ZIPCODE: From sample file

COUNTY2:

What county in New York State do you live in?[DO NOT READ LIST]

Albany 001
Allegany 003
Bronx 005
Broome 007
Cattaraugus 009
Cayuga 011
Chautauqua 013
Chemung 015
Chenango 017
Clinton 019
Columbia 021
Cortland 023
Delaware 025
Dutchess 027
Erie 029
Essex 031
Franklin 033
Fulton 035
Genesee 037
Greene 039
Hamilton 041
Herkimer 043
Jefferson 045
Kings - Brooklyn 047
Lewis 049
Livingston 051
Madison 053
Monroe 055
Montgomery 057
Nassau 059
New York - Manhattan 061
Niagara 063
Oneida 065
Onondaga 067
Ontario 069
Orange 071
Orleans 073
Oswego 075
Otsego 077
Putnam 079
Queens 081
Rensselaer 083
Richmond - Staten Island 085
Rockland 087
St. Lawrence 089
Saratoga 091
Schenectady 093
Schoharie 095
Schuyler 097
Seneca 099

Steuben 101
Suffolk 103
Sullivan 105
Tioga 107
Tompkins 109
Ulster 111
Warren 113
Washington 115
Wayne 117
Westchester 119
Wyoming 121
Yates 123
Don't know/Refused 999

DZIPC:

What is your zip code?[ENTER 5 DIGIT ZIP CODE IN BOX AT BOTTOM OF SCREEN]

12501 12501
12504 12504
12506 12506
12507 12507
12508 12508
12510 12510
12511 12511
12512 12512
12514 12514
12522 12522
12524 12524
12527 12527
12531 12531
12533 12533
12537 12537
12538 12538
12540 12540
12545 12545
12546 12546
12564 12564
12567 12567
12569 12569
12570 12570
12571 12571
12572 12572
12574 12574
12578 12578
12580 12580
12581 12581
12582 12582
12583 12583
12585 12585
12590 12590
12592 12592
12594 12594
12601 12601
12602 12602
12603 12603
12604 12604
Other (specify) 99998

PZIPC:

What is your zip code?[ENTER 5 DIGIT ZIP CODE IN BOX AT BOTTOM OF SCREEN]
10509 10509
10512 10512
10516 10516
10524 10524
10537 10537
10541 10541
10542 10542
10579 10579
10588 10588
12531 12531
12533 12533
12563 12563
12582 12582
Other (specify) 99998

Q4:

How long have you lived in <county2> County?[READ LIST]
Less than 1 year 1
At least 1 year but less than 2 years 2
At least 2 years but less than 5 years 3
5 years or more 4
[DO NOT READ] Don't know/Refused 9

Q1:

Overall, how would you rate the quality of life in your community?[READ LIST]
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q2:

Thinking now about the job county agencies are doing here in <county2> County how would you rate the job county agencies are doing providing information to <county2> County residents...during weather emergencies? Would you say they are doing an excellent job, good, fair, or poor job?
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q3:

during public health emergencies? Would you say they are doing an excellent job, good, fair, or poor job?
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QWALKKEY:

For each of the following two statements about your neighborhood, please tell me to what degree you agree or disagree with each.
Continue 1

Q4A:

There are places to walk or bicycle in my neighborhood that are safe from traffic. [IF NEEDED: Do you strongly agree, agree, disagree or strongly disagree?]
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q4C:

My neighborhood is a safe place to live.[IF NEEDED: Do you strongly agree, agree, disagree or strongly disagree?]
Strongly agree 1
Agree 2
Disagree 3
Strongly disagree 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q5:

Overall, how would you rate the community you live in as a place for people to live as they age?[READ LIST]
Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q7:

In general, how would you rate your physical health? Would you say that your physical health is excellent, good, fair or poor?

Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q8:

Mental health involves emotional, psychological and social wellbeing. How would you rate your overall mental health? Would you say that your mental health is excellent, good, fair or poor?[IF NEEDED: including things like hopefulness, level of anxiety and depression.]

Excellent 1
Good 2
Fair 3
Poor 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9KEY:

Thinking back over the past 12 months, for each of the following statements I read, tell me how many days in an AVERAGE WEEK you did each.

Continue 1

Q9A:

Over the past 12 months how many days in an average week did you eat a balanced, healthy diet?

0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9B:

Over the past 12 months how many days in an average week did you exercise for 30 minutes or more a day?

0 days 1
1 to 3 days 2
4 to 6 days 3
All 7 days 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q9C:

Over the past 12 months how many days in an average week did you get 7 to 9 hours of sleep in a night?

0 days..... 1
1 to 3 days..... 2
4 to 6 days..... 3
All 7 days..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q10:

On an average day, how stressed do you feel?[READ LIST][IF NEEDED: Stress is when someone feels tense, nervous, anxious, or can´t sleep at night because their mind is troubled.]

Not at all stressed..... 1
Not very stressed 2
Somewhat stressed..... 3
Very stressed 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q11:

In your everyday life, how often do you feel that you have quality encounters with friends, family, and neighbors that make you feel that people care about you?[READ LIST][IF NEEDED: For example, talking to friends on the phone, visiting friends or family, going to church or club meetings]

Less than once a week 1
1 to 2 times a week 2
3 to 5 times a week 3
More than 5 times a week..... 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q12:

How frequently in the past year, on average, did you drink alcohol?[READ LIST]

Never 1
Less than once per month 2
More than once per month, but less than weekly..... 3
More than once per week, but less than daily..... 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q14:

How frequently in the past year have you used a drug whether it was a prescription medication or not, for non-medical reasons?[READ LIST]
Never 1
Less than once per month 2
More than once per month, but less than weekly..... 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

QCANN:

How frequently in the past year did you consume cannabis … [READ LIST]
Never 1
Less than once per month 2
More than once per month, but less than weekly..... 3
More than once per week, but less than daily 4
Daily 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q16KEY:

In the past 12 months, have you or any other member of your household been unable to get any of the following when it was really needed? Please answer yes or no for each item.
Continue 1

Q16A:

Food[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes..... 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q16B:

Utilities, including heat and electric[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes..... 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q16C:

Medicine[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16E:

Phone[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16F:

Transportation[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16G:

Housing[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16H:

Childcare[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16I:

Access to the internet[IF NEEDED: Have you or any other member of your household been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16J:

Have you or any member of your household been unable to maintain suitable employment paying a living wage?
Yes 1
No 2
[DO NOT READ] I don't need to work to meet my financial needs 3
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16KEY2:

How about for yourself, in the past 12 months, have you been unable to get any of the following when it was really needed? Please answer yes or no for each item.
Continue 1

Q16K:

Dental care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16M:

Mental health care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q16N:

Physical health care like primary or specialty medical care[IF NEEDED: Have you been unable to get any of the following when it was really needed?]
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

DISAB:

Do you or anyone in your household have a disability?
Yes 1
No 2
[DO NOT READ] Refused 9

Q16O:

Have you been unable to obtain care to meet the needs of any member of your household with a disability when it was really needed?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q17:

Have you visited a primary care physician for a routine physical or checkup within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q18_M1-Q18_M7:

In the last 12 months, were any of the following reasons that you did not visit a primary care provider for a routine physical or checkup?INTERVIEWER: Read each choice and get a Yes or No response for each
I did not have insurance 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02
I did not have transportation 03
I did not have time 04
I chose not to go for another reason 06
I couldn’t get an appointment for a routine physical or checkup 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q19:

Have you visited a dentist for a routine check-up or cleaning within the last 12 months?
Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q20_M1-Q20_M7:

In the last 12 months, were any of the following reasons that you did not visit a dentist for a routine check-up or cleaning?INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have insurance 01
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 02
I did not have transportation 03
I did not have time 04
I chose not to go for another reason 06
I couldn't get an appointment for a routine check-up or cleaning 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q21:

Sometimes people visit the emergency room for medical conditions or illnesses that are not emergencies; that is, for health-related issues that may be treatable in a doctor´s office.Have you visited an emergency room for a medical issue that was not an emergency in the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q22_M1-Q22_M7:

In the last 12 months, for which of the following reasons did you visit the emergency room for a health-related issue or injury that was NOT an emergency?INTERVIEWER: Read each choice and get a Yes or No response for each

I do not have a regular doctor/primary care doctor 01
The emergency room was more convenient because of location 02
The emergency room was more convenient because of cost 03
The emergency room was more convenient because of hours of operation 04
At the time I thought it was a health-related emergency, though I later learned it was NOT an emergency 05
My primary care doctor was not available 06
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

Q23:

Have you visited a mental health provider, such as a psychiatrist, psychologist, social worker, therapist for 1-on-1 appointments or group-sessions (either in-person or online), etc. within the last 12 months?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q24_M1-Q24_M7:

In the last 12 months, were any of the following reasons that you did not visit a mental health provider? [READ LIST]INTERVIEWER: Read each choice and get a Yes or No response for each

I did not have a need for mental health services 01
I did not have insurance 02
I did not have enough money [IF NEEDED: For things like co-payments, medications, etc] 03
I did not have transportation 04
I did not have time 05
I chose not to go 06
A mental health provider was not available 07
[DO NOT READ] Other (specify) 97
[DO NOT READ] Don't know 98
[DO NOT READ] Refused 99

QTELHTH:

How important is having access to telehealth services to maintain your health?[READ LIST]

Very important 1
Somewhat important 2
Not too important 3
Not important at all 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q29:

Have you or any other household member had ongoing COVID symptoms - otherwise known as long-COVID?

Yes 1
No 2
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

QVACKEY:

Prior to the next respiratory virus season, how likely are you to get the following vaccines?[IF NEEDED: Vaccines are typically given between September and December]

Continue 1

QFLUV:

Prior to the next respiratory virus season, how likely are you to get a flu vaccine?[READ LIST][IF NEEDED: Vaccines are typically given between September and December]

Very likely 1
Somewhat likely 2
Not too likely 3
Not at all likely 4
[DO NOT READ] Don't know 8
[DO NOT READ] Refused 9

Q31KEY:

The next questions are about how you have been feeling during the past 30 days. Thinking back over the past 30 days, please tell me if you felt this way all of the time, most of the time, some of the time, a little of the time, or none of the time.
Continue 1

Q31A:

About how often during the past 30 days did you feel nervous?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31B:

About how often during the past 30 days did you feel hopeless?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31C:

About how often during the past 30 days did you feel restless or fidgety?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31D:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31E:

About how often during the past 30 days did you feel that everything was an effort?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31F:

About how often during the past 30 days did you feel worthless?
All of the time..... 1
Most of the time..... 2
Some of the time..... 3
A little of the time..... 4
None of the time 5
[DO NOT READ] Don't know 8
[DO NOT READ] Refused..... 9

Q31AR:

About how often during the past 30 days did you feel nervous?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31BR:

About how often during the past 30 days did you feel hopeless?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31CR:

About how often during the past 30 days did you feel restless or fidgety?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31DR:

About how often during the past 30 days did you feel so depressed that nothing could cheer you up?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31ER:

About how often during the past 30 days did you feel that everything was an effort?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

Q31FR:

About how often during the past 30 days did you feel worthless?
All of the time..... 4
Most of the time..... 3
Some of the time..... 2
A little of the time..... 1
None of the time 0

K6SCORE:

Kessler K6

CELLLL:

Is there at least one telephone INSIDE your home that is currently working and is not a cell phone?
No (Landline Only) 1
Yes..... 2
No 3
[DO NOT READ] Refused..... 9

LLCELL:

Do you have a working cell phone?
Yes..... 2
No 1
No (Cell Phone Only)..... 3
[DO NOT READ] Refused..... 9

PHONETYP:

Landline or Cell Phone
Landline Only 1
Landline and Cell Phone 2
Cell Phone Only 3
[DO NOT READ] Refused 9

BYR2:

In what year were you born?INTERVIEWER: ENTER ALL FOUR DIGITS OF THE RESPONDENT'S BIRTH YEAR IN BOX AT BOTTOM OF SCREEN[IF NEEDED: This is just used to compute your age.]
REFUSAL .....RF

AGE:

AGE.

QAGERF:

What is your age? Are you...[READ LIST]
18 to 34 1
35 to 49 2
50 to 64 3
65 or older 4
[DO NOT READ] Refused 9

AGER:

AGE GROUPED
18 to 34 1
35 to 49 2
50 to 64 3
65 and older 4
[DO NOT READ] Refused 9

RACE_M1-RACE_M7:

Would you consider yourself:[IF "Biracial" or "Multi-racial" ask: "What races would that be?"]
African American or Black 01
American Indian or Alaska Native 02
Asian 03
Hispanic or Latino 04
Middle Eastern or North African 05
Native Hawaiian or Other Pacific Islander 06
White 07
[DO NOT READ] Other/Something else (specify) 97
[DO NOT READ] Refused 99

AGESNY:

AGE GROUPED - SNY
18 to 34 1
35 to 54 2
55 and older 3
[DO NOT READ] Refused 9

OWN:

What is your living arrangement? Do you...
Rent an apartment or home 1
Own your home 2
Other living arrangement 3
[DO NOT READ] Refused 9

EMPLOY:

Which of the following categories best describes your current employment situation?[IF self-employed: "Would that be full-time or part-time?"]
Employed full-time 1
Employed part-time 2
Underemployed, below my skill or pay level 3
Unemployed, looking for work 4
Unemployed, not looking for work 5
Retired 6
Vol: Disabled 7
Other (specify) 8
[DO NOT READ] Refused 9

CHILD:

Are there children under the age of 18 living in your household?
Yes 1
No 2
[DO NOT READ] Refused 9

MILITARY:

Are you or anyone in your household a veteran or a member of active duty military service?
Yes 1
No 2
[DO NOT READ] Refused 9

INCOME:

About how much is your total household income, before any taxes? Include your own income, as well as your spouse or partner, or any other income you may receive, such as through government benefit programs. Please stop me when I get to your category. Is it...[IF

NEEDED: "I just want to remind you that you are completely anonymous. We only use this information in aggregate form to ensure we have a representative group of New Yorkers."]
Less than $25,000 1
$25,000 to just under $50,000 2
$50,000 to just under $100,000 3
$100,000 to just under $150,000 4
$150,000 or more..... 5
[DO NOT READ] Refused..... 9

GENDER:

How do you describe your gender? Do you..
Identify as a man..... 1
Identify as a woman..... 2
Identify as gender queer, gender nonconforming or non-binary..... 3
Identify as transgender, man..... 4
Identify as transgender, woman..... 5
Identify as transgender, gender non-conforming..... 6
Identify as another Gender not listed, please specify..... 7
[DO NOT READ]Don't know/Refused..... 9

WEIGHT

Weight variable
