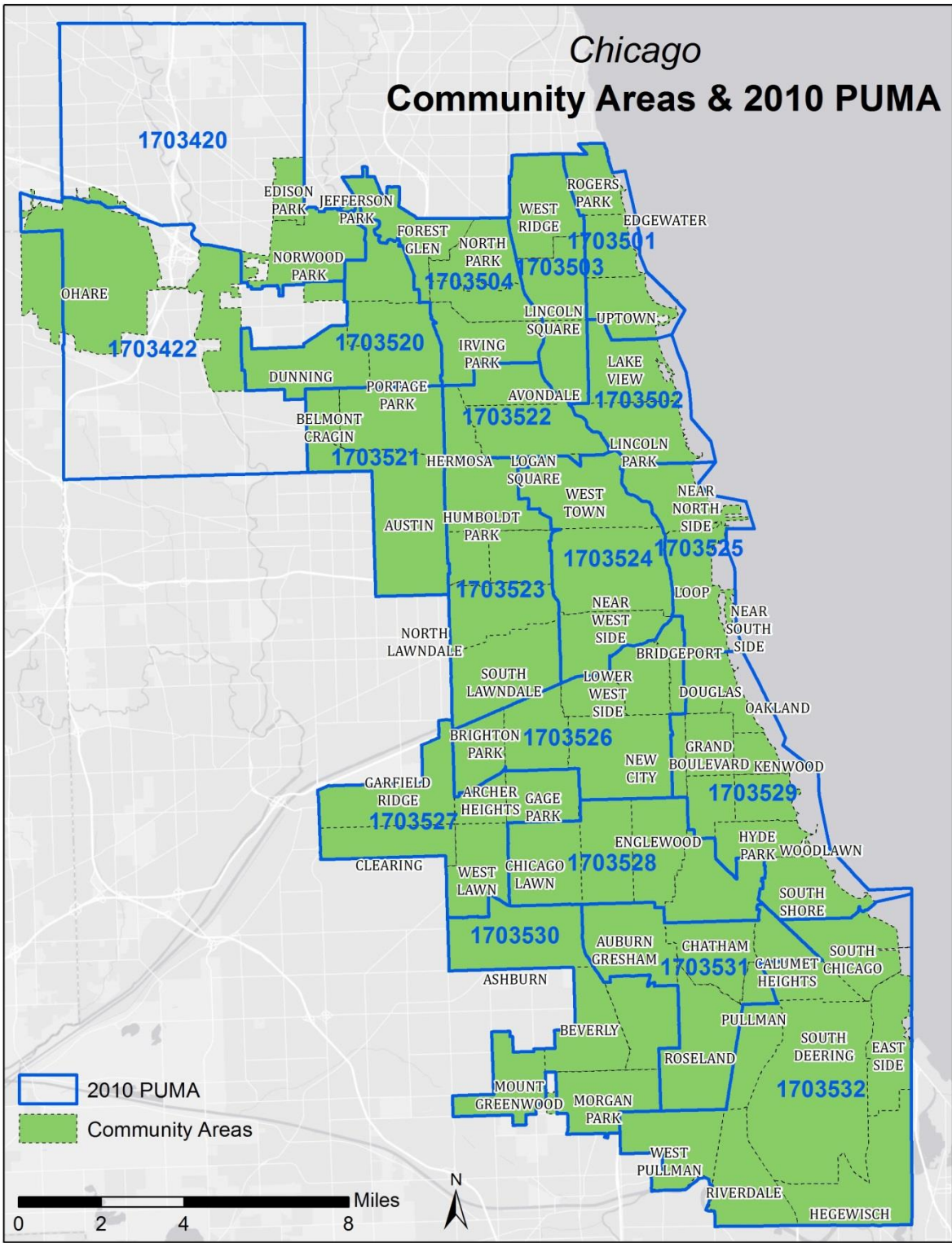
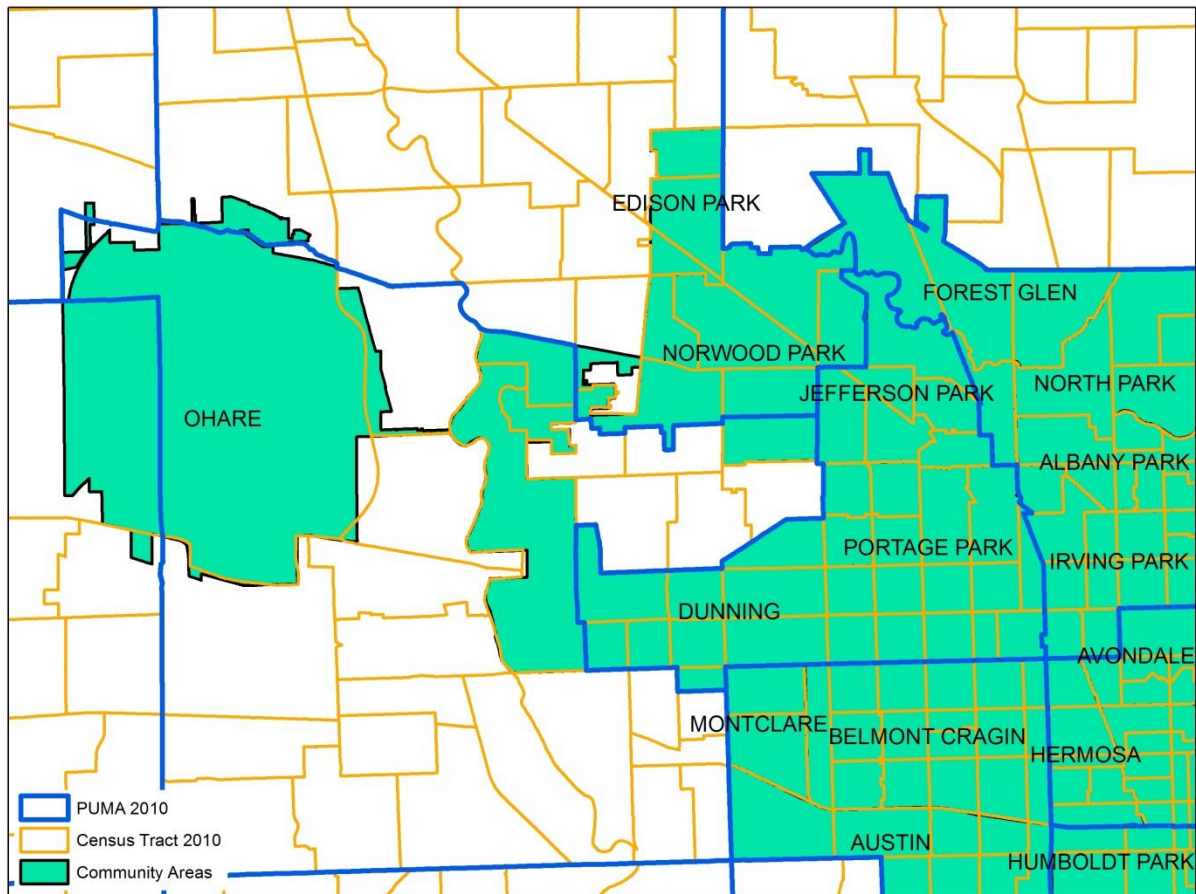


Exhibit 8. Community Areas and PUMA 2010.



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

Exhibit 9. Community Areas and PUMA 2000.

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

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

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

A small number of cases had missing values among the calibration variables. As complete data are necessary for weight calibration, these values were imputed for weighting purposes. Imputation of the missing geographic variables (community areas) was described above in Section 0. The missing values of demographic variables were imputed using the method of iterated chained equations (ICE).¹⁵ In this method, a generalized linear model is fit for each outcome based on the available data (a mix of the observed data and the currently imputed data). The ICE procedure fits the models based on current data and then produces model predictions for the missing data, incorporating the appropriate level of randomness in the imputations and continuing for several cycles to achieve convergence of the imputed distributions. In typical application of the methodology for multiple imputation inference with missing data, several complete data sets are created to properly account for simulation uncertainty associated with the imputation process. However, since the goal of imputation here is only to create working values of the variables, only one complete sample was created. Exhibit 10 includes the details of this process.

Exhibit 10. Imputed missing values of demographic variables.

Demographic variable	Variable name	Number of missing values	Imputation equation
Housing Tenure	own	181	Binary logistic
Race and ethnicity	racethn5	64	Multinomial logistic
Marital Status	marst4	42	Multinomial logistic
Education	educ4	15	Ordinal logistic
Presence of Children in the Household	haskids	12	Binary logistic
Gender	male	6	Binary logistic
Age	age5	6	Ordinal logistic

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

7.1.5 Step 5. Population Totals from Federal Survey Data

Two standard sources were used to define the calibration targets:

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

¹⁵ van Buuren, S. (2012). *Flexible Imputation of Missing Data*. Chapman and Hall/CRC, Boca Raton, FL.

Using the national trends from 2012 to 2017 (Blumberg and Luke 2018¹⁶), the 2012 usage proportions for Cook County, IL were extrapolated into 2017, producing the figures reported in Exhibit 11.

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

	Wireless only	Wireless mostly	Dual use	Landline mostly	Landline only	No service	Total
Cook County 2012 †	42.2%	14.9%	24.2%	10.4%	6.3%	2.0%	100%
Cook County 2017 ‡, projected	61.9%		32.6%		3.6%	1.9%	100%
Among those with any phone service ‡	63.1%		33.2%		3.7%		100%

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

- American Community Survey (ACS). The single year 2016 microdata were used to define targets on the demographic variables. The tract level ACS data from 2012–2016 ACS were used to calculate the community area and PUMA populations. The 2010 PUMAs and their populations were used to identify and to weight the households and individuals in public use microdata, while the grouping of the CAs into 2000 PUMAs was used for constructing the raking targets. (The 2000 PUMA configuration was used because it exactly fits all the Chicago CAs.)

The ACS weights for the population defined in the section “Sample coverage” sum up to 2,069,940, which is the estimate of the total size of the covered population for the city of Chicago.

7.1.6 Step 6. Weight Calibration

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

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

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

¹⁶ Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July – December 2017. National Center for Health Statistics, Hyattsville, MD. <https://www.cdc.gov/nchs/data/nhis/earlyrelease/wireless201806.pdf>

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

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

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

Weight trimming

Variability of weights negatively affects the precision of survey estimates.¹⁷ For a study that is characterized by unequal probabilities of selection and response that does not have additional complications such as multiple stages of selection, clustering or stratification (as the design of Healthy Chicago Survey can be approximated, ignoring stratification of the cell sample), the loss of precision is described by the design effect¹⁸ estimated as

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

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

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

¹⁷ Korn, E. L. and B. I. Graubard (1999). *Analysis of Health Surveys*. John Wiley and Sons.

¹⁸ Kish, L. (1965). *Survey Sampling*. Wiley, New York.

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

Application of weights for statistical analysis

The total number of completed interviews in the 2017 Healthy Chicago Survey is 3,310. The design effect due to unequal weighting, estimated as $DEFF = 1 + CV^2$, where the CV (as described above) is the coefficient of variation of weights, is 1.428, which implies an effective sample size of 2,317 ($3,310/1.430 = 2,314$). The 95% margin of error (MOE) with a base proportion of 50% is $\pm 2.0\%$, and the MOE with a base proportion of 10% is $\pm 1.2\%$. The unequal weighting design effect is but a broad approximate measure. Every variable and every analysis will have its own design effect and MOE due to the potentially complex interplay between weights and values of the variables being analyzed, and could be as low as 1.2 or as high as 2.0.

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

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

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

Weight diagnostics

Small cell sizes lead to unstable weights, which can negatively contribute to the overall design effect. Therefore, calibration variable cells were collapsed as needed and all calibration variables have a minimum cell size of at least 66 cases. The imputed values of the 4-category education and 5-category age-group variables were recoded into the 3-category education and 4-category age-group variables, respectively, for use in weight calibration. In the *race_by_gender* interaction, the categories of Non-Hispanic Asian and Non-Hispanic Other and multiple races were collapsed across gender.

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

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

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

Exhibit 14 provides a descriptive summary of the count of cases, distribution of weights, and design effects by CA. These design effects are comparable to the overall apparent design effect of 1.43.

There were 75 cases in which the weights were trimmed to the highest value of 1,851. All but four of these cases came from the cell frame, and in terms of demographic characteristics, cases of single, young, and minority adults are those that are trimmed. The high weights reflect their disproportionately low representation of these groups in the (unweighted) sample, which in turn reflects difficulty of reaching these population subgroups in phone surveys.

There were 58 cases in which the weights were trimmed to the lowest value of 141.6. These cases are generally college-educated, older, African-American women who tend to be renters.

Intermediate weighting variables can be found in Appendix F.

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

	Integrated weight	Preliminary raked weight	Final trimmed weight
Overall (n=3310)			
min	153.147	60.403	141.600
mean	625.360	625.360	625.360
max	1708.059	3810.271	1851.000
Cell only (n=2103)			
min	569.353	83.334	141.600
mean	787.328	620.952	620.952
max	816.470	3810.271	1851.000
Landline only (n= 147)			
min	306.295	89.280	141.600
mean	444.319	521.490	521.490
max	1708.059	2859.287	1851.000
Dual from cell (n= 591)			
min	284.677	137.212	141.600
mean	399.663	808.235	803.930
max	408.235	2449.410	1851.000
Dual from landline (n= 469)			
min	153.147	60.403	141.600
mean	240.240	447.233	452.658
max	816.470	2324.556	1851.000
Apparent DEFF 1+CV ²	1.142	1.446	1.428

Exhibit 13. Distribution of the sample on calibration variables.

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (integrated weight)	Weighted Proportion (raked weight)
Phone use	CP only	2103	63.09%	63.53%	79.99%	63.09%
Phone use	LL only	147	3.7%	4.44%	3.16%	3.7%
Phone use	Dual use	1060	33.21%	32.02%	16.85%	33.21%
Education	HS or below	997	38.12%	30.12%	32.2%	38.12%
Education	Some college	886	25.33%	26.77%	27.76%	25.33%
Education	College or above	1427	36.55%	43.11%	40.04%	36.55%
Marital status	Married	1283	37.27%	38.76%	39.39%	37.27%
Marital status	Divorced	548	11.31%	16.56%	16.14%	11.31%
Marital status	Widowed	272	5.2%	8.22%	5.77%	5.2%
Marital status	Single	1207	46.23%	36.47%	38.69%	46.23%
Own dwelling	Rent	1849	50.72%	55.86%	61.97%	50.72%
Own dwelling	Own	1461	49.28%	44.14%	38.03%	49.28%
Children present in the HH	No children in HH	2093	68.26%	63.23%	59.04%	68.26%
Children present in the HH	Children present in HH	1217	31.74%	36.77%	40.96%	31.74%
PUMA, 2000 version	CA 1, 3, 77	228	6.63%	6.89%	6.63%	6.63%
PUMA, 2000 version	CA 6, 7	161	6.9%	4.86%	4.07%	6.9%
PUMA, 2000 version	CA 2, 4, 5	154	5.46%	4.65%	4.31%	5.46%
PUMA, 2000 version	CA 12, 13, 14, 16	145	5.33%	4.38%	4.52%	5.33%
PUMA, 2000 version	CA 9, 10, 11, 17, 76	148	4.97%	4.47%	3.96%	4.97%
PUMA, 2000 version	CA 15, 18, 19	134	5.59%	4.05%	4.4%	5.59%
PUMA, 2000 version	CA 25	155	3.41%	4.68%	4.89%	3.41%
PUMA, 2000 version	CA 23, 26, 27, 29	174	4.23%	5.26%	5.77%	4.23%
PUMA, 2000 version	CA 20, 21, 22, 24	231	8.58%	6.98%	7.43%	8.58%
PUMA, 2000 version	CA 8, 28, 32, 33	265	8.62%	8.01%	7.82%	8.62%
PUMA, 2000 version	CA 30, 31	95	3.39%	2.87%	3.19%	3.39%
PUMA, 2000 version	CA 57, 58, 59, 60, 61	143	5.13%	4.32%	4.83%	5.13%
PUMA, 2000 version	CA 56, 62, 63, 64, 65, 66	192	7.14%	5.8%	6.16%	7.14%
PUMA, 2000 version	CA 34, 35, 36, 37, 38, 39, 40, 41	188	4.58%	5.68%	5.19%	4.58%
PUMA, 2000 version	CA 42, 43, 44, 45, 69	278	5.34%	8.4%	8.2%	5.34%
PUMA, 2000 version	CA 67, 68, 71, 73	223	4.75%	6.74%	6.85%	4.75%
PUMA, 2000 version	CA 70, 72, 74, 75	142	3.74%	4.29%	3.89%	3.74%
PUMA, 2000 version	CA 49, 50, 53, 54	138	2.95%	4.17%	4.22%	2.95%
PUMA, 2000 version	CA 46, 47, 48, 51, 52, 55	116	3.28%	3.5%	3.68%	3.28%
Gender by age	Male, 18-29	245	12.38%	7.4%	8.67%	12.38%

Sample Weighting

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (integrated weight)	Weighted Proportion (raked weight)
Gender by age	Male, 30-44	414	14.73%	12.51%	14.13%	14.73%
Gender by age	Male, 45-64	506	14.38%	15.29%	15.39%	14.38%
Gender by age	Male, 65+	265	6.09%	8.01%	6.04%	6.09%
Gender by age	Female, 18-29	301	13.18%	9.09%	10.86%	13.18%
Gender by age	Female, 30-44	552	15.29%	16.68%	18.74%	15.29%
Gender by age	Female, 45-64	607	15.26%	18.34%	17.96%	15.26%
Gender by age	Female, 65+	420	8.68%	12.69%	8.21%	8.68%
Gender by race	Male, NH White only	537	17.19%	16.22%	14.93%	17.19%
Gender by race	Male, NH Black/AA only	498	12.48%	15.05%	15.69%	12.48%
Gender by race	Male, Hispanic/Latino	278	13.79%	8.4%	9.86%	13.79%
Gender by race	Female, NH White only	585	18.11%	17.67%	15.09%	18.11%
Gender by race	Female, NH Black/AA only	797	16.24%	24.08%	23.34%	16.24%
Gender by race	Female, Hispanic/Latino	383	13.46%	11.57%	13.68%	13.46%
Gender by race	NH Asian, both genders	142	7.04%	4.29%	4.66%	7.04%
Gender by race	NH Other, both genders	90	1.69%	2.72%	2.74%	1.69%

Exhibit 14. Summary of weights within Community Areas.

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
1	Rogers Park	104	141.60	633.82	1850.02	1.299
2	West Ridge	71	176.23	744.00	1851.00	1.379
3	Uptown	55	163.12	653.99	1851.00	1.288
4	Lincoln Square	46	257.75	760.71	1851.00	1.309
5	North Center	37	218.26	679.57	1542.90	1.211
6	Lake View	89	189.21	840.01	1851.00	1.222
7	Lincoln Park	72	143.97	944.75	1851.00	1.233
8	Near North Side	109	141.60	593.78	1815.54	1.268
9	Edison Park	16	163.83	896.87	1851.00	1.393
10	Norwood Park	40	141.60	682.15	1758.02	1.371
11	Jefferson Park	38	275.17	679.32	1851.00	1.394
12	Forest Glen	17	232.70	623.07	1435.34	1.306
13	North Park	16	164.70	671.65	1741.93	1.466
14	Albany Park	55	141.60	798.43	1851.00	1.304
15	Portage Park	73	218.93	816.56	1851.00	1.324
16	Irving Park	57	161.42	789.65	1851.00	1.359
17	Dunning	39	166.09	691.00	1851.00	1.436
18	Montclair	6	313.97	651.70	1352.43	1.304

Sample Weighting

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
19	Belmont Cragin	55	310.32	949.87	1851.00	1.231
20	Hermosa	17	209.54	688.74	1307.96	1.186
21	Avondale	50	192.76	847.15	1851.00	1.316
22	Logan Square	75	195.45	775.40	1851.00	1.294
23	Humboldt park	65	141.60	532.88	1647.82	1.456
24	West Town	89	196.31	735.39	1851.00	1.263
25	Austin	155	141.60	455.21	1851.00	1.470
26	West Garfield Park	27	141.60	552.40	1851.00	1.617
27	East Garfield Park	29	141.60	379.68	866.70	1.363
28	Near West Side	72	150.92	736.63	1759.80	1.299
29	North Lawndale	53	152.79	510.48	1647.82	1.410
30	South Lawndale	66	311.96	824.90	1851.00	1.366
31	Lower West Side	29	141.60	540.15	1758.24	1.412
32	Loop	49	159.80	766.31	1851.00	1.375
33	Near South Side	35	167.82	662.03	1851.00	1.476
34	Armour Square	9	334.64	912.95	1851.00	1.537
35	Douglas	33	142.00	494.11	1851.00	1.622
36	Oakland	10	183.09	423.66	697.56	1.164
37	Fuller Park	11	146.95	502.24	905.73	1.257
38	Grand Boulevard	31	141.60	443.23	1512.55	1.437
39	Kenwood	34	141.60	459.18	1851.00	1.609
40	Washington Park	11	149.05	422.96	810.76	1.256
41	Hyde Park	49	148.36	539.39	1851.00	1.628
42	Woodlawn	34	143.35	351.91	1210.13	1.359
43	South Shore	93	141.60	397.48	1482.37	1.558
44	Chatham	73	141.60	371.75	1268.80	1.369
45	Avalon Park	27	141.60	505.18	1482.37	1.535
46	South Chicago	40	141.60	524.68	1134.23	1.201
48	Calumet Heights	18	166.34	408.50	1062.62	1.405
49	Roseland	71	141.60	449.49	1324.93	1.387
50	Pullman	16	141.60	339.19	985.37	1.311
51	South Deering	22	141.60	549.41	1466.21	1.427
52	East Side	20	320.45	808.60	1851.00	1.267
53	West Pullman	41	141.60	507.04	1480.22	1.387
54	Riverdale	10	162.39	287.17	562.50	1.219
55	Hegewisch	16	170.89	700.42	1545.03	1.355
56	Garfield Ridge	32	141.60	751.74	1851.00	1.542
57	Archer Heights	8	266.27	876.36	1851.00	1.455
58	Brighton Park	30	352.85	870.80	1851.00	1.284

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
59	McKinley Park	16	246.73	853.84	1691.75	1.311
60	Bridgeport	32	218.55	720.21	1673.91	1.171
61	New City	57	213.12	637.63	1851.00	1.283
62	West Elsdon	16	199.07	798.46	1851.00	1.314
63	Gage Park	32	250.64	725.24	1821.97	1.240
64	Clearing	27	276.29	864.21	1851.00	1.259
65	West Lawn	27	169.69	830.88	1851.00	1.346
66	Chicago Lawn	58	169.01	723.58	1851.00	1.429
67	West Englewood	43	141.60	489.35	1825.43	1.566
68	Englewood	55	141.60	374.75	1236.60	1.361
69	Greater Grand Crossing	51	141.60	406.35	1675.57	1.598
70	Ashburn	60	158.37	622.38	1851.00	1.468
71	Auburn Gresham	73	141.60	427.01	1669.56	1.455
72	Beverly	32	141.60	460.09	1283.50	1.395
73	Washington Heights	52	141.60	489.09	1851.00	1.392
74	Mount Greenwood	24	211.75	628.22	1851.00	1.519
75	Morgan Park	26	141.60	396.94	941.60	1.309
76	O'Hare	15	266.88	561.68	1466.57	1.316
77	Edgewater	69	141.60	512.86	1479.98	1.295
47	Burnside	0				

Weighting the Pooled 2015, 2016 and 2017 Healthy Chicago Data

7.1.7 Motivation

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

When the pooled weights are applied, the combined data should represent the population of adult residents of Chicago for the period of 2015–2017. This is an “averaged” statistical population, which may not correspond to the actual population of adults, households or children at any given moment but which generally reflects the main characteristics somewhere near the middle of the period 2015–2017. Additionally, the representation of this statistical population by the combined Healthy Chicago data is also subject to the coverage limitations of the survey, such as no inclusion of non-telephone households, exclusion of non-English languages other than Spanish and Korean, and three fixed-time data collection periods, October 13, 2015 to January 31, 2016; December 6, 2016 to March 3, 2017 and December 18, 2017 to June 15, 2018.

It should be noted that there are limitations in analyzing and reporting the differences between the data pooled over 2014–2016 and 2015–2017. In both pooled data sets, the pooled weights are relatively close to 1/3 of the cross-sectional weights, with most adjustments being within factors of

0.8 to 1.2 from that ratio, and with correlations between the cross-sectional and pooled weights being above 0.97 in all three annual subsamples. Hence, the pooled estimate for outcome y for the period 2014–2016 is approximately

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

and the pooled estimate for outcome y for the period 2015–2017 is approximately

$$\hat{y}_{15-17} \approx \frac{1}{3} \sum_{i=1}^{n_{2015}} w_i^{2015} y_i + \frac{1}{3} \sum_{i=1}^{n_{2016}} w_i^{2016} y_i + \frac{1}{3} \sum_{i=1}^{n_{2017}} w_i^{2017} y_i$$

and hence their difference is approximately

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

In other words, instead of being an estimate of the change at the midpoint strengthened by larger sample sizes of the pooled data, the difference in estimates between the pooled datasets is a scaled down version of the change between the very first and the very last wave.

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

7.1.8 Methodology

The cross-sectional weighting of all of the 2015, 2016 and 2017 Healthy Chicago data sets is described above and was performed using the following steps:

1. Base frame weights were computed using the sampling information.
2. The specific CA for each case was determined from geocoding, review, and imputation of the cases that could not be resolved.
3. Missing demographic information was imputed using chained equations.
4. Frame integrated weights were obtained using the compositing method with a 0.5 factor.
5. Demographic targets were obtained from available ACS data; phone use from NHIS reports.

- Weights were calibrated using iterative proportional fitting (raking) with frame-integrated weights as inputs.

Weighting of the pooled data is built upon the same steps. The demographic targets were the same as those used for the cross-section 2017 data, namely 2016 ACS data, which also correspond to the midpoint of the three waves. Additionally, the phone use was interacted with the survey year to form calibration targets. This is the fastest changing calibration variable, with about 3% population cutting the landline cord every year and becoming cell-only.

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

There were two versions of the survey administered in 2016, with 1,213 respondents receiving all questions they were eligible for (“long” version of the survey), and 1,513 respondents receiving a subset of questions (“short” version). Because the long/short distinction was only used in 2016, then the 2015 and 2017 versions qualify as short (all observations have all questions asked). If the 2016 “long” version questions present in all of 2015, 2016 and 2017 data need to be analyzed, the “short” 2016 cases will be dropped from the analysis as missing, leading to incorrect population totals. Should the population totals be required, a possible solution is to ratio adjust the results. As the sum of weights for the combined 2015 wave, the “long” 2016 cases, and 2017 wave is 1,670,930, the multiplication factor to be applied to the “long” totals should be $2,069,940 / 1,670,930 = 1.2388$ (where the numerator is the total sum of weights, i.e., the estimate of the population size of Chicago).

7.1.9 Weight summaries

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

Exhibit 16 shows the sample sizes and descriptive statistics of weights by community areas. Since geographic oversampling was only present in the 2014 wave, and was limited to sampling cell phones out the city limits, the differences in weight distributions represent an interplay between nonresponse (differences between areas as shown by the weight means), demographic composition (differences within areas, by the apparent DEFF, with more diverse areas being more likely to have higher DEFFs), and potentially different degree of penetration by the landline and cell frames in a given area.

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

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (input weight)	Weighted Proportion (raked weight)
Phone use by year	CP only, 2015	914	18.26%	10.83%	18.26%	18.26%
	LL only, 2015	222	1.96%	2.63%	1.96%	1.96%
	Dual use, 2015	1270	13.11%	15.04%	13.11%	13.11%
	CP only, 2016	1319	19.94%	15.62%	19.94%	19.94%
	LL only, 2016	217	1.57%	2.57%	1.57%	1.57%
	Dual use, 2016	1190	11.83%	14.1%	11.83%	11.83%
	CP only, 2017	2103	21.03%	24.91%	21.03%	21.03%
	LL only, 2017	147	1.23%	1.74%	1.23%	1.23%
	Dual use, 2017	1060	11.07%	12.56%	11.07%	11.07%
PUMA, 2000 version	PUMA 3501: CA 1, 3, 77	592	6.63%	7.01%	6.64%	6.63%
	PUMA 3502: CA 6, 7	474	6.9%	5.61%	6.9%	6.9%
	PUMA 3503: CA 2, 4, 5	417	5.46%	4.94%	5.46%	5.46%
	PUMA 3504: CA 12–14, 16	382	5.33%	4.52%	5.33%	5.33%
	PUMA 3505: CA 9–11, 17, 76	377	4.97%	4.47%	4.98%	4.97%
	PUMA 3506: CA 15, 18, 19	347	5.59%	4.11%	5.58%	5.59%
	PUMA 3507: CA 25	382	3.41%	4.52%	3.42%	3.41%
	PUMA 3508: CA 23, 26, 27, 29	431	4.23%	5.11%	4.23%	4.23%
	PUMA 3509: CA 20, 21, 22, 24	616	8.58%	7.3%	8.57%	8.58%
	PUMA 3510: CA 8, 28, 32, 33	683	8.62%	8.09%	8.54%	8.62%
	PUMA 3511: CA 30, 31	217	3.39%	2.57%	3.39%	3.39%
	PUMA 3512: CA 57–61	360	5.13%	4.26%	5.12%	5.13%
	PUMA 3513: CA 56, 62–66	458	7.14%	5.43%	7.13%	7.14%
	PUMA 3514: CA 34–41	447	4.58%	5.29%	4.57%	4.58%
	PUMA 3515: CA 42–45, 69	674	5.34%	7.98%	5.34%	5.34%
	PUMA 3516: CA 67, 68, 71, 73	562	4.75%	6.66%	4.79%	4.75%
	PUMA 3517: CA 70, 72, 74, 75	379	3.74%	4.49%	3.75%	3.74%
	PUMA 3518: CA 49, 50, 53, 54	329	2.95%	3.9%	2.98%	2.95%
	PUMA 3519: CA 46–48, 51, 52, 55	315	3.28%	3.73%	3.28%	3.28%
Education	HS or below	2579	38.12%	30.55%	39.17%	38.12%
	Some college	2164	25.33%	25.63%	25.56%	25.33%
	College or above	3699	36.55%	43.82%	35.28%	36.55%
Marital status	Married	3234	37.27%	38.31%	37.24%	37.27%
	Divorced	1397	11.31%	16.55%	11.31%	11.31%
	Widowed	839	5.2%	9.94%	5.25%	5.2%
	Single	2972	46.23%	35.2%	46.21%	46.23%
Own dwelling	Rent	4475	50.72%	53.01%	51.05%	50.72%
	Own	3967	49.28%	46.99%	48.95%	49.28%
Presence of children	No kids in HH	5635	68.26%	66.75%	66.79%	68.26%
	Kids present in HH	2807	31.74%	33.25%	33.21%	31.74%
Gender by age	Male, 18 to 24	266	5.88%	3.15%	6.83%	5.88%
	Male, 25 to 29	267	6.5%	3.16%	5.57%	6.5%
	Male, 30 to 44	965	14.73%	11.43%	14.92%	14.73%
	Male, 45 to 64	1273	14.38%	15.08%	14.21%	14.38%
	Male, 65+	748	6.09%	8.86%	6.09%	6.09%

Sample Weighting

Control Total Margin Variable	Control Total Margin Category	Unweighted Count	Target Proportion	Unweighted Proportion	Weighted Proportion (input weight)	Weighted Proportion (raked weight)
	Female, 18 to 24	320	6.22%	3.79%	7.05%	6.22%
	Female, 25 to 29	380	6.96%	4.5%	6.18%	6.96%
	Female, 30 to 44	1245	15.29%	14.75%	15.32%	15.29%
	Female, 45 to 64	1696	15.26%	20.09%	15.24%	15.26%
	Female, 65+	1282	8.68%	15.19%	8.59%	8.68%
Gender by race	Male, NH White only	1434	17.19%	16.99%	17.42%	17.19%
	Male, NH Black/AA only	1186	12.48%	14.05%	12.63%	12.48%
	Male, Hispanic/Latino	647	13.79%	7.66%	13.56%	13.79%
	Female, NH White only	1663	18.11%	19.7%	17.89%	18.11%
	Female, NH Black/AA only	2059	16.24%	24.39%	16.75%	16.24%
	Female, Hispanic/Latino	940	13.46%	11.13%	13.25%	13.46%
	NH Asian, both genders	289	7.04%	3.42%	6.89%	7.04%
	NH Other, both genders	224	1.69%	2.65%	1.6%	1.69%

Exhibit 16. Summary of pooled weights within Community Areas.

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
1	Rogers Park	222	23.60	227.44	949.00	1.750
2	West Ridge	196	23.60	303.33	949.00	1.852
3	Uptown	153	23.93	243.92	949.00	1.915
4	Lincoln Square	127	23.60	260.33	949.00	1.775
5	North Center	97	23.60	210.78	897.16	1.715
6	Lake View	271	31.10	301.45	949.00	1.726
7	Lincoln Park	205	30.55	298.00	949.00	1.704
8	Near North Side	287	23.60	251.90	949.00	1.931
9	Edison Park	36	46.15	305.80	892.75	1.629
10	Norwood Park	122	24.07	265.31	949.00	1.926
11	Jefferson Park	97	31.54	251.27	949.00	1.782
12	Forest Glen	58	27.51	260.17	949.00	1.703
13	North Park	52	34.88	290.70	949.00	1.772
14	Albany Park	126	23.62	319.20	949.00	1.663
15	Portage Park	192	23.83	304.62	949.00	1.657
16	Irving Park	145	27.92	274.74	949.00	1.661
17	Dunning	94	29.68	294.69	949.00	1.741
18	Montclair	31	37.32	293.63	948.65	1.679
19	Belmont Cragin	126	43.48	382.32	949.00	1.488
20	Hermosa	46	50.78	332.27	949.00	1.532
21	Avondale	114	23.60	279.57	949.00	1.655
22	Logan Square	211	23.60	297.88	949.00	1.614

Sample Weighting

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
23	Humboldt park	175	23.60	218.81	949.00	1.889
24	West Town	247	23.63	273.94	949.00	1.673
25	Austin	385	23.60	183.27	949.00	1.866
26	West Garfield Park	62	23.60	225.81	912.06	1.899
27	East Garfield Park	70	23.63	168.47	861.16	2.137
28	Near West Side	183	23.60	280.09	949.00	1.718
29	North Lawndale	121	23.60	194.48	949.00	1.628
30	South Lawndale	146	26.34	367.22	949.00	1.448
31	Lower West Side	68	23.60	242.56	949.00	1.613
32	Loop	124	26.01	272.57	949.00	1.768
33	Near South Side	79	31.25	267.44	949.00	1.697
34	Armour Square	20	29.43	331.68	949.00	1.891
35	Douglas	59	23.60	235.00	949.00	2.009
36	Oakland	19	23.60	131.59	310.74	1.509
37	Fuller Park	19	41.15	263.06	949.00	1.899
38	Grand Boulevard	83	23.60	210.76	949.00	1.830
39	Kenwood	90	23.60	169.94	722.14	1.890
40	Washington Park	27	23.60	188.51	949.00	2.607
41	Hyde Park	133	23.60	216.88	949.00	2.108
42	Woodlawn	86	23.60	168.67	877.26	1.790
43	South Shore	240	23.60	160.73	946.17	2.109
44	Chatham	179	23.60	153.82	898.58	2.037
45	Avalon Park	51	23.60	178.10	949.00	2.002
46	South Chicago	101	23.60	189.99	949.00	1.932
47	Burnside	10	23.60	299.02	948.41	1.896
48	Calumet Heights	48	23.93	162.29	949.00	2.020
49	Roseland	169	23.60	162.42	881.25	1.868
50	Pullman	31	27.56	130.97	349.80	1.484
51	South Deering	63	23.60	217.94	625.74	1.500
52	East Side	58	25.88	272.16	909.59	1.649
53	West Pullman	103	24.13	229.62	949.00	1.881
54	Riverdale	27	34.77	216.33	948.93	1.958
55	Hegewisch	35	23.60	237.74	864.31	1.611
56	Garfield Ridge	85	35.14	297.81	949.00	1.725
57	Archer Heights	27	36.02	281.13	946.81	1.617
58	Brighton Park	92	40.16	340.73	949.00	1.425
59	McKinley Park	41	23.60	355.57	949.00	1.524
60	Bridgeport	81	27.48	267.17	949.00	1.574

Sample Weighting

CA number	CA name	Unweighted count	Min weight	Mean weight	Max weight	Apparent DEFF = 1 + CV2
61	New City	119	23.62	260.77	949.00	1.549
62	West Elsdon	40	24.44	273.10	949.00	1.698
63	Gage Park	70	26.35	383.50	949.00	1.531
64	Clearing	66	23.60	339.64	949.00	1.673
65	West Lawn	66	31.69	298.55	941.86	1.641
66	Chicago Lawn	130	25.97	327.46	949.00	1.636
67	West Englewood	107	23.60	196.89	949.00	1.718
68	Englewood	148	23.60	173.32	822.88	1.925
69	Greater Grand Crossing	120	23.60	172.78	949.00	2.114
70	Ashburn	139	24.43	246.69	949.00	1.874
71	Auburn Gresham	185	23.60	165.84	949.00	1.840
72	Beverly	102	23.60	173.52	949.00	2.299
73	Washington Heights	124	23.60	168.21	949.00	2.029
74	Mount Greenwood	57	23.66	195.75	772.50	1.616
75	Morgan Park	82	23.60	174.59	690.14	1.830
76	O'Hare	27	48.97	273.11	946.43	1.754
77	Edgewater	215	25.78	230.06	949.00	2.041

Appendix A: Methodology Disclosure Form



Project#: 24614

Survey name	Healthy Chicago Survey
Date submitted	July 6, 2018
Sponsor	Chicago Department of Public Health
Instrument	Included as Appendix B to the methodology report
Language of survey	English Spanish Korean
Population studied	Adults age 18 and over living in the City of Chicago
Sampling frame	Dual frame RDD (landline and cell phone); both frames were supplied by Survey Sampling International (SSI).
Sample design	The sample was an overlapping dual frame RDD design. Landline numbers were drawn with equal probability of selection from active blocks that contained one or more residential directory listings (the 1+ list-assisted landline RDD frame). The cellular sample was drawn through systematic sampling from 1000-blocks dedicated to cellular service according to the Telcordia database. An additional sample of 4200 cell phone numbers was purchased using SmartCell™, a new cell phone sampling product offered by SSI. These cell phone numbers are associated with addresses within Chicago city limits that have area codes and exchanges in rate centers other than those used for the main cell phone RDD sample.
Quotas	None
Eligibility	Adults 18 over residing within the City of Chicago, speaking English or Spanish

Appendix A: Methodology Disclosure Form

Respondent selection	Random eligible household member selected in landline households; no selection in cell phone sample frame
Sample size	3,310 completed interviews [2,699 cell phone (81.5%) and 611 landline (18.5%)]
Subsamples	Abt conducted the survey but is not reporting on results based on part of the sample.
Mode of data collection	CATI
Dates of data collection	December 18, 2017 to June 15, 2018
Weighting	<p>The first stage of weighting was computing the base weight or inverse probability of selection, correcting for different probabilities of selection associated with the number of adults in the household. We then adjusted the base weight for the overlapping landline and cell sample frames using information on phone usage. The final stage of weighting used raking to balance the sample demographics to estimated population parameters for gender, age, race/Hispanic ethnicity, education, homeownership, marital status, presence of children in the household, telephone usage, and PUMA. The demographic weighting parameters came from the 2016 American Community Survey, while telephone usage was projected based on data from Blumberg SJ, Ganesh N, Luke JV, Gonzales G. Wireless substitution: State-level estimates from the National Health Interview Survey, 2012. National Health Statistics Reports; no 70. Hyattsville, MD: National Center for Health Statistics; and from Blumberg SJ, Luke JV. Wireless substitution: Early release of estimates from the National Health Interview Survey, July – December 2017. National Center for Health Statistics. June 2018.</p>

Appendix A: Methodology Disclosure Form

Sampling error	<p>The design effect due to unequal weighting, estimated as $DEFF = 1 + CV^2$, where the CV (as described above) is the coefficient of variation of weights, is 1.430, which implies an effective sample size of 2,314 ($3,310/1.430 = 2,314$). The 95% margin of error (MOE) with a base proportion of 50% is $\pm 2.0\%$, and the MOE with a base proportion of 10% is $\pm 1.2\%$. The unequal weighting design effect is but a broad approximate measure. Every variable and every analysis will have its own design effect and MOE due to the potentially complex interplay between weights and values of the variables being analyzed, and could be as low as 1.2 or as high as 2.0.</p>
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Appendix B: Questionnaire

Healthy Chicago Telephone Survey

English/Spanish

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.

Your telephone number has been chosen randomly. If you qualify for the survey, we will pay you \$10 for completing it. The survey will take about 20 minutes. Any information you provide will be completely confidential.

Su número de teléfono fue elegido al azar. Si califica para el estudio, le proporcionaremos diez dólares por completar la encuesta. La encuesta durará unos 20 minutos. Cualquier información que nos proporcione será confidencial.

[IF NEEDED] You don't have to give me any personal identifying information such as your name or address. No one 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 podrá saber lo que usted respondió.

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.”

STARTING WITH INTERVIEWS ON 5/2/2018: QUESTIONS K10 AND CM1 WERE ADDED TO THE SCREENER TO SCREEN OUT RESPONDENTS WHO ARE NOT THE PARENT/GUARDIAN OF A CHILD UNDER THE AGE OF 18 LIVING IN THE HOUSEHOLD.

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]	IF K10 GT 0, GO TO CM1.
0 = None	THANK AND TERMINATE: "Thank you for your time. Those are all the questions I have." "Gracias por su tiempo. Esas son todas las preguntas que tengo."
77 = (VOL) Don't know/Not sure	THANK AND TERMINATE: "Thank you for your time. Those are all the questions I have." "Gracias por su tiempo. Esas son todas las preguntas que tengo."
99 = (VOL) Refused	THANK AND TERMINATE: "Thank you for your time. Those are all the questions I have." "Gracias por su tiempo. Esas son todas las preguntas que tengo."

CM1. For how many of these children are you the parent, step-parent, foster parent or guardian?
 ¿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]	IF CM1 GT 0, GO TO K1.
0 = None	THANK AND TERMINATE: "Thank you for your time. Those are all the questions I have." "Gracias por su tiempo. Esas son todas las preguntas que tengo."
77 = (VOL) Don't know/Not sure	THANK AND TERMINATE: "Thank you for your time. Those are all the questions I have." "Gracias por su tiempo. Esas son todas las preguntas que tengo."
99 = (VOL) Refused	THANK AND TERMINATE: "Thank you for your time. Those are all the questions I have." "Gracias por su tiempo. Esas son todas las preguntas que tengo."

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

- 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.”**

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. Your telephone number has been chosen randomly. Any information you provide will be confidential.

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. Su numero de teléfono fue elegido al azar. Cualquier información que nos proporcione será confidencial.

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

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

- 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 be sure all neighborhoods in Chicago are represented. In order to accurately identify the neighborhood you live in, can you tell me your zip code?
 Para esta encuesta, queremos asegurar que todos los vecindarios de Chicago sean representados. ¿ 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.

Appendix B: Questionnaire

ZIP CODES IN CHICAGO:

60601	60616	60639	60660
60602	60617	60640	60661
60603	60618	60641	60666
60604	60619	60642	
60605	60621	60643	
60606	60622	60644	
60607	60623	60646	
60608	60624	60647	
60609	60625	60649	
60610	60626	60651	
60611	60628	60652	
60612	60630	60653	
60613	60632	60654	
60614	60636	60657	
60615	60637	60659	

ZIP CODES WITH PORTIONS OUTSIDE OF CHICAGO:

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

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

(Me podría decir) ¿Esta localizado su hogar en la ciudad de Chicago?

1 = Yes

2 = No

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

9 = (VOL) Refused

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

IF S4= 7 OR 9, THEN TERMINATE AS SOFT REFUSAL ELSE ASK S5.)

S5. In what city or town do you live?

¿En que ciudad o municipal vive usted?

(ENTER CITY CODE FROM TACKUP)

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

___ Enter City Code

(

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

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

"Lo siento pero usted no es eligible para este estudio. Solamente estamos entrevistando a personas que actualmente viven en Chicago. Gracias por su tiempo."

IF S5= REFUSED OR DON'T KNOW, TERMINATE AS SOFT REFUSAL.)

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

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.)

S6. INTERVIEWER: SELECT LANGUAGE

1 = English

2 = Spanish

3 = Korean

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. Your telephone number has been chosen randomly. Any information you provide will be confidential.)

(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. Su número de teléfono fue elegido al azar. Todas sus respuestas serán confidenciales.)

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 número 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 20 minutos. Si tiene alguna pregunta que yo no pueda responder, le daré un número 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
- 2 = No

GO BACK TO K1
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.

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

Section C: Health Care Access

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

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

1 = Yes

2 = No

SKIP TO C6

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

SKIP TO C6

9 = (VOL) Refused

SKIP TO C6

- C2a. What is the **PRIMARY** source of your health care coverage? Is it... **(BRFSS 2014)**
 ¿Cuál es su principal seguro de cobertura médica? Es...

Please Read

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

Un plan adquirido a través de un empleador o sindicato (incluidos los planes adquiridos a través del empleador de otra persona)

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

Un plan que usted u otro miembro de su familia paga por su cuenta

3 = Medicare

Medicare

4 = Medicaid or other state program

Medicaid u otro programa estatal

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

TRICARE (antiguamente llamado CHAMPUS), VA, o el plan de las Fuerzas Armadas

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

Servicios para los nativos de Alaska, Servicio de Salud de Poblaciones Indígenas (Indian Health Service), servicios de salud tribales

Or

8 = Some other source

Otro seguro

Do not read:

7 = Don't know/Not sure

9 = Refused

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

- C6. Do you have at least one person you think of as your personal doctor or health care provider? **(NYCHS)**
 ¿Tiene usted una persona a quien considera su médico de cabecera o proveedor de cuidados médicos? (IF YES: ¿Usted tiene sólo uno o más de uno?)
 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

IFC1 = 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

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

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

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 G7

No

7 = Don’t know/Not sure

SKIP TO G7

No estoy seguro

9 = (VOL) Refused

SKIP TO G7

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

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**
No sabe/ No está seguro
 9 = (VOL) Refused **SKIP TO J5**
- J3. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? **(BRFSS 2014)**
En los últimos 12 meses, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar?
 1 = Yes **SKIP TO J5**
 2 = No **SKIP TO J5**
 7 = (VOL) Don't know/Not sure **SKIP TO J5**
 9 = (VOL) Refused **SKIP TO J5**
- J4. How long has it been since you last smoked a cigarette, even one or two puffs? **(BRFSS 2014)**
¿Cuánto tiempo hace que fumó por última vez un cigarrillo, aunque sea una o dos caladas?
 1 = Within the past month (less than 1 month ago)
En el mes pasado (hace menos de 1 mes)
 2 = Within the past 3 months (1 month but less than 3 months ago)
En los últimos 3 meses (hace 1 mes pero menos de 3)
 3 = Within the past 6 months (3 months but less than 6 months ago)
En los últimos 6 meses (hace 3 meses pero menos de 6)
 4 = Within the past year (6 months but less than 1 year ago)
En el último año (hace 6 meses pero menos de 1 año)
 5 = Within the past 5 years (1 year but less than 5 years ago)
En los últimos 5 años (hace 1 año pero menos de 5)
 6 = Within the past 10 years (5 years but less than 10 years ago)
En los últimos 10 años (hace 5 años pero menos de 10)
 7 = 10 years or more
10 años o más
 8 = Never smoked regularly
Nunca ha fumado de manera regular
 77 = (VOL) Don't know/Not sure
 99 = (VOL) Refused

J5. The next questions are about electronic cigarettes, or e-cigarettes. Have you ever tried an e-cigarette?

READ ONLY IF NECESSARY: In this survey, “e-cigarette” is a general term referring to any electronic vapor product such as an e-cigarette, e-hookah, e-pipe, vape pen, hookah pen, or personal vaporizer.

Las siguientes preguntas son sobre los cigarrillos electrónicos. ¿Ha intentado alguna vez un e-cigarillo?

READ ONLY IF NECESSARY: En esta encuesta, “cigarrillo electrónico” es el término general que se refiere a cualquier producto electrónico que produzca vapor como: cigarrillo electrónico, narguile electrónico, pipa electrónica, lapicera de vapor, narguile portátil o vaporizador personal.

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

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

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]

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

9 = (VOL) Refused

SKIP TO K4

CONTINUE TO K3

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

65 años o más

2 = 45-64

3 = 30-44

4 = 25-29, or

5 = 18-24

Do not read:

7 = DON'T KNOW/NOT SURE

9 = REFUSED

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

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

If "Yes", ASK: ¿Es usted?

Interviewer Note: One or more categories may be selected.

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

Mexicano, méxicoamericano, chicano

2 = Yes, Puerto Rican

Puertorriqueño

3 = Yes, Cuban

Cubano

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

De otro origen latino, hispano o español

Do not read:

5 = No

7 = Don't know/Not sure

9 = Refused

- K5. Which one or more of the following would you say is your race? (**BRFSS 2014**)
¿A cuál o cuáles de las siguientes razas diría usted que pertenece?

Interviewer Note: Select all that apply.

Please read:

10 = White

Blanco

20 = Black or African American

Negro o afroamericano

30 = American Indian or Alaska Native

Indoamericano o nativo de Alaska

40 = Asian

Asiático

50 = Pacific Islander, or

Isleño del Pacífico, o

60 = Something else (SPECIFY)

Otro

Do not read:

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

99 = (VOL) Refused

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

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

FOR INTERVIEWS COMPLETED BEFORE 5/2/2018, QUESTIONS K10 AND CM1 WERE ASKED IN THIS SECTION. FOR INTERVIEWS COMPLETED 5/2/2018 AND AFTER, THESE QUESTIONS WERE MOVED TO THE SCREENING.

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?

¿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

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

99 = (VOL) Refused

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

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)

INTRODUCTORY TEXT FOR INTERVIEWS COMPLETED ON OR AFTER 5/2/2018:

Now we would like to ask some questions about the (IF K10=1: child, IF K10>1: children under the age of 18 living in the household.

Ahora nos gustaría hacerle unas preguntas acerca de (el/la) (IF K10=1: niño/niña, IF K10>1: los niños) menor/menores de 18 años de edad que viven en su hogar.

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

(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

Niño

2 = Girl

Niña

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

9 = (VOL) Refused

CM2c i. How would you describe the health of this child? [READ LIST]

¿Cómo describiría la salud de este niño? [READ LIST]

1 = Excellent

Excelente

2 = Very good

Muy buena

3 = Good

Buena

4 = Fair

Regular

5 = Poor

Mala

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

9 = (VOL) Refused

CMd i. What type of school does this child attend? [READ LIST]

¿En qué tipo de escuela estudia este niño? [READ LIST]

IF CHILD'S AGE >= 5 : 1 = Public school

Escuela pública

IF CHILD'S AGE >= 5: 2 = Charter school

Escuela charter

IF CHILD'S AGE >= 5: 3 = Private school

Escuela privada

IF CHILD'S AGE >= 5: 4 = Home school

Escuela en el hogar

IF CHILD'S AGE < 6: 5 = Preschool or Pre-K

Preescolar

IF CHILD'S AGE < 5: 6 = Daycare

Guardería

7 = Another type of school, or

Otro tipo de escuela

8 = Your child does not go to school

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?

¿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.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 CHILD = 1 AND K12a = 1

K12b. Thinking about the job where you worked the most hours last week: Do you receive paid leave on your job?

Pensando en el empleo donde trabajó la mayoría de las horas la semana pasada: ¿Cuenta usted con licencia remunerada en su trabajo?

1 = Yes

2 = No

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

9 = (VOL) Refused

IF CHILD=1 AND K12a = 1

The next few questions are about times when you may have needed to take off from work but could not.

Las siguientes preguntas se refieren a las ocasiones en las que tal vez haya necesitado faltar al trabajo, pero no pudo hacerlo.

K12c. During the past seven days, were there situations in which you needed to take off from work but did not?

En los últimos siete días, ¿hubo situaciones en las que necesitó faltar al trabajo, pero no lo hizo?

1 = Yes

2 = No

SKIP TO K14

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

SKIP TO K14

9 = (VOL) Refused

SKIP TO K14

K12d. Thinking about the most recent time, why did you need to take off work? [SINGLE RESPONSE]

Pensando en la ocasión más reciente, ¿por qué necesitó faltar al trabajo? [SINGLE RESPONSE]

IF RESPONDENT GIVES MORE THAN ONE ANSWER: "What was the MAIN reason you needed to take time off work?"

IF RESPONDENT GIVES MORE THAN ONE ANSWER: "¿Cuál fue el motivo PRINCIPAL por el que necesitó faltar al trabajo?"

READ IF NECESSARY:

1 = Your own illness or medical care

Enfermedad propia o atención médica para usted

2 = Illness or medical care of another family member

Enfermedad o atención médica de otro miembro de su familia

3 = Childcare, other than for illness

Cuidado de niños, que no sea por enfermedad

4 = Eldercare, other than for illness

Cuidado de personas mayores, que no sea por enfermedad

5 = Vacation

Vacaciones

6 = Errands or personal reasons

Recados o motivos personales

7 = Birth or adoption of a child

Nacimiento o adopción de un hijo

8 = Some other reason (specify)

Otro motivo (especifique)

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

99 = (VOL) Refused

K12e. Why did you decide not to take leave? [SINGLE RESPONSE]

¿Por qué decidió no tomar una licencia? [SINGLE RESPONSE]

IF RESPONDENT GIVES MORE THAN ONE ANSWER: “What was the MAIN reason you decided not to take leave?”

IF RESPONDENT GIVES MORE THAN ONE ANSWER: “¿Cuál fue el motivo PRINCIPAL por el que no tomó una licencia?”

READ IF NECESSARY:

1 = Too much work

Tiene demasiado trabajo

2 = You wanted to save leave

Quería guardarse la licencia

3 = Leave was denied

Le negaron la licencia

4 = You did not have enough leave

No tenía suficiente licencia

5 = Fear of job loss or other negative consequence

Temía perder el trabajo u otra consecuencia negativa

6 = You could not afford the loss in income

No podía permitirse la pérdida de ingreso

7 = Some other reason (specify)

Otro motivo (especifique)

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

99 = (VOL) Refused

If K10 (NUMBER OF CHILDREN IN HH) or (HH1 or K9) (ADULTS IN HH) = 77 or 99,
skip to K15

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 = 12,060

IF NHOUSE = 2 THEN PVTYLVL = 16,240

IF NHOUSE = 3 THEN PVTYLVL = 20,420

IF NHOUSE = 4 THEN PVTYLVL = 24,600

IF NHOUSE = 5 THEN PVTYLVL = 28,780

IF NHOUSE = 6 THEN PVTYLVL = 32,960

IF NHOUSE = 7 THEN PVTYLVL = 37,140

IF NHOUSE = 8 THEN PVTYLVL = 41,320

IF NHOUSE GT 8 THEN PVTYLVL = 41,320+ ((NHOUSE-8) * 4,180)

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

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

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

ASK ALL:

02 = Less than \$[PVTYLVL * 2] IF "NO," ASK 05; IF "YES," ASK 01

Son menos de \$[PVTYLVL * 2]

01 = Less than \$[PVTYLVL] IF "NO," CODE 02 (100-199%); IF "YES," CODE 01 (<100%)

Son menos de \$[PVTYLVL *]

05 = Less than \$[PVTYLVL * 5] IF "NO", ASK 06 (500-599%); IF "YES" ASK 04 (300-399%)

Son menos de \$[PVTYLVL * 5]

06 = Less than \$[PVTYLVL * 6] IF "NO", CODE 07 (>600%); IF "YES" CODE 06 (500-599%)

Son menos de \$[PVTYLVL * 6]

04 = Less than \$[PVTYLVL * 4] IF "NO", CODE 05; IF "YES" ASK 03 (200-299%)

Son menos de \$[PVTYLVL * 4]

07 = \$[PVTYLVL * 6]

03 = Less than \$[PVTYLVL * 3] IF "NO", CODE 04; IF "YES" CODE 03

Son menos de \$[PVTYLVL * 3]

Do not read:

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

99 = (VOL) Refused

IF K14_02 = 77 or 99, ASK K14A

ELSE SKIP TO INSTRUCTIONS BEFORE K14B.

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

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

1 = YES

2 = NO

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

9 = (VOL) Refused

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

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

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

1 = YES

2 = NO

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

9 = (VOL) Refused

Thank you. Now, we have a few more questions about your health.

Gracias. Ahora tenemos algunas preguntas más sobre su salud.

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

Aproximadamente, ¿cuánto mide sin zapatos?

Round fractions down

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

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

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

9999 = (VOL) Refused

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

Aproximadamente, ¿cuánto pesa sin zapatos?

Round fractions up

_ _ _ POUNDS [RANGE 50-600]

_ _ _ KILOGRAMS [RANGE 20-275]

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

9999 = (VOL) Refused

IF K16 = 9999 OR 7777 AND K15 ≠ 99/99 OR 77/77 THEN CALCULATE BMI FOR HEIGHT AND ASK K17a or K18a (for metric)

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

ELSE SKIP TO L1

BMI = 703 * LBS / inches SQ

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

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

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

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

- K17a. Do you weigh less than [critical weight for OBESE]?
 ¿Pesa menos de [critical weight for OBESE]?
 1 = YES, WEIGH LESS **SKIP TO K17c**
 2 = NO, DON'T WEIGH LESS
 7 = (VOL) Don't know/Not sure
 9 = (VOL) Refused
- K17b. Do you weigh less than [critical weight for VERY OBESE]?
 ¿Pesa menos de [critical weight for VERY OBESE]?
 1 = YES, WEIGH LESS **SKIP TO L1**
 2 = NO, DON'T WEIGH LESS **SKIP TO L1**
 7 = (VOL) Don't know/Not sure **SKIP TO L1**
 9 = (VOL) Refused **SKIP TO L1**
- K17c. Do you weigh less than [critical weight for OVERWEIGHT]?
 ¿Pesa menos de [critical weight for OVERWEIGHT]?
 1 = YES, WEIGH LESS
 2 = NO, DON'T WEIGH LESS **SKIP TO L1**
 7 = (VOL) Don't know/Not sure **SKIP TO L1**
 9 = (VOL) Refused **SKIP TO L1**

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

¿Pesa menos de [critical weight for UNDERWEIGHT]?

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

CRITICAL WEIGHT FOR METRIC VERY OBESE = .0035 *
 (K15 height CM)*(K15 height CM)
 CRITICAL WEIGHT FOR METRIC OBESE = .003 * (K15
 height CM)*(K15 height CM)
 CRITICAL WEIGHT FOR METRIC OVERWEIGHT = .0025*
 (K15 height CM)*(K15 height CM)
 CRITICAL WEIGHT FOR METRIC UNDERWEIGHT = .00185* (K15 height
 CM)*(K15 height CM)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CRITICAL HEIGHT IN INCHES FOR UNDERWEIGHT: = SQUARE ROOT OF (38 * K16 weight LB)

THEN CONVERT TO FEET, INCHES

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

¿Mide menos de [critical height for OBESE]?

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

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

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

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

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

¿Mide menos de [critical height for OVERWEIGHT]?

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

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

¿Mide menos de [critical height for UNDERWEIGHT]?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 = YES, LESS SKIP TO L1

2 = NO, NOT LESS SKIP TO L1

7 = (VOL) Don't know/Not sure SKIP TO L1

9 = (VOL) Refused SKIP TO L1

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

- L6. During the past 30 days, how often did you drink regular soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch or other fruit-flavored drinks? Do NOT include diet soda, sugar free drinks, or 100% juice. You can answer in drinks per day, week or month. For example, twice a day, once a week and so forth. *(adapted from NYCHS 2013 and BRFSS 2014)*

¿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.

_____ 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

IF CHILD = 1

How much do the following things impact whether your [IF CM1=1, DISPLAY: child] [IF CM1 GT 1, DISPLAY: children] [IF CM1=1, DISPLAY eats] [IF CM1 GT 1, DISPLAY: eat] healthy foods? For each, say whether it has no impact, a small impact or a big impact.

¿En qué medida las siguientes cosas influyen en que [IF CM1=1, DISPLAY: su hijo] [IF CM1 GT 1, DISPLAY: sus hijos] [IF CM1=1, DISPLAY coma] [IF CM1 GT 1, DISPLAY: coman] alimentos saludables? Para cada opción, dígame si no influye nada, influye poco o influye mucho.

- L7. Cost of healthy foods. Would you say...
 El costo de los alimentos saludables. ¿Diría que...?
 1 = No impact
 No influye nada
 2 = A small impact
 Influye poco
 3 = A big impact
 Influye mucho
 7 = (VOL) Don't know/Not sure
 9 = (VOL) Refused

L8. Convenience of fast food. Would you say...
La conveniencia de la comida rápida. ¿Diría que...?

- 1 = No impact
No influye nada
- 2 = A small impact
Influye poco
- 3 = A big impact
Influye mucho
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

L9. Food advertising. (Would you say...)
Las publicidades de alimentos. (¿Diría que...?)

- 1 = No impact
No influyen nada
- 2 = A small impact
Influyen poco
- 3 = A big impact
Influyen mucho
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

L10. Foods served in schools (Would you say...)
Los alimentos que se sirven en las escuelas (¿Diría que...?)

- 1 = No impact
No influyen nada
- 2 = A small impact
Influyen poco
- 3 = A big impact
Influyen mucho
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused

- L11. Time it takes to prepare healthy foods (Would you say...)
 El tiempo que lleva preparar comidas saludables (¿Diría que...?)
- 1 = No impact
 No influye nada
- 2 = A small impact
 Influye poco
- 3 = A big impact
 Influye mucho
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused
- L12. Time for sit down, family meals (Would you say...)
 El tiempo que lleva sentarse a comer en familia (¿Diría que...?)
- 1 = No impact
 No influye nada
- 2 = A small impact
 Influye poco
- 3 = A big impact
 Influye mucho
- 7 = (VOL) Don't know/Not sure
- 9 = (VOL) Refused
- L13. Would you support or oppose a policy requiring kids' meals with toys to meet healthy nutrition standards? Would you say you would [READ LIST]:
 ¿Estaría a favor o en contra de una política que exigiera que las comidas para niños que vienen con juguetes cumplan con normas de alimentación sana? ¿Diría que... [READ LIST]?
- 1 = Definitely oppose
 Definitivamente estaría en contra
- 2 = Somewhat oppose
 Estaría algo en contra
- 3 = Neither oppose nor support
 No estaría ni a favor ni en contra
- 4 = Somewhat support
 Estaría algo a favor
- 5 = Definitely support
 Definitivamente estaría a favor
- 7 = (VOL) Don't know/Not Sure
- 9 = (VOL) Refused

Section M: Exercise (Physical Activity)

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

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

- M11. In the past year, how often have you ridden a bicycle in Chicago? Would you say once a week or more, several times a month, at least once a month, a few times a year, or never?
(NYCHS 2013)

IF ASKED: This does not include a stationary bike.

En los últimos 12 meses, ¿con qué frecuencia ha andado en bicicleta en Chicago? ¿Diría usted que una o más veces por semana, varias veces al mes, por lo menos una vez al mes, algunas veces al año o nunca?

IF ASKED: Esto no incluye una bicicleta estática.

1 = ONCE A WEEK OR MORE

UNA O MÁS VECES POR SEMANA

2 = SEVERAL TIMES A MONTH

VARIAS VECES AL MES

3 = AT LEAST ONCE A MONTH

POR LO MENOS UNA VEZ AL MES

4 = A FEW TIMES A YEAR

ALGUNAS VECES AL AÑO

5 = NEVER

NUNCA

6 = (VOL) PHYSICALLY UNABLE TO RIDE A BIKE

7 = (VOL) DON'T KNOW/NOT SURE

9 = (VOL) REFUSED

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

Section N: Breast/Cervical Cancer Screening

**IF K1 = 3 OR 4 OR 7 OR 9 SKIP TO SECTION P, ELSE IF K3 = 7 OR 9 (DK/REF AGE) SKIP TO SECTION CV, 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 NEXT SECTION
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

7 = (VOL) Don’t know/Not sure

9 = (VOL) Refused

SKIP TO N3

SKIP TO N3

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

Section P: Colorectal Cancer Screening

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

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

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

9 = (VOL) Refused

SKIP TO P3

SKIP TO P3

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**)

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?

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

1 = Yes

2 = No

SKIP TO NEXT SECTION

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

SKIP TO NEXT SECTION

9 = (VOL) Refused

SKIP TO NEXT SECTION

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

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

Section CV: Childhood Vaccinations

IF CHILD = 1

Next, we would like to talk about vaccinations for children and teens. Please think about your (IF CM1>1: oldest) child in your household.

Ahora quisiéramos hablar de vacunas para niños y adolescentes. Piense en su hijo (IF CM1>1: mayor) .

CV1. This is your [FILL IN FROM EARLIER QUESTION]-year-old, right?

Este es su hijo de [FILL IN FROM EARLIER QUESTION] años, ¿es correcto?

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV2. Is your [X]-year-old up to date with immunizations or vaccines that doctors recommended?
 ¿Su hijo de [X] años está al día con las vacunas que los médicos recomiendan?

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV3. Have you ever REFUSED a vaccine for your X-year-old, when their doctor recommended it?
 ¿Alguna vez SE NEGÓ a aplicarle una vacuna a su hijo de X años cuando su médico la recomendó?

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CONTINUE TO CV4

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

SKIP TO NEXT SECTION

Which of the following vaccines have you refused for your X-year-old?
 ¿Cuáles de las siguientes vacunas se negó a aplicarle a su hijo de X años?

CV4. Measles, mumps, rubella [roo-BELL-uh]
 Sarampión, paperas, rubéola

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV5. Varicella [var-uh-SELL-uh] or Chicken Pox
Varicela [var-uh-SELL-uh]

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV6. Influenza or Flu
Influenza o gripe

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV7. [IF CHILD AGE >= 11 YEARS] Tetanus, diphtheria [dif-THEER-ee-uh], whooping cough booster for adolescents
[IF CHILD AGE >= 11 YEARS] Refuerzo de tétanos, difteria [dif-THEER-ee-uh] y tos convulsa para adolescentes

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV8. [IF CHILD AGE >= 11 YEARS] Meningococcal [MEH-nin-joe-KOK-kuhl] (meningitis) vaccine for adolescents

[IF CHILD AGE >= 11 YEARS] Vacuna meningocócica [MEH-nin-joe-KOK-kuhl] (meningitis) para adolescentes

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV9. [IF CHILD AGE >= 11 YEARS] Human papillomavirus [PAP-uh-low-ma-virus] (HPV) vaccine for adolescents

[IF CHILD AGE >= 11 YEARS] Vacuna contra el virus del papiloma humano [PAP-uh-low-ma-virus] (VPH) para adolescentes

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CV10. IF ANY OF THE ABOVE = 1 (YES) Why did you refuse this vaccine/these vaccines? READ LIST.
IF ANY OF THE ABOVE = 1 (YES) ¿Por qué se negó a aplicarle a su hijo esta/s vacuna/s? READ LIST.

(MULTIPLE RESPONSE)

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

1 = It did not seem necessary

No parecía necesario

2 = Your religion prohibits immunizations

Su religión prohíbe las vacunas

3 = You were worried about side effects

Le preocupaban los efectos secundarios

4 = You are concerned about the long term health effects of vaccines

Le preocupaban los efectos a largo plazo de las vacunas en la salud

5 = You did not know where to go to get the vaccine(s)

No sabía adónde ir para conseguir la/s vacuna/s

6 = You could not afford the vaccine(s)

No podía pagar la/s vacuna/s

88 = Some other reason (specify)

Otro motivo (especifique)

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

9 = (VOL) Refused

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, casi todo el tiempo, algunas veces, pocas veces o ninguna vez? **(BRFSS 2013)**

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)**

¿Con qué frecuencia se sintió DESESPERANZADO/A? ¿Diría usted que todo el tiempo, casi todo el tiempo, algunas veces, pocas veces o ninguna vez? **(BRFSS 2013)**

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)**

¿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?] **(BRFSS 2013)**

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)**

¿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?] **(BRFSS 2013)**

- 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?] **(BRFSS 2013)**

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

S6. During the past 30 days 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?] **(BRFSS 2013)**

- 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

- S7A. What do you do to help manage stress? [SELECT MULTIPLE]
 ¿Qué hace usted para manejar el estrés? [SELECT MULTIPLE]

INTERVIEWER: Please pause for a Yes/No response after each item.

1 = Exercise, take a walk or play sports

Hacer actividad física, salir a caminar o practicar deportes

2 = Spend time with friends or family

Pasar tiempo con familiares o amigos

3 = Pray, go to church or go to a religious service

Rezar, ir a la iglesia o a un servicio religioso

4 = Listen to music, read or spend time doing a hobby

Escuchar música, leer o entretenerse con un pasatiempo

5 = Smoke

Fumar

6 = Drink alcohol

Consumir bebidas alcohólicas

7 = Watch television or movies, surf the internet or play video games

Ver televisión o películas, navegar por Internet o jugar videojuegos

8 = Meditation or yoga

Meditación o yoga

9 = See a mental health professional or find other resources in your neighborhood

Ver a un profesional de la salud mental o buscar otros recursos en su vecindario

10 = Avoid the issue or wait for it to go away on its own

Evitar el problema o esperar que desaparezca solo

11 = Some other way (specify)

Otra cosa (especifique)

12 = (VOL) NO STRESS

(VOL) NO SUFRE ESTRÉS

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

99 = (VOL) Refuse

- 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? (MULTIPLE RESPONSE) **(NSDUH 2010)**
 ¿Cual de estas declaraciones explica por qué usted no consiguió el tratamiento de salud mental o consejería que necesitabas? (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 información 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 razón o razones.

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

99 = (VOL) Refused

Section CE: Childhood Experiences

These next questions are about when you were growing up, or the first 18 years of your life.

Las siguientes preguntas se refieren a su etapa de crecimiento o los primeros 18 años de su vida.

CE1. Generally, how was growing up for you? Would you say... **[READ LIST]**

En general, ¿cómo fue su etapa de crecimiento? ¿Diría que...? **[READ LIST]**

1 = Mostly okay

En su mayor parte buena

2 = Mostly okay with some difficulties

En su mayor parte buena, con algunas dificultades

3 = Pretty difficult

Bastante difícil

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

9 = (VOL) Refused

CE2. When you were growing up, was there someone in your life that helped you feel important or special?

Durante su etapa de crecimiento, ¿hubo alguien en su vida que lo/a ayudó a sentirse importante o especial?

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

- CE3. (When you were growing up) How often were you bullied by a peer or classmate? Would you say...**[READ LIST]**
 (Durante su etapa de crecimiento,) ¿con qué frecuencia sufría acoso por parte de sus pares o compañeros de clase? ¿Diría que...? **[READ LIST]**

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

- CE4. Were you ever in foster care?
 ¿Alguna vez estuvo en cuidado de acogida?

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

- CE5. During the first 18 years of your life, how many times did you move?
 Durante los primeros 18 años de su vida, ¿cuántas veces se mudó?

[DO NOT READ]

1 = Once or twice
Una o dos veces
 2 = Three or four times
Tres o cuatro veces
 3 = Five or more times
Cinco o más veces
 4 = Never
Nunca
 7 = (VOL) Don't know/Not sure
 9 = (VOL) Refused

CE6. How many high schools did you attend?
¿En cuántas escuelas secundarias estudió?

[DO NOT READ]

1= One

Una

2= Two

Dos

3= Three or more

Tres o más

4= Did not attend high school

No fue a la escuela secundaria

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

9 = (VOL) Refused

CE7. Growing up, were you ever affiliated with a gang?
Durante su etapa de crecimiento, ¿alguna vez formó parte de una pandilla?

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CE8. Growing up, were you ever incarcerated?
Durante su etapa de crecimiento, ¿alguna vez estuvo en prisión?

1 = Yes

Sí

2 = No

No

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

9 = (VOL) Refused

CE9. Growing up, did you ever see or hear someone being beaten up, stabbed or shot in real life?
[READ LIST]

Durante su etapa de crecimiento, ¿alguna vez vio o escuchó cómo golpeaban, apuñalaban o le disparaban a alguien en la vida real? [READ LIST]

1 = Yes, many times

Sí, muchas veces

2 = Yes, a few times

Sí, algunas veces

3 = Yes, once

Sí, una vez

4 = No, never

No, nunca

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

9 = (VOL) Refused

Section AA: Social Cohesion/Neighborhood Conditions

The next questions are about the neighborhood you live in.

Las siguientes preguntas son sobre el vecindario en el que vive.

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

IF CHILD = 1

AA5. In your neighborhood, how often does violence occur? READ LIST.

¿Con qué frecuencia hay episodios de violencia en su vecindario? READ LIST.

1 = Every day

Todos los días

2 = At least every week

Al menos todas las semanas

3 = At least every month

Al menos todos los meses

4 = Every few months

Algunas veces al año

5 = Once a year or so

Más o menos una vez al año

6 = Not at all

Nunca

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

9 = (VOL) Refused

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? (*adapted from Kim et al. 2013*)

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

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...

El abuso de alcohol por parte de los jóvenes. ¿Diría que...?

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH2. Childhood asthma. Would you say...

El asma infantil. ¿Diría que...?

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH3. Attention deficit hyperactivity disorder (ADHD). (Would you say...)

El trastorno por déficit de atención con hiperactividad (ADHD, por sus siglas en inglés).
(¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH4. Autism. (Would you say...)

El autismo. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH5. Child abuse and neglect. (Would you say...)

El abuso y abandono infantil. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH6. Depression among children and teens. (Would you say...)

La depresión entre niños y adolescentes. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH7. Drug abuse by youth. (Would you say...)

El abuso de las drogas por parte de los jóvenes. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH8. Infant mortality. (Would you say...)

La mortalidad infantil. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH9. Injuries from accidents among children and teens. (Would you say...)

Las lesiones provocadas por accidentes entre niños y adolescentes. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH10. Childhood obesity. (Would you say...)

La obesidad infantil. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH11. Parents' health problems affecting their children. (Would you say...)

Los problemas de salud de los padres que afectan a sus hijos. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH12. Sexually transmitted infections (including HIV) among children and teens. (Would you say...)

Las infecciones de transmisión sexual (incluido el VIH) entre niños y adolescentes. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH13. Smoking and tobacco use by youth. (Would you say...)

Fumar y el consumo de tabaco por parte de los jóvenes. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH14. Stress among children and teens. (Would you say...)

El estrés entre niños y adolescentes. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH15. Suicide among children and teens. (Would you say...)

El suicidio entre niños y adolescentes. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH16. Teen pregnancy. (Would you say...)

El embarazo en la adolescencia. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH17. Vaccine refusals by parents. (Would you say...)

Rechazo de los padres a aplicarles vacunas a sus hijos. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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...

El acoso, incluido el acoso cibernético. ¿Diría que...?

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH19. Discrimination and racism. Would you say...

La discriminación y el racismo. ¿Diría que...?

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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...)

La violencia relacionada con las armas en los vecindarios. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH21. Hunger. (Would you say...)

El hambre. (¿Diría que...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

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

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH23. Not able to access timely medical care. (Would you say for children and teens in Chicago it is ...)

No poder acceder a atención médica oportuna. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH24. Not being able to access care for sexual health issues. (Would you say for children and teens in Chicago it is ...)

No poder acceder a la atención de cuidado por problemas de salud sexual. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

La falta de oportunidades laborales suficientes para los padres. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

La falta de oportunidades laborales suficientes para adolescentes y adultos jóvenes. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

La pobreza. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

Las redes sociales. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

CYH29. Traffic safety. (Would you say for children and teens in Chicago it is ...)

La seguridad del tránsito. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

La inseguridad de las viviendas. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

La violencia en las escuelas. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

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 ...)

Peor salud para niños de color que para niños blancos, también conocida como una de las iniquidades raciales. (¿Diría que para los niños y adolescentes de Chicago...?)

1 = A big problem

Es un problema importante

2 = Somewhat of a problem

Es un problema de cierta importancia

3 = Not a problem

No es un problema

7 = (VOL) Don't know

9 = (VOL) Refused

ASK ALL

CYH33. Finally, is there anything else that you'd like to tell me about what would help you be healthier right now?

Finalmente, ¿hay algo más que le gustaría decirme sobre qué es lo que le ayudaría a estar más saludable en este momento?

1 = Gave response [open text answer]

2 = No

7 = (VOL) Don't know

9 = (VOL) Refused

Section V: Concluding Questions

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

Ahora sólo tengo unas pocas preguntas mas antes de terminar la encuesta.

IF FLAGGED AS CELL PHONE, GO TO V3a. ELSE, CONTINUE

- V1. Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine. **(BRFSS 2011, 2014)**
 ¿Tiene más de un número de teléfono en su casa? No incluya teléfonos celulares ni teléfonos que solo se utilicen para una computadora o un fax.

1 = Yes

2 = No

SKIP TO V3

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

SKIP TO V3

9 = (VOL) Refused

SKIP TO V3

- V2. How many of these telephone numbers are residential numbers? **(BRFSS 2011, 2014)**
 ¿Cuántos de estos números de teléfono son particulares?

— Residential telephone numbers [RANGE 0-6]

6 = 6 or more

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

9 = (VOL) Refused

- V3. Do you have a cell phone for personal use? Please include cell phones used for both business and personal use. **(BRFSS 2011, 2014)**
 ¿Tiene usted un teléfono celular para uso personal? Incluya los celulares utilizados para uso personal y laboral.

1 = Yes

SKIP TO INSTRUCTIONS BEFORE V6a

2 = No

SKIP TO INSTRUCTIONS BEFORE V6a

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

SKIP TO INSTRUCTIONS BEFORE V6a

9 = (VOL) Refused

SKIP TO INSTRUCTIONS BEFORE V6a

- V3a. In addition to your cell phone, do you also have a regular landline telephone at home?
 ¿Además de su teléfono celular, tiene también un teléfono fijo en su hogar?

1 = Yes

2 = No

SKIP TO V5

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

SKIP TO V5

9 = (VOL) Refused

SKIP TO V5

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

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

¿Me podría dar su nombre y dirección? Esta información también nos permitirá enviarle el cheque de diez dólares como agradecimiento por el tiempo que se tomo respondiendo nuestras preguntas.

IF NEEDED: I also want to remind you that all information you provide will be kept completely confidential. Your name and address will be separated from the answers you just gave in this survey. We will not share this information with anyone else or mail you anything other than the \$10 check.

IF NEEDED: también necesito recordarle que toda la información que nos proporciono se mantendrá completamente confidencial. Su nombre y su dirección se separarán de las respuestas que acaba de dar en esta encuesta. No compartiremos esta información con nadie más y tampoco le enviaremos algo además del cheque de \$10 dólares.

_____ NAME
 _____ HOUSE ADDRESS NUMBER
 _____ NAME OF STREET (VERIFY SPELLING)
 _____ STREET TYPE
 _____ APT. NO
 _____ CITY
 _____ STATE
 _____ ZIP CODE

7 = (VOL) Don't Know/Not Sure **GO TO V8**
 9 = (VOL) Refused **GO TO V8**

V6. Is this the address for your home where you live?

¿Es esta la dirección de la casa donde vive?

1 = Yes **SKIP TO INSTRUCTIONS BEFORE V7a**
 2 = No **CONTINUE TO INSTRUCTIONS BEFORE V6a**
 7 = (VOL) Don't know/Not sure **CONTINUE TO INSTRUCTIONS BEFORE V6A**
 9 = (VOL) Refused **CONTINUE TO INSTRUCTIONS BEFORE 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. Permítame confirmar la dirección y como se deletrea una vez mas. La dirección que tengo es (FILL FROM V5). ¿Es esto correcto?

1 = Yes

2 = No

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

9 = (VOL) Refused

CONTINUE TO V8

RETURN TO V5/V7 AND CORRECT ADDRESS

SKIP TO V8

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 Glen
12	Boystown	46	Kenwood	80	Sheffield / DePaul
13	Bridgeport	47	Lake View	81	South Chicago
14	Brighton Park	48	Lincoln Park	82	South Deering
15	Bucktown	49	Lincoln Square	83	South Shore
16	Burnside	50	Little Italy, UIC	84	Streeterville
17	Calumet Heights	51	Little Village	85	Ukrainian Village
18	Chatham	52	Logan Square	86	United Center
19	Chicago Lawn	53	Loop	87	Uptown
20	Chinatown	54	Lower West Side	88	Washington Heights
21	Clearing	55	Magnificent Mile	89	Washington Park
22	Douglas	56	Mckinley Park	90	West Elsdon
23	Dunning	57	Millenium Park	91	West Lawn
24	East Side	58	Montclare	92	West Loop
25	East Village	59	Morgan Park	93	West Pullman
26	Edgewater	60	Mount Greenwood	94	West Ridge
27	Edison Park	61	Museum Campus	95	West Town
28	Englewood	62	Near South Side	96	Wicker Park
29	Fuller Park	63	New City	97	Woodlawn
30	Gage Park	64	North Center	98	Wrigleyville
31	Galewood	65	North Lawndale		
32	Garfield Park	66	North Park	777	(VOL) Don't know
33	Garfield Ridge	67	Norwood Park	888	Other (SPECIFY)
34	Gold Coast	68	Oakland	999	(VOL) Refused

Closing Statement

Please read:

These are all the questions I have. Thank you very much for participating in this important survey.

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) 529-9719.

Si tiene alguna pregunta acerca de este estudio, puede llamar al (312) 529-9719.

Appendix C: Frequently Asked Questions (FAQs)

24614m– Healthy Chicago Survey (HCS) – Cell Version

Introduction

Hello. I'm _____ and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in YOUR neighborhood and how to make things better.

Your telephone number has been chosen randomly. If you qualify for the survey, we will pay you \$10 for completing it. The survey will take about 20 minutes. Any information you provide will be confidential.

[IF NEEDED] You don't have to give me any personal identifying information such as your name or address. No one will be able to know your responses.

Purpose/Topic of the Survey

Q: What is this survey about?

A: The Healthy Chicago Survey is a telephone survey led by the Chicago Department of Public Health to gather information on the health of Chicagoans.

Q: How are you going to use this information?

A: This information will help the Chicago Department of Public Health measure and monitor progress of its 5-year strategic plan, Healthy Chicago. The survey will provide data to inform the policies, programs, education initiatives and public awareness campaigns to make Chicago the healthiest city in the nation.

Q: What kind of questions will you ask?

A: The survey will ask questions about health behaviors, disease conditions, access to and utilization of health care.

Legitimacy

Q: Who is doing this survey? You are not the Department of Health?

A: Abt Associates is an independent social science research firm that has been contracted by the Chicago Department of Public Health to conduct the Healthy Chicago Survey.

ONLY IF NEEDED: The Blackstone Group/CR Market Surveys is a data collection organization that has been hired to administer the surveys.

Appendix C: Frequently Asked Questions (FAQs)

Q: How do I know you are who you say you are?

A: I am a trained interviewer hired for this study. I can give you the telephone number of my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.

[IF NEEDED: You may also call (312) 529-9719 for more information. Leave a message, and your call will be returned as soon as possible.]

ONLY if the respondent will not accept your supervisor's number for verification:

I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-

Q: Where can I find information online about Healthy Chicago?

A: You can visit

https://www.cityofchicago.org/city/en/depts/cdph/supp_info/clinical_health/healthy-chicago-survey.html

You can also visit <https://www.cityofchicago.org/city/en/depts/cdph.html>. On that page, look for the Featured Campaigns drop-down menu and you can click on "Healthy Chicago Survey". Here you can read about the Healthy Chicago Survey, review results from the survey, and read publications that feature Healthy Chicago data.

Q: I searched your telephone number online and found reports of spam/scam/fraudulent calls. How do I know you are who you say you are and that this is a legitimate survey?

A: Websites like whitepages.com allow the public to report on calls they receive that they believe to be potentially fraudulent. I am a trained interviewer hired for this important health survey being conducted for the Chicago Department of Public Health. I can give you the telephone number of my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.

[IF NEEDED: You may also call (312) 529-9719 for more information. Leave a message, and your call will be returned as soon as possible.]

ONLY if the respondent will not accept your supervisor's number for verification:

I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-

Why me?

Q: Why can't you just call someone else?

A: This survey is based on randomly selected cellular telephone numbers in Chicago. Since the telephone numbers are picked by chance, we cannot substitute them. You cannot be replaced. Your participation assures that your neighborhood is represented.

Q: I'm in good health. Talk to someone else.

A: I'm glad your health is good! To have an accurate picture of the health of Chicagoans, we need to interview people both in good health and in poor health. Your cell phone number and you were randomly selected, and you cannot be replaced in the survey. Your interview will give the Department of Public Health a better understanding of how Chicagoans across the city and in your neighborhood are doing.

Privacy

Q: I'm unlisted, how did you get my phone number?

A: The phone numbers called are generated randomly using a computer, because we need to talk to people in every neighborhood. The computer can even generate unlisted numbers.

A: We don't get the numbers from the telephone book but rather the computer randomly generates all of the numbers that we call. Because of this, we call both published and unpublished phone numbers.

Q: I'm on the state and national "Do Not Call" list. Why are you calling me?

A: Signing up for the "Do Not Call" registry prevents telemarketers who are trying to sell something from calling you. We are not selling anything. We are calling to conduct a legitimate research study for the Chicago Department of Public Health.

Confidentiality

Q: Are my responses going to be confidential?

A: Your answers are all confidential. You don't have to give me any personal identifying information such as your full name or address. A computer generates your telephone number. Your information is handled in a secure and confidential manner. The only personal information we collect is solely for the purposes of sending you a check for \$10 to thank you for your participation in the survey. Answers to survey questions are aggregated which means that no one individual's data can be traced back to a particular person.

A: We will not give the Chicago Department of Public Health your name or any information that would allow them to know who you are.

Q: Why do you have to ask so many personal questions?

A: We know that many of the questions asked are about your personal health and may be difficult to discuss with a stranger. For many of these issues there is no other way of knowing if a problem exists without asking about it. Your answers are combined with others to help the Chicago Department of Public Health understand and plan for the health care needs of city residents. You will only be talking with trained interviewers employed to assure the confidentiality for this study.

Q: Why do you need to know how many adults live in this household?

A: The Chicago Department of Public Health needs this information to better understand the health of all residents of Chicago.

Q: Why do you need to know my household income?

A: The Chicago Department of Public Health only needs to know the range in which your household income falls and not your actual income. All of the information is used for research purposes only.

Q: Do I have to answer all of the questions?

A: You do not have to answer any question that you do not feel comfortable answering and you can skip any question at any time.

Q: Why are you asking me for my address?

A: We are asking for your address so that we can send you \$10 to thank you for your participation in the survey. This information will be used also to identify the neighborhood in which you live, which will allow us to make sure that each Chicago neighborhood is represented in this study.

Time/Burden

Q: How long will this take again?

A: The length of the survey depends on how you answer certain questions, but it takes about 20 minutes for most people.

Q: Why are you calling at night (or at this time)?

A: In order to accommodate various schedules, we make calls at many times during the week and on weekends.

Q: I don't have time.

A: We need to represent the opinions of all Chicagoans including busy people like you in order to present an accurate picture of the health of Chicagoans. We can start now and see how far we can get and schedule a call back for a time that is more convenient for you.

Q: I don't do surveys over the phone. Can you send me the questionnaire?

A: We can only conduct this survey over the phone. Our study procedures prevent us from mailing you the survey.

Check for Cell Survey

Q: How am I going to get the payment? How do I know you'll really send this?

A: We will mail you a \$10 check. You should receive your check within 2 to 3 weeks. However, sometimes processing can take up to 4 to 6 weeks. If you do not receive your check after 6 weeks, you can leave a message for the Abt Project Director, Rebecca Devlin, at 312-529-9705 and she will work with you to make sure that you receive your check.

Q: You told me this was confidential and I answered your questions, but now you are asking me for my full name and my address!

A: Your name and address will only be on the check, and are entirely separate from your answers. The Chicago Department of Public Health will NOT have access to it. The check can be sent to any address, but your correct name is needed so you can cash or deposit it.

Q: I don't feel comfortable giving you my address. Can I get it some other way? Can I just give you my initials instead?

A: Unfortunately, we can only mail it to you. The check can be sent to any address, but your correct name is needed so you can cash or deposit it.

Lack of interest

Q: Thanks, but I am not interested.

A: Many people say they are not interested, but once they get started, they end up enjoying the interview. The questions are all about your health and are easy to answer and you will make a contribution to helping other Chicagoans.

Q: I already told you I'm not interested in your survey, why are you calling again?

A: I'm sorry for the inconvenience, but we'd like to talk to you / selected respondent) one more time about the importance of this survey and to ask for (you / him or her) to participate. The design of this study does not allow us to just replace you with someone else once you are chosen for the study. The Chicago Department of Public Health wants to make sure that people in your neighborhood are represented in the study.

246141 –Healthy Chicago Survey (HCS) – Landline Version

Introduction

Hello. I'm _____ and I'm calling on behalf of the Chicago Department of Public Health. We are conducting an important study to help us learn about the health of people in YOUR neighborhood and how to make things better. Your telephone number has been chosen randomly. Any information you provide will be confidential.

Purpose/Topic of the Survey

Q: What is this survey about?

A: The Healthy Chicago Survey is a telephone survey led by the Chicago Department of Public Health to gather information on the health of Chicagoans.

Q: How are you going to use this information?

A: This information will help the Chicago Department of Public Health measure and monitor progress of its 5-year strategic plan, Healthy Chicago. The survey will provide data to inform the policies, programs, education initiatives and public awareness campaigns to make Chicago the healthiest city in the nation.

Q: What kind of questions will you ask?

A: The survey will ask questions about health behaviors, disease conditions, access to and utilization of health care.

Legitimacy

Q: Who is doing this survey? You are not the Department of Health?

A: Abt Associates is an independent social science research firm that has been contracted by the Chicago Department of Public Health to conduct the Healthy Chicago Survey.

ONLY IF NEEDED: The Blackstone Group/CR Market Surveys is a data collection organization that has been hired to administer the surveys.

Q: How do I know you are who you say you are?

A: I am a trained interviewer hired for this study. I can give you the telephone number of my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.

Appendix C: Frequently Asked Questions (FAQs)

[IF NEEDED: You may also call (312) 529-9719 for more information. Leave a message, and your call will be returned as soon as possible.]

ONLY if the respondent will not accept your supervisor's number for verification:

I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-

Q: Where can I find information online about Healthy Chicago?

A: You can visit

https://www.cityofchicago.org/city/en/depts/cdph/supp_info/clinical_health/healthy-chicago-survey.html

You can also visit <https://www.cityofchicago.org/city/en/depts/cdph.html>. On that page, look for the Featured Campaigns drop-down menu and you can click on "Healthy Chicago Survey". Here you can read about the Healthy Chicago Survey, review results from the survey, and read publications that feature Healthy Chicago data.

Q: I searched your telephone number online and found reports of spam/scam/fraudulent calls. How do I know you are who you say you are and that this is a legitimate survey?

A: Websites like whitepages.com allow the public to report on calls they receive that they believe to be potentially fraudulent. I am a trained interviewer hired for this important health survey being conducted for the Chicago Department of Public Health. I can give you the telephone number of my supervisor if you would like further verification. The toll-free telephone number is (866) 681-1258. When you call, mention you are calling about the Healthy Chicago Survey.

[IF NEEDED: You may also call (312) 529-9719 for more information. Leave a message, and your call will be returned as soon as possible.]

ONLY if the respondent will not accept your supervisor's number for verification:

I can also give you the number of a person at the Chicago Department of Public Health. Her number is 312-

Why me?

Q: Why can't you just call someone else?

A: This survey is based on randomly selected telephone numbers in Chicago. Since the telephone numbers and specific household members are picked by chance, we can't substitute households or individuals. You cannot be replaced. Your participation assures that your neighborhood is represented.

Q: I'm in good health. Talk to someone else.

A: I'm glad your health is good! To have an accurate picture of the health of Chicagoans, we need to interview people both in good health and in poor health. Your phone number and you were randomly selected, and you cannot be replaced in the survey. Your interview will give the Department of Public Health a better understanding of how Chicagoans across the city and in your neighborhood are doing.

Why not me?

Q: I'm available now to do this interview. Why don't you want me to do it?

A: I'd like to conduct the interview with you. Unfortunately, I can only conduct the survey with the household member who has been randomly selected. By randomly choosing a person, the computer makes sure that a wide range of Chicagoans will take part in this survey. Would I be able to speak to the [selected adult, e.g. youngest male]?

Privacy

Q: I'm unlisted, how did you get my phone number?

A: The phone numbers called are generated randomly using a computer, because we need to talk to people in every neighborhood. The computer can even dial unlisted numbers.

A: We don't get the numbers from the telephone book but rather the computer randomly generates all of the numbers that we call. Because of this, we call both published and unpublished phone numbers.

Q: I'm on the state and national "Do Not Call" list. Why are you calling me?

A: Signing up for the "Do Not Call" registry prevents telemarketers who are trying to sell something from calling you. We are not selling anything. We are calling to conduct a legitimate research study for the Chicago Department of Public Health.

Confidentiality

Q: Are my responses going to be confidential?

A: Your answers are all confidential. You don't have to give me any personal identifying information such as your full name or address. A computer generates your telephone number. Your information is handled in a secure and confidential manner. Answers to survey questions are aggregated which means that no one individual's data can be traced back to a particular person.

A: We will not give the Chicago Department of Public Health your name or any information that would allow them to know who you are.

Q: Why do you have to ask so many personal questions?

A: We know that many of the questions asked are about your personal health and may be difficult to discuss with a stranger. For many of these issues there is no other way of knowing if a problem exists without asking about it. Your answers are combined with others to help the Chicago Department of Public Health understand and plan for the health care needs of city residents. You will only be talking with trained interviewers employed to assure the confidentiality for this study.

Q: Why do you need to know how many adults live in this household?

A: It is information used to select one member from your household to complete the interview. It is a random selection, like drawing numbers from a hat.

Q: Why do you need to know my household income?

A: The Chicago Department of Public Health only needs to know the range in which your household income falls and not your actual income. All of the information is used for research purposes only.

Q: Do I have to answer all of the questions?

A: You do not have to answer any question that you do not feel comfortable answering and you can skip any question at any time.

Q: Why are you asking me for my address?

A: We are asking for your address so that we can identify the neighborhood in which you live, which will allow us to make sure that each Chicago neighborhood is represented in this study.

Time/Burden

Q: How long will this take again?

A: The length of the survey depends on how you answer certain questions, but it takes about 20 minutes for most people.

Q: Why are you calling at night (or at this time)?

A: In order to accommodate various schedules, we make calls at many times during the week and on weekends.

Q: I don't have time.

A: We need to represent the opinions of all Chicagoans including busy people like you in order to present an accurate picture of the health of Chicagoans. We can start now and see how far we can get and schedule a call back for a time that is more convenient for you.

Q: I don't do surveys over the phone. Can you send me the questionnaire?

A: We can only conduct this survey over the phone. Our study procedures prevent us from mailing you the survey.

Lack of interest

Q: Thanks, but I am not interested.

A: Many people say they are not interested, but once they get started, they end up enjoying the interview. The questions are all about your health and are easy to answer and you will make a contribution to helping other Chicagoans.

Q: I already told you I'm not interested in your survey, why are you calling again?

A: I'm sorry for the inconvenience, but we'd like to talk to (you / selected respondent) one more time about the importance of this survey and to ask for (you / him or her) to participate. The design of this study does not allow us to just replace you with someone else once you are chosen for the study. The Chicago Department of Public Health wants to make sure that people in your neighborhood are represented in the study.

Appendix D: Pretest Report

To: Emily Laflamme
Chicago Department of Public Health

From: Nicole Lee, Rebecca Devlin
Abt Associates

Date: December 11, 2017

RE: Pretest Report for the 2017 Healthy Chicago Survey

This memorandum provides a summary of the pretest of the 2017 Healthy Chicago Survey. We provide an overview of the study training, the outcomes of the three days of dialing, information on the 30 interviews completed for the pretest, and recommendations.

Training

Training took place on Monday, December 4, at Abt Associates' Huntington, West Virginia call center. Project management staff led the training remotely via teleconference. A total of 8 interviewers were trained.

Training included: an introduction to the Healthy Chicago Initiative and 2.0 Action Areas; an overview of the study and survey content; a review of the data collection and adverse event protocols; a review of good data security and confidentiality practices; and a review of frequently asked questions and answers. The training concluded with a thorough review of the 2017 Healthy Chicago CATI instrument. Because of their familiarity with the CATI system and experience with both the Behavioral Risk Factor Surveillance System (BRFSS) and New York City Community Health Survey (NYC CHS), which include questions similar to Healthy Chicago, Abt Associates interviewers did not require additional practice and began dialing the study at approximately 5:30pm Central time.

Pretest Data Collection Overview

The pretest was conducted December 4 – 6, concluding when the target number of interviews was obtained.

Both landline and cell phone sample were dialed during the pilot test with the goal of completing approximately 80% of interviews with respondents from the cell phone sample frame. At the conclusion of the pilot test, 24 interviews were completed with cell phone respondents and 6 were completed with landline respondents. Interviews were conducted in English only. Abt will report the outcome of the first 2 or 3 Spanish interviews to CDPH separately.

Survey Timing

The average duration is 21.9 minutes for both versions of the survey, which is within the desired average duration of 23.3 minutes. The average interview length for landline sample was 22.2 minutes. The shortest landline interview was 12.8 minutes, while the longest was 37.1 minutes. When we remove the longest interview, which we believe is an outlier, the average interview length is 19.2 minutes. The average duration for both versions if the outlier removed is 21.4 minutes. The average interview length for cell phone sample was 21.9 minutes. The shortest cell phone interview was 15.6 minutes, while the longest was 25.8 minutes. Table 1 provides a breakdown of timings by section of the survey.

Table 1. Section Timings

Marker	Section	Label	Minutes
1		Disposition Screen	0.9
2	Before Intro 1 to K1a	Screener and Introduction (Intro 1 - K1a)	1.6
3	Before A1 to after A1	Health Status (A1)	0.4
4	Before C1 to C11	Health Care Access (C1 - C11)	1.2
5	Before D2 to after D2	Oral Health (D2)	0.3
6	Before E1 to after E1	Hypertension Awareness (E1)	0.2
7	Before G4 to G7	Chronic Health Conditions (G4 - G7)	0.2
8	Before J1 to J6	Tobacco Use (J1 - J6)	0.3
9	Before K2 to K10	Demographics (K2 - K10)	1.4
10	Before CM1 to K12e	Child Module (CM1 - CMei)	0.6
11	Before K14 to K20d	Demographics (K12a - K20d)	0.8
12	Before L1 to L6	Fruits and Vegetables (L1 - L6)	1.2
13	Before L7 to L13	Fruits and Vegetables: Child Module (L7 - L13)	0.3
14	Before M1 to M11	Exercise/Physical Activity (M1 - M11)	0.5
15	Before W1 to W6	Alcohol and Prescription Drug Use (W1 - W6)	1.0
16	Before N1 to N5	Breast/Cervical Cancer Screening (N1 - N5)	0.2
17	Before P1 to P4	Colorectal Cancer Screening (P1 - P4)	0.4
18	Before CV1 to CV10	Childhood Vaccinations (CV1 - CV10)	0.1
19	Before S1 to S9	Mental Health (S1 - S9)	2.6
20	Before CE1 to CE9	Childhood Experiences (CE1 - CE9)	1.6
21	Before Z3 to after Z3	Neighborhood Conditions (Z3)	0.2
22	Before AA5 to after AA5	Neighborhood: Child Module (AA5)	0.1
23	Before AA1 to after AA1	Social Cohesion (AA1)	0.2
24	Before CYH1 to CYH17	Child and Youth Health Issues (CYH1 - CYH17)	2.4
25	Before CYH18 to CYH33	Child and Youth Health Issues: Child Module (CYH18 - CYH33)	0.7
26	Before V1 to Closing	Concluding Questions (V1 - Closing)	2.7

Marker	Section	Label	Minutes
Total			21.9

Of the 30 completed interviews, 6 completed the new Child Module questions. The average timing of interviews including the Child Module was 26.5 minutes. The average timing of interviews that did not receive the Child Module (n=24) was 20.8 minutes. Abt expects one third of respondents to be eligible for the Child Module. When the average timings are weighted with this eligibility percentage, this is the weighted average timing is 22.7 minutes.

As we begin administering Spanish and Korean interviews we expect to see the average duration increase toward the target of 23.3 minutes overall. Once full data collection commences, Abt will continue to monitor interviewers and check the data for respondent break-offs and any other concerns with specific questions or sections.

Table 2 provides a breakdown of age, gender, race and ethnicity, and marital status of pretest respondents.

Table 2. Demographic Breakdown of Pretest Respondents

Age	
18 - 24	16.7%
25 - 29	3.3%
30 - 44	20.0%
45 - 64	43.3%
65 or older	16.7%
Gender	
Male	53.3%
Female	46.7%
Hispano or Latino/a	
Mexican, Mexican-American, Chicano/a	20.0%
Another Hispanic, Latino/a, or Spanish	3.3%
Not Hispanic, Latino/a, or Spanish	66.7%
Race	
White	40.0%
Black or African American	40.0%
American Indian or Alaska Native	3.3%
Asian	3.3%
Something else	13.3%
Marital Status	
Married	43.3%
Divorced	10.0%

Widowed	6.7%
Never married	40.0%

Item Nonresponse and Breakoffs

Abt reviewed data from completed interviews, paying particular attention to the new Child Module questions added this year. In addition, we reviewed the data for questions that were skipped by a significant number of respondents.

The new Child and Youth Health Issues section of questions experienced the greatest frequency of nonresponse. In Table 3, we highlight the following questions that were not answered by at least one respondent. The table includes the total number of respondents that were eligible to answer a question, as well as the number of non-respondents to that question (respondents who were coded as answering either Don't Know or Refused).

Table 3. Question Non-Response

Question Number	Question Text	Total Eligible	Total Non-Respondents
CM1	For how many of these children are you the parent, step-parent, foster parent or guardian?	7	1
L10	Unhealthy foods served in schools	6	1
K14	The next question is about your combined household income. Is your household's annual household income from all sources:	30	4
K22	Do you consider yourself to be:	30	1
S7A	What do you do to help manage stress?	30	1
CYH1	Alcohol abuse by youth	30	2
CYH3	Attention deficit hyperactivity disorder (ADHD)	30	3
CYH4	Autism	30	3
CYH6	Depression	30	2
CYH8	Infant mortality	30	3
CYH11	Parents' health problems affecting their children	30	2
CYH12	Sexually transmitted infections (including HIV)	30	3
CYH15	Suicide	30	2
CYH17	Vaccine refusals by parents	30	6
CYH33	Finally, is there anything else that you'd like to tell me about what would help you be healthier right now?	21	8

Geocoding non-response

Of the 30 completed interviews, 21 (70%) provided a full address that we were able to successfully code to a Community Area. Only 1 record provided a bad address that could not be coded. Next, 10 cases were asked for intersection. Of these, 7 provided an intersection and 4 of these cases were successfully coded to a Community Area. The remaining 6 cases were asked for their neighborhood and each case provided a response. Only 1 of these 6 cases provided a neighborhood in the other-specify field that will be sent for manual geocoding.

In summary, 24 completes (80%) provided address and/or intersection information that could be automatically coded to a Community Area. The remaining 6 cases provided a neighborhood.

Non-completes

There were 106 records that started the survey but did not complete. Below is a breakdown of where records broke off:

- 6 records were terminated because the cell phone belonged to a minor
- 1 record terminated as a wrong number
- 2 records broke off when we tried to confirm we had reached a cell phone
- 14 records broke off when we tried to confirm whether they lived in a private residence
- 1 record broke off when we tried to confirm their zip code
- 26 records broke off during the household selection
- 11 records broke off before we could code the language at the start of the interview
- 2 records broke off at INTRO2
- 5 records broke off at K1
- 3 records broke off at A1
- 1 record broke off at the K2
- 1 record broke off at K15
- 1 record broke off at S6
- 1 record broke off at CE4
- 1 record broke off during geocoding

Of the total 36 cases that screened out, 24 screened out because they did not live in Chicago.

Recommendations

As a result of the training, the following changes were implemented for the remainder of the pretest (starting on 12/5):

1. CV10 (Why did you refuse this vaccine/these vaccines?) and S7A (What do you do to help manage stress?) – We added an interviewer note to remind interviewers about how to administer the question.
2. CYH33 (Finally, is there anything else that you'd like to tell me about what would help you be healthier right now?) was corrected to be asked of all respondents. The first 9 completes were erroneously not asked this question.

Questionnaire

Abt recommends the following revisions to the questionnaire as a result of interview monitoring and interviewer feedback:

1. In question C7, reverse the order of the sentences to introduce the definition of a check first.

Current wording:

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

Suggested revision:

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?

2. For question CMdi (the type of school each child in the household attends), change the criteria for when options 1-4 (Public school, Charter school, Private school, Home school) appear to age 5 and older, as that is the age that children start attending elementary school. This would be revised from age 6 and older.
3. Revisit the wording for questions L7-L13. In monitoring a completed interview for which the respondent was eligible for the child module questions, Abt and CDPH found that the respondent was having difficulty understanding the intention of questions L7-L13, which ask about the impact of various factors on whether respondents' children eat healthy foods. It seemed difficult for the respondent to tease apart whether we were asking whether these things are impactful versus whether they impact his children and how those might interact. We recommend revisiting these questions and making the wording more direct. Abt would be happy to recommend revisions based on CDPH's purpose in asking these questions.

4. Add emphasis to the word “refused” in question CV3: “Have you ever refused a vaccine for your X-year-old, when their doctor recommended it?” Also, we recommend rewording the introduction to the remaining questions in this section:

Current wording:

Did you refuse any of the following vaccines for your X-year-old?

Suggested revision:

Which of the following vaccines have you refused for your X-year-old?

5. In question S6, remove the introductory clause “And finally”. This might mislead respondents into thinking we are at the conclusion of the interview. It is also misleading because S6 is not the last question in the Mental Health section.

Current wording:

S6 – And finally, during the past 30 days how often did you feel WORTHLESS?

Suggested revision:

S6 – During the past 30 days how often did you feel WORTHLESS?

6. In question S7A (What do you do to help manage stress?), add a voluntary response option for people who report dealing with no stress. One respondent was offended that we assumed they were dealing with stress.

Suggested response option:

12 = (VOL) NO STRESS

Also, some respondents were confused and asking which activity within each item they do to help manage stress. For example, for “Exercise, take a walk or play sports,” they thought we were asking which of those activities they do to relieve stress. This is largely a training issue for interviewers.

7. Consider adding definitions for “incarcerated” in question CE8 and “Infant mortality” in question CYH8.

8. Revise the introduction to Section AA (Social Cohesion/Neighborhood Conditions) to eliminate the second sentence. Abt had added this sentence in a previous iteration of the survey in case respondents were confused about why a health survey includes such questions, but we have reconsidered this sentence and no longer feel it's necessary.

Current wording:

The next questions are about the neighborhood you live in. We want to see whether how people feel about their neighborhood might affect their health.

Suggested revision:

The next questions are about the neighborhood you live in.

9. Rearrange the questions in Section CYH (Child and Youth Health Issues) so that similar items are grouped together. This section was found to be long, and during monitoring of interviews, Abt was concerned that perhaps the respondent had forgotten later in the list that we were asking about youth and teens.
10. Based on the high nonresponse to CYH33 (Finally, is there anything else that you'd like to tell me about what would help you be healthier right now?), add a "No" option.

Appendix E: Pilot Test Report

To: Emily Laflamme
Chicago Department of Public Health

From: Nicole Lee, Rebecca Devlin
Abt Associates

Date: December 21, 2017

RE: Pilot Test Report for the 2017 Healthy Chicago Survey

This memorandum provides a summary of the pilot test of the 2017 Healthy Chicago Survey. This pilot test was conducted as a follow-up to the pretest that was conducted December 4-6. We provide an overview of the study training, the outcomes of the three days of dialing for the pilot test, information on the 31 interviews completed, and recommendations.

Training

Training took place on Monday, December 18, at Abt Associates' Huntington, West Virginia call center. Project management staff led the training remotely via teleconference. A total of 8 interviewers were trained and were the same interviewers as for the pretest.

Training included an overview of understanding trauma and the Adverse Childhood Experiences Survey (ACES), provided by CDPH. The Abt project team briefly explained the changes made as a result of dialing and monitoring the pretest. Abt Associates interviewers began dialing the study at approximately 5:00pm Central time.

Pilot Test Data Collection Overview

The pilot test was conducted December 18 – 20, concluding when the target number of interviews was obtained.

Both landline and cell phone sample were dialed during the pilot test with the goal of completing approximately 80% of interviews with respondents from the cell phone sample frame. At the conclusion of the pilot test, 24 interviews were completed with cell phone respondents and 7 were completed with landline respondents. Interviews were conducted in English only. Abt will report the outcome of the first 2 or 3 Spanish interviews to CDPH separately.

Survey Timing

The average duration for the pilot test is 24.7 minutes for both versions of the survey, which is longer than the desired average duration of 23.3 minutes. The average interview length for landline sample was 24.4 minutes. The shortest landline interview was 17.5 minutes, while the longest was 29.6 minutes. The average interview length for cell phone sample was 24.8 minutes. The shortest cell phone interview was 14.7 minutes, while the longest was 37.0 minutes. When we remove the longest interview, which we believe is an outlier, the average interview length is 24.3 minutes. The average duration for both versions if the outlier removed is 24.3 minutes. Table 1 provides a breakdown of timings by section of the survey.

Table 1. Section Timings

Marker	Section	Label	Minutes
1		Tipresp	1.1
2	Before Intro 1 to K1a	Screening and Introduction (Intro 1 - K1a)	1.6
3	Before A1 to after A1	Health Status (A1)	0.4
4	Before C1 to C11	Health Care Access (C1 - C11)	1.3
5	Before D2 to after D2	Oral Health (D2)	0.2
6	Before E1 to after E1	Hypertension Awareness (E1)	0.2
7	Before G4 to G7	Chronic Health Conditions (G4 - G7)	0.2
8	Before J1 to J6	Tobacco Use (J1 - J6)	0.4
9	Before K2 to K10	Demographics (K2 - K10)	1.4
10	Before CM1 to K12e	Child Module (CM1 - CMei)	0.7
11	Before K14 to K20d	Demographics (K12a - K20d)	0.8
12	Before L1 to L6	Fruits and Vegetables (L1 - L6)	1.5
13	Before L7 to L13	Fruits and Vegetables: Child Module (L7 - L13)	0.6
14	Before M1 to M11	Exercise/Physical Activity (M1 - M11)	0.4
15	Before W1 to W6	Alcohol and Prescription Drug Use (W1 - W6)	1.0
16	Before N1 to N5	Breast/Cervical Cancer Screening (N1 - N5)	0.2
17	Before P1 to P4	Colorectal Cancer Screening (P1 - P4)	0.4
18	Before CV1 to CV10	Childhood Vaccinations (CV1 - CV10)	0.4
19	Before S1 to S9	Mental Health (S1 - S9)	2.8
20	Before CE1 to CE9	Childhood Experiences (CE1 - CE9)	1.5
21	Before Z3 to after Z3	Neighborhood Conditions (Z3)	0.2
22	Before AA5 to after AA5	Neighborhood: Child Module (AA5)	0.1
23	Before AA1 to after AA1	Social Cohesion (AA1)	0.3
24	Before CYH1 to CYH17	Child and Youth Health Issues (CYH1 - CYH17)	2.5

Appendix E: Pilot Test Report

Marker	Section	Label	Minutes
25	Before CYH18 to CYH33	Child and Youth Health Issues: Child Module (CYH18 - CYH33)	1.4
26	Before V1 to Closing	Concluding Questions 9v1 - Closing)	3.2
Total			24.7

Of the 31 completed interviews, 12 completed the new Child Module questions. The average timing of interviews including the Child Module was 27.8 minutes. The average timing of interviews that did not receive the Child Module (n=19) was 22.8 minutes. Abt expects one third of respondents to be eligible for the Child Module. When the average timings are weighted with this eligibility percentage, this is the weighted average timing is 24.5 minutes.

When the pilot test timings are combined with the pretest timings, the averages are closer to the desired length, which is 23.3 minutes. The average length for all pretest and pilot test interviews (n=61) was 23.3 minutes. The average length for all landline interviews (n=13) was 23.4 minutes. The average length for all cell phone interviews (n=48) was 23.3 minutes. A total of 18 interviews included the Child Module, averaging 27.3 minutes. The remaining 43 interviews averaged 21.7 minutes. When the timings are weighted with the Child Module eligibility percentage, the weighted average timing is 23.5 minutes. This duration is much closer to the desired length of 23.3 minutes. Abt staff will monitor the timings of the instrument throughout the course of data collection. Typically, average duration decreases as data collection continues and interviewing staff become more familiar with the instrument. However, at the same time, as we begin administering Spanish and Korean interviews we expect to see the average duration increase.

Table 2 provides a breakdown of age, gender, race and ethnicity, and marital status of pretest respondents.

Table 2. Demographic Breakdown of Pretest Respondents

Age	
18 - 24	10.0%
25 - 29	33.3%
30 - 44	33.3%
45 - 64	13.3%
65 or older	10.0%
Gender	
Male	56.7%
Female	43.3%
Hispano or Latino/a	
Mexican, Mexican-American, Chicano/a	6.7%
Puerto Rican	10.0%

Another Hispanic, Latino/a, or Spanish	10.0%
Not Hispanic, Latino/a, or Spanish	66.7%
Refused	6.7%
Race	
White	33.3%
Black or African American	43.3%
Asian	6.7%
Something else	10.0%
Refused	6.7%
Marital Status	
Married	33.3%
Divorced	6.7%
Widowed	3.3%
Separated	6.7%
Never married	46.7%
Don't know/Not sure	3.3%

Item Nonresponse and Breakoffs

Abt reviewed data from completed interviews, paying particular attention to the new Child Module questions added this year. In addition, we reviewed the data for questions that were skipped by a significant number of respondents.

The new Child and Youth Health Issues section of questions experienced the greatest frequency of nonresponse. In Table 3, we highlight the following questions that were not answered by at least one respondent. The table includes the total number of respondents that were eligible to answer a question, as well as the number of non-respondents to that question (respondents who were coded as answering either Don't Know or Refused).

Table 3. Question Non-Response

Question Number	Question Text	Total Eligible	Total Non-Respondents
L10	Unhealthy foods served in schools	12	1
CV8	Meningococcal (meningitis) vaccine for adolescents	1	1
K14	The next question is about your combined household income. Is your household's annual household income from all sources:	31	6
CYH1	Alcohol abuse by youth	31	2
CYH2	Childhood asthma	31	2
CYH3	Attention deficit hyperactivity disorder (ADHD)	31	4

Appendix E: Pilot Test Report

Question Number	Question Text	Total Eligible	Total Non-Respondents
CYH4	Autism	31	5
CYH6	Depression	31	2
CYH7	Drug abuse by youth	31	1
CYH8	Infant mortality	31	5
CYH9	Injuries from accidents among children and teens	31	1
CYH11	Parents' health problems affecting their children	31	1
CYH12	Sexually transmitted infections (including HIV)	31	2
CYH13	Smoking and tobacco use by youth	31	1
CYH15	Suicide	31	3
CYH16	Teen pregnancy	31	2
CYH17	Vaccine refusals by parents	31	4
CYH18	Bullying, including cyberbullying	12	1
CYH23	Not able to access timely medical care	12	1
CYH24	Not being able to access care for sexual health issues	12	1
CYH25	Not enough job opportunities for parents	12	1
CYH30	Unsafe housing	12	2
CYH32	Worse health for children of color than for white children, also known as racial inequities	12	1

Geocoding non-response

Of the 31 completed interviews, 24 (77%) provided a full address. Of these, we were able to successfully code 21 to a Community Area. Of those who agreed to provide an address, 3 records provided a bad address that could not be coded. Next, 10 cases were asked for intersection. Of these, 4 provided an intersection and 2 of these cases were successfully coded to a Community Area. The remaining 8 cases were asked for their neighborhood and only 1 refused to provide a response. Only 1 of 8 cases provided a neighborhood in the other-specify field that will be sent for manual geocoding.

In summary, 23 completes (80%) provided address and/or intersection information that could be automatically coded to a Community Area. The remaining 8 cases provided a neighborhood.

Non-completes

There were 66 records that started the survey but did not complete. Below is a breakdown of where records broke off:

- 8 records terminated before we could confirm safety from driving

- 7 records terminated before we could confirm we had reached someone 18 years or older
- 6 records were terminated because they belonged to a minor
- 1 record terminated because we did not reach a private residence
- 4 records terminated at S5 because they did not live in Chicago
- 1 record terminated before we could confirm we had reached a cell phone
- 10 records terminated before we could record what Chicago zip code they lived in
- 8 records terminated before we could confirm the zip code recorded
- 2 records terminated before we could record what Chicago city they lived in
- 12 records broke off before INTRO2
- 1 record broke off before we could ask for gender
- 3 records broke off before we could ask A1
- 1 record broke off before we could ask C1
- 2 records broke off before we could ask CE1

Of the total 42 cases that screened out, 31 were screened out at the introduction because they did not live in Chicago.

Recommendations

The following changes were made to the questionnaire and incorporated into the program on the second day of the pilot test:

1. **Cmd i** (What type of school does this child attend?) – The programming for response option 5 (Preschool or Pre-K) was updated to display for children younger than 6 years of age (revised from younger than 5 years of age).
2. **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?) – The word “not” was capitalized, so that interviewers know to emphasize it during administration, differentiating it from question W5, which asks if the respondent had ever taking a prescription pain reliever that was prescribed for him/her.

The project team monitored interviews during the first night of the pilot test. Call Center staff continued to monitor the remainder of the pilot test. Neither has additional feedback regarding the questionnaire or interview administration.

To: Emily Laflamme
Chicago Department of Public Health

From: Nicole Lee, Rebecca Devlin
Abt Associates

Date: February 5, 2018

RE: Report on the initial Spanish completes for the 2017 Healthy Chicago Survey

This memorandum provides a summary of the Spanish completes to date of the 2017 Healthy Chicago Survey. We provide an overview of the outcomes of the dialing for the Spanish version of the interview, the timing of the first 30 interviews completed, and feedback from the interviewers.

Spanish

Dialing of the Spanish version of the survey started on the evening of Wednesday, January 24. Of the 30 Spanish interviews collected, 2 interviews were completed with landline respondents, and 28 were completed with cell phone respondents.

Survey Timing

The average duration for the Spanish survey is 37.1 minutes for both versions of the survey. The average interview length for landline sample was 31.7 minutes. The shortest landline interview was 28.1 minutes, while the longest was 35.3 minutes. The average interview length for cell phone sample was 37.5 minutes. The shortest cell phone interview was 24.8 minutes, while the longest was 49.3 minutes.

Interviewer Feedback

Abt obtained feedback from Blackstone Group/CR Market and Abt bilingual Spanish interviewers on the translation. We recommend making the following changes:

1. K8 (Are you...Married, Divorced, Widowed, Separated, Never married, A member of an unmarried couple, A member of a civil union) – We recommend revising the translation to allow interviewers to adjust the verb to match the gender of the respondent:

1 = Casado → Casado/a

2 = Divorciado → Divorciado/a

3 = Viudo → Viudo/a

4 = Separado → Separad**o/a**

5 = Nunca estuvo casado → Nunca estuvo casad**o/a**

6 = Vive en pareja sin estar casado → Vive en pareja sin estar casad**o/a**

According to our Call Center staff, this change clarifies that interviewers may use the appropriate verb to match the gender of the respondent. It adheres to the conventions of the Spanish language and does not alter the translation's meaning. Senior interviewers are likely already making this adjustment during the interview. However, newer interviewers may be leery to change the verb because they are following the protocol of only reading what they see on screen.

2. CM2b i (Is this child a boy or a girl?) - ¿Es un niño o una niña?

Although the translation of the question text uses “niño” and “niña” for “boy” and “girl,” respectively, the response options use different words: “Varón” for “boy” and “Mujer” for “girl.” For the sake of consistency, we recommend updating the response options to match the question text and using “niño” and “niña”. This is also more accurate, since the current translations technically mean “Man” and “Woman.”

To: Emily Laflamme
Chicago Department of Public Health

From: Nicole Lee, Rebecca Devlin
Abt Associates

Date: March 21, 2018

RE: Report on the initial Korean completes for the 2017 Healthy Chicago Survey

This memorandum provides a summary of the Korean completed interviews to date for the 2017 Healthy Chicago Survey. We provide an overview of the outcomes of the dialing for the Korean version of the interview, the timing of the first 4 interviews completed, and feedback from the interviewer.

Dialing of the Korean version of the survey started on Saturday, February 24. A total of four Korean language interviews have been completed thus far: three interviews in the landline frame and one in the cell phone frame.

Survey Timing

The average duration for the Korean survey is 44.0 minutes. The longest interview was 48.0 minutes, while the shortest was 38.5 minutes. When the longest interview, which is from the cell phone frame, is removed, the average length is 42.7 minutes.

Interviewer Feedback

Abt obtained feedback on the translation from the Blackstone Group bilingual Korean interviewer. She provided corrections of errors she identified in the translation, suggestions for revisions to clarify or simplify the translation, and offered suggested wording of the honorific tense when she saw it was missing. Abt has provided these revisions in the Attachments to this memorandum and also as separate Microsoft Word files:

1. Attachment A (“2017 HCS_KOREAN Abt Corrections_180320.docx”) contains the interviewer’s corrections of errors in tracked changes. Comments are included to explain why the change is recommended.
2. Attachment B (“2017 HCS_KOREAN Abt Corrections and Revisions_180320.docx”) contains all of the interviewer’s suggested revisions, which can be considered for the Korean translation for future waves of the survey. Suggested revisions for clarity and use of the honorific tense are provided. The corrections recommended from the first document are also included.

Appendix F: Intermediate Weighting Variables

final_ca **Community area**

type: numeric (byte)
 label: community_area_lbl

 range: [1,77] units: 1
 unique values: 76 missing .. 0/3,310

 examples: 11 Jefferson Park
 25 Austin
 41 Hyde Park
 61 New City

missing_ca **Indicator of hot-deck imputation of CA**

type: numeric (byte)

 range: [0,1] units: 1
 unique values: 2 missing .. 0/3,310

 tabulation: Freq. Value
 3,183 0
 127 1

puma10 **PUMA, 2010 version**

type: numeric (int)
 label: puma10_lbl

 range: [3499,3532] units: 1
 unique values: 18 missing .. 0/3,310

 examples: 3504 PUMA 3504: CA 12, 13, 14, 16
 3523 PUMA 3523: CA 23, 26, 27, 29, 30
 3526 PUMA 3526: CA 34, 57-61
 3529 PUMA 3529: CA 35-43

puma00 **PUMA, 2000 version**

type: numeric (int)
 label: puma00_lbl

Appendix F: Intermediate Weighting Variables

```

tabulation:  Freq.  Numeric  Label
              1,880      0  Female
              1,430      1  Male
    
```

racethn5 Race/ethnicity (5 categories)

```

        type: numeric (byte)
        label: racethn5_lbl

        range: [1,5]                units: 1
    unique values: 5                missing .: 0/3,310
    
```

```

tabulation:  Freq.  Numeric  Label
              1,122      1  NH White only
              1,295      2  NH Black/AA only
               142      3  NH Asian or PI only
               90       4  NH Other
              661      5  Hispanic/Latino
    
```

own Own dwelling (=1)

```

        type: numeric (byte)
        label: own

        range: [0,1]                units: 1
    unique values: 2                missing .: 0/3,310
    
```

```

tabulation:  Freq.  Numeric  Label
              1,849      0  Rent
              1,461      1  Own
    
```

haskids Kids present in the HH (=1)

```

        type: numeric (byte)
        label: haskids

        range: [0,1]                units: 1
    unique values: 2                missing .: 0/3,310
    
```

```

tabulation:  Freq.  Numeric  Label
              2,093      0  No kids in HH
              1,217      1  Kids present in HH
    
```

Appendix F: Intermediate Weighting Variables

phone3 Phone use (3 categories)

type: numeric (byte)
label: phone3_lbl

range: [1,3] units: 1
unique values: 3 missing .: 0/3,310

tabulation: Freq. Numeric Label
2,103 1 CP only
147 2 LL only
1,060 3 Dual use

marst4 Marital status, 4 categories

type: numeric (byte)
label: marst4

range: [1,4] units: 1
unique values: 4 missing .: 0/3,310

tabulation: Freq. Numeric Label
1,283 1 Married
548 2 Divorced
272 3 Widowed
1,207 4 Single

_imputed_racethn5 Imputed racethn5, for weighting purposes

type: numeric (byte)

range: [0,1] units: 1
unique values: 2 missing .: 0/3,310

tabulation: Freq. Value
3,246 0
64 1

_imputed_educ4 Imputed educ4, for weighting purposes

type: numeric (byte)

range: [0,1] units: 1
unique values: 2 missing .: 0/3,310

Appendix F: Intermediate Weighting Variables

```
tabulation: Freq. Value
            3,295  0
            15    1
```

_imputed_age5 Imputed age5, for weighting purposes

```
type: numeric (byte)
range: [0,1]
unique values: 2
units: 1
missing .: 0/3,310
```

```
tabulation: Freq. Value
            3,304  0
            6    1
```

_imputed_male Imputed male, for weighting purposes

```
type: numeric (byte)
range: [0,1]
unique values: 2
units: 1
missing .: 0/3,310
```

```
tabulation: Freq. Value
            3,304  0
            6    1
```

_imputed_marst4 Imputed marst4, for weighting purposes

```
type: numeric (byte)
range: [0,1]
unique values: 2
units: 1
missing .: 0/3,310
```

```
tabulation: Freq. Value
            3,268  0
            42    1
```

_imputed_own Imputed own, for weighting purposes

```
type: numeric (byte)
range: [0,1]
units: 1
```


Appendix F: Intermediate Weighting Variables

```

    type: numeric (byte)
    label: age4

    range: [1,4]
    unique values: 4

    units: 1
    missing .: 0/3,310
  
```

```

    tabulation: Freq.  Numeric  Label
                546      1      18-29
                966      2      30-44
                1,113    3      45-64
                685      4      65+
  
```

 gender_age4 (unlabeled)

```

    type: numeric (byte)
    label: gender_age4_lbl

    range: [11,24]
    unique values: 8

    units: 1
    missing .: 0/3,310
  
```

```

    tabulation: Freq.  Numeric  Label
                245      11      Male, 18-29
                414      12      Male, 30-44
                506      13      Male, 45-64
                265      14      Male, 65+
                301      21      Female, 18-29
                552      22      Female, 30-44
                607      23      Female, 45-64
                420      24      Female, 65+
  
```

 gender_race (unlabeled)

```

    type: numeric (byte)
    label: gender_race_lbl

    range: [11,34]
    unique values: 8

    units: 1
    missing .: 0/3,310
  
```

```

    tabulation: Freq.  Numeric  Label
                537      11      Male, NH White only
                498      12      Male, NH Black/AA only
                278      15      Male, Hispanic/Latino
                585      21      Female, NH White only
                797      22      Female, NH Black/AA only
                383      25      Female, Hispanic/Latino
                142      33      NH Asian, both genders
  
```


Appendix F: Intermediate Weighting Variables

90 34 NH Other, both genders

baseweight **Base weight**

type: numeric (double)

range: [25.693935,68.490692] units: 1.000e-06

unique values: 3 missing .: 0/3,310

tabulation: Freq. Value

611	25.693935
291	47.760952
2,408	68.490692

_hh_num_adults_cap3 **# of adults in HH, capped at 3**

type: numeric (byte)

range: [1,3] units: 1

unique values: 3 missing .: 0/3,310

tabulation: Freq. Value

3,049	1
200	2
61	3

age_gender **Age-gender interaction**

type: numeric (byte)

label: age_gender_lbl

range: [11,22] units: 1

unique values: 4 missing .: 0/3,310

tabulation: Freq. Numeric Label

853	11	11. Female under 45
659	12	12. Male under 45
1,027	21	21. Female 45+
771	22	22. Male 45+

age4_gender **Age4-gender interaction**

type: numeric (byte)

Appendix F: Intermediate Weighting Variables

label: age4_gender_lbl
 range: [10,41] units: 1
 unique values: 8 missing .: 0/3,310

tabulation:	Freq.	Numeric	Label
	301	10	18-29, Female
	245	11	18-29, Male
	552	20	30-44, Female
	414	21	30-44, Male
	607	30	45-64, Female
	506	31	45-64, Male
	420	40	65+, Female
	265	41	65+, Male

 age5_gender Age5-gender interaction

type: numeric (byte)
 label: age5_gender_lbl
 range: [10,51] units: 1
 unique values: 10 missing .: 0/3,310

examples: 30 30 to 44, Female
 31 30 to 44, Male
 40 45 to 64, Female
 50 65+, Female

 race_gender Race-gender interaction

type: numeric (byte)
 label: race_gender_lbl
 range: [10,90] units: 1
 unique values: 7 missing .: 0/3,310

tabulation:	Freq.	Numeric	Label
	585	10	NH White only, Female
	537	11	NH White only, Male
	797	20	NH Black/AA only, Female
	498	21	NH Black/AA only, Male
	383	50	Hispanic/Latino, Female
	278	51	Hispanic/Latino, Male
	232	90	Asian + NH other, both genders

 integ2_weight Integrated weight, compositing factor 0.5

Appendix F: Intermediate Weighting Variables

```
-----  
      type: numeric (double)  
      range: [153.14729,1708.0592]      units: 1.000e-06  
unique values: 10      missing ..: 0/3,310  
  
      mean: 625.36  
      std. dev: 237.472  
  
      percentiles:      10%      25%      50%      75%      90%  
                      306.295  408.235  816.47  816.47  816.47  
-----  
raked_weight      Raked weight (untrimmed)  
-----  
      type: numeric (double)  
      range: [60.402745,3810.271]      units: 1.000e-09  
unique values: 2,677      missing ..: 0/3,310  
  
      mean: 625.36  
      std. dev: 417.907  
  
      percentiles:      10%      25%      50%      75%      90%  
                      228.371  332.952  521.212  783.756  1178.62  
-----  
trimmed_weight      Trimmed (final) weight  
-----  
      type: numeric (double)  
      range: [141.6,1851]      units: 1.000e-08  
unique values: 2,563      missing ..: 0/3,310  
  
      mean: 625.36  
      std. dev: 409.333  
  
      percentiles:      10%      25%      50%      75%      90%  
                      216.663  320.997  514.987  796.968  1235.49  
-----  
iscell      Comes from cell frame  
-----  
      type: numeric (byte)  
      range: [0,1]      units: 1  
unique values: 2      missing ..: 0/3,310
```

Appendix F: Intermediate Weighting Variables

tabulation:	Freq.	Value
	616	0
	2,694	1