



2009

Steps to a Healthier Cleveland

Behavioral Risk Factor Surveillance Survey

July 14, 2009

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Intersection

Interviewer's Script

HELLO, I am calling for the City of Cleveland Department of Public Health. My name is (name) . We are gathering information about the health of Cleveland residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this (phone number) ?

If "no,"

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. **STOP**

Is this a private residence?

If "no,"

Thank you very much, but we are only interviewing private residences. **STOP**

Is this a cellular telephone?

If "yes,"

Thank you very much, but we are only interviewing land line telephones and private residences. **STOP**

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 [1-18]

If "1,"

Are you the adult?

If "yes,"

Then you are the person I need to speak with. Enter 1 man or 1 woman below (Ask gender if necessary). **Go to confidentiality statement**

If "no,"

Is the adult a man or a woman? Enter 1 man or 1 woman below. May I speak with **[fill in (him/her) from previous question]**? **Go to "correct respondent" on the next page.**

How many of these adults are men and how many are women?

___ Number of men

___ Number of women

The person in your household that I need to speak with is _____.

If "you," go to confidentiality statement



To the correct respondent:

HELLO, I am calling for the City of Cleveland Department of Public Health. My name is (name) . We are gathering information about the health of Cleveland residents. This project is conducted by the health department with assistance from the Centers for Disease Control and Prevention. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Confidentiality Statement:

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. The interview may take around 15 minutes depending on responses and your answers to the questions will be confidential. If you have any questions, I will provide a telephone number for you to call to get more information.
216-664-7837

Section 1: Health Status

1.1 Would you say that in general your health is—

Please read:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair

Or

- 5 Poor

Do not read:

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

Section 2: Healthy Days — Health-Related Quality of Life

2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

___ ___ Number of days [1 – 30]

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

___ ___ Number of days [1 – 30]

- 8 8 None [If Q2.1 and Q2.2 = 88 (“None”), go to Section 3]
- 7 7 Don't know / Not sure
- 9 9 Refused

2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

___ ___ Number of days [1 – 30]

- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

Section 3: Health Care Access

3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

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

3.2 Do you have one person you think of as your personal doctor or health care provider?

If "No," ask: "Is there more than one, or is there no person who you think of as your personal doctor or health care provider?"

- 1 Yes, only one
- 2 More than one
- 3 No
- 7 Don't know / Not sure
- 9 Refused

3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

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

costmed Was there a time in the past 12 months when you needed to cut back on your medication because of cost? (82)

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

costtran Was there a time in the past 12 months when you needed to see a doctor or fill a prescription but could not because of lack of transportation? (82)

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

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

- 1 Within past year (1-12 months ago)
- 2 Within past 2 years (1-2 years ago)
- 3 Within past 5 years (2-5 years ago)
- 4 5 or more years ago
- 7 Don't know / Not sure

- 8 Never
- 9 Refused

Ask if Q3.1 = 1 (yes)

ST255 Does your health care coverage pay for smoking cessation services?

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

Ask of everybody

ST256 Do you believe that coverage for stop smoking services and medication should be part of the basic coverage of all health insurance plans?

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

Section 4: Exercise

4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

(84)

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

Steps Core PM 2: Increased knowledge about getting appropriate preventive screening

SC_PM 2.3 Have you **EVER** had a fasting glucose blood test in order to screen for diabetes?

- 1 Yes
- 2 No **[Go to Section 5]**
- 7 Don't Know **[Go to Section 5]**
- 9 Refused **[Go to Section 5]**

SC_PM 2.4 **IN THE PAST YEAR** have you had a fasting glucose blood test in order to screen for diabetes?

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

Section 5: Diabetes

5.1 Have you **EVER** been told by a doctor that you have diabetes?

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

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

- | | | |
|---|--|--|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | [Go to Section 6: Hypertension] |
| 3 | No | [Go to Section 6: Hypertension] |
| 4 | No, pre-diabetes or borderline diabetes | [Go to Section 6: Hypertension] |
| 7 | Don't know / Not sure | [Go to Section 6: Hypertension] |
| 9 | Refused | [Go to Section 6: Hypertension] |

State Added 2: Diabetes

Ask if Q5.1 = 1 (yes)

OH2_1. What type of diabetes do you have?

- | | |
|---|-------------------------|
| 1 | Adult Onset (Type II) |
| 2 | Juvenile Onset (Type I) |
| 7 | Don't know / Not sure |
| 9 | Refused |

Module 1: Diabetes

Ask if Q5.1 = 1 (yes)

MOD1_4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do **NOT** include times when checked by a health professional.

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year
- 8 8 8 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MOD1_5. About how often do you check your feet for any sores or irritations? Include times when checked by a family member or friend, but do **NOT** include times when checked by a health professional.

- 1 ___ ___ Times per day
- 2 ___ ___ Times per week
- 3 ___ ___ Times per month
- 4 ___ ___ Times per year
- 8 8 8 Never
- 5 5 5 No feet
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

MOD1_7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

- ___ ___ Number of times [**76 = 76 or more**]
- 8 8 None
- 7 7 Don't know / Not sure
- 9 9 Refused

MOD1_8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?

- ___ ___ Number of times [**76 = 76 or more**]
- 8 8 None
- 9 8 Never heard of "A one C" test
- 7 7 Don't know / Not sure
- 9 9 Refused

If QMOD1_5 = 555 (no feet), skip MOD1_9 and go to MOD1_10

MOD1_9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?

- ___ ___ Number of times [76 = 76 or more]
8 8 None
7 7 Don't know / Not sure
9 9 Refused

MOD1_10. When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to bright light.

Read only if necessary:

- 1 Within the past month (anytime less than 1 month ago)
2 Within the past year (1 month but less than 12 months ago)
3 Within the past 2 years (1 year but less than 2 years ago)
4 2 or more years ago
8 Never

Do not read:

- 7 Don't know / Not sure
9 Refused

MOD1_12. Have you **EVER** taken a course or class in how to manage your diabetes yourself?

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

Section 6: Hypertension Awareness

6.1 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

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

- | | | |
|---|--|--------------------------|
| 1 | Yes | |
| 2 | Yes, but female told only during pregnancy | [Go to Section 7] |
| 3 | No | [Go to Section 7] |
| 4 | Told borderline high or pre-hypertensive | [Go to Section 7] |
| 7 | Don't know / Not sure | [Go to Section 7] |
| 9 | Refused | [Go to Section 7] |

6.2 Are you currently taking medicine for your high blood pressure?

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

Section 7: Cholesterol Awareness

7.3 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

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

Section 8: Cardiovascular Disease Prevalence

Please read:

Has a doctor, nurse, or other health professional **EVER** told you that you had any of the following? For each, tell me “Yes”, “No”, or you’re “Not sure.”

8.1 (Ever told) you had a heart attack, also called a myocardial infarction?

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

8.2 (Ever told) you had angina or coronary heart disease?

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

8.3 (Ever told) you had a stroke?

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

Section 9: Asthma

9.1 Have you **EVER** been told by a doctor, nurse, or other health professional that you had asthma?

- 1 Yes
- 2 No **[Go to Section 11]**
- 7 Don't know / Not sure **[Go to Section 11]**
- 9 Refused **[Go to Section 11]**

9.2 Do you still have asthma?

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

Module 9: Adult Asthma History

If "Yes" to Q9.2, continue. Otherwise, go to Section 11.

MOD9_2. During the past 12 months, have you had an episode of asthma or an asthma attack?

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

MOD9_3. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

- ___ Number of visits **[87 = 87 or more]**
- 8 8 None
- 9 8 Don't know / Not sure
- 9 9 Refused

MOD9_4. [If one or more visits to QMOD9_3, fill in “Besides those emergency room visits,”]
During the past 12 months, how many times did you see a doctor, nurse or other health professional for urgent treatment of worsening asthma symptoms?

- ___ ___ Number of visits [87 = 87 or more]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

MOD9_5. During the past 12 months, how many times did you see a doctor, nurse, or other health professional for a routine checkup for your asthma?

- ___ ___ Number of visits [87 = 87 or more]
8 8 None
9 8 Don't know / Not sure
9 9 Refused

MOD9_7. Symptoms of asthma include cough, wheezing, shortness of breath, chest tightness and phlegm production when you don't have a cold or respiratory infection. During the past 30 days, how often did you have any symptoms of asthma? Would you say —

Please read:

- 8 Not at any time
1 Less than once a week
2 Once or twice a week
3 More than 2 times a week, but not every day
4 Every day, but not all the time

Or

- 5 Every day, all the time

Do not read:

- 7 Don't know / Not sure
9 Refused

Section 11: Tobacco Use

Ask of everybody

11.1 Have you smoked at least 100 cigarettes in your entire life?

NOTE: 5 packs = 100 cigarettes

- | | | |
|---|-----------------------|--|
| 1 | Yes | |
| 2 | No | [Go to QCU4_3 (Section Cuyahoga 3)] |
| 7 | Don't know / Not sure | [Go to QCU4_3 (Section Cuyahoga 3)] |
| 9 | Refused | [Go to QCU4_3 (Section Cuyahoga 3)] |

Ask if Q11.1 = 1 (yes)

11.2 Do you now smoke cigarettes every day, some days, or not at all?

- | | | |
|---|---------------------|--|
| 1 | Every day | |
| 2 | Some days | |
| 3 | Not at all | [Go to QMOD21_1 (Module 21)] |
| 7 | Don't know/Not sure | [Go to QCU4_3 (Section Cuyahoga 3)] |
| 9 | Refused | [Go to QCU4_3 (Section Cuyahoga 3)] |

Ask if Q11.2 = 1 (every day) or 2 (some days)

11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- | | | |
|---|-----------------------|--|
| 1 | Yes | [Go to QSC_PM 1.5b (Module 21)] |
| 2 | No | [Go to QSupport1 (Module 21)] |
| 7 | Don't know / Not sure | [Go to QSupport1 (Module 21)] |
| 9 | Refused | [Go to QSupport1 (Module 21)] |

Module 21: Smoking Cessation

Ask if Q11.2 = 3 (not at all)

MOD21_1. About how long has it been since you last smoked cigarettes?

Read only if necessary:

- 0 1 Within the past month (anytime less than 1 month ago)
[Go to QSC_PM 1.5b]
- 0 2 Within the past 3 months (1 month but less than 3 months ago)
[Go to QSC_PM 1.5b]
- 0 3 Within the past 6 months (3 months but less than 6 months ago)
[Go to QSC_PM 1.5b]
- 0 4 Within the past year (6 months but less than 1 year ago)
[Go to QSC_PM 1.5b]
- 0 5 Within the past 5 years (1 year but less than 5 years ago)
[Go to QCU4_3 (Section Cuyahoga 3)]
- 0 6 Within the past 10 years (5 years but less than 10 years ago)
[Go to QCU4_3 (Section Cuyahoga 3)]
- 0 7 10 or more years ago
[Go to QCU4_3 (Section Cuyahoga 3)]

Do not read:

- 7 7 Don't know / Not sure [Go to QSC_PM 1.5b]
- 9 9 Refused [Go to QSC_PM 1.5b]

Ask if Q11.3 = 1 (yes) OR if QMOD21_1 = 01, 02, 03, 04, 77, or 99

SC_PM 1.5b If Q11.3 = 1: When you tried to quit smoking...
If QMOD21_1 = 01, 02, 03, 04, 77, or 99: When you quit smoking...

what method did you use?

[Interviewer: DO NOT READ; MUL=13]

- 01 A nicotine gum/
- 02 A patch
- 03 A nasal spray
- 04 An inhaler
- 05 Zyban or Bupropion
- 06 Wellbutrin
- 07 A telephone quit line
- 08 One-on-one counseling from a doctor or nurse
- 09 Self help material, books or videos
- 10 Acupuncture
- 11 Hypnosis
- 12 "Cold Turkey"
- 13 Other
- 88 None
- 77 Don't know / Not sure
- 99 Refused

Ask if Q11.2 = 1 (every day) or 2 (some days) OR if QMOD21_1 = 01, 02, 03, 04, 77, or 99

Support1 In the past 12 months, have you attended any stop smoking programs or support groups, such as those offered at the local hospitals, clinics or community centers? (Ex. Freedom From Smoking)

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

Ask if Q11.2 = 1 (every day) or 2 (some days) OR if QMOD21_1 = 01, 02, 03, 04, 77, or 99

Support3 In the past 12 months, have you called the Ohio Tobacco Quit Line (1-800-QUIT-NOW) for assistance with quitting tobacco use?

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

Cuyahoga 2: Tobacco – Quit Intentions

Ask if Q11.2 = 1 (every day) or 2 (some days)

CU4_113A Are you seriously considering stopping smoking cigarettes within the next six months?

- 1 Yes
- 2 No [Go to QCU4_3 (Section Cuyahoga 3)]
- 7 Don't know / Not sure [Go to QCU4_3 (Section Cuyahoga 3)]
- 9 Refused [Go to QCU4_3 (Section Cuyahoga 3)]

Ask if Q11.2=1(every day) or 2 (some days) AND if QCU4_113A = 1 (yes)

SC_PM 1.5 Are you planning to stop smoking within the next 30 days?

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

Cuyahoga 3: Other Tobacco Products

Ask of everybody

CU4_3. Do you now smoke cigars every day, some days, or not at all? Please do not include little cigars, such as blacks or milds, when considering your answer to this question.

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Ask of everybody

CU4_9. Do you now smoke little cigars, such as black and milds, every day, some days, or not at all?

[Interviewer: black & milds are a brand of little cigars, normally sold in packs of 10]

- 1 Every day
- 2 Some days
- 3 Not at all
- 7 Don't know / Not sure
- 9 Refused

Cleveland Steps 16: Health Professional Advice

Ask of everybody

ST215 In the past 12 months, have you seen a doctor, nurse, or other health professional to get any kind of care for yourself?

- | | | |
|---|-----------------------|----------------------------|
| 1 | Yes | |
| 2 | No | [Go to Q12.1 (Section 12)] |
| 7 | Don't know / Not sure | [Go to Q12.1 (Section 12)] |
| 9 | Refused | [Go to Q12.1 (Section 12)] |

Ask if Q11.2 = 1 (every day) or 2 (some days) or 7 (don't know/not sure)...

OR

Ask if QMOD21_1 = 01, 02, 03, 04, 77, 99...

OR

Ask if QCU4_3 = 1 (every day) or 2 (some days) or 7 (don't know/not sure)...

OR

Ask if QCU4_9 = 1 (every day) or 2 (some days) or 7 (don't know/not sure)...

AND if QST215 = 1 (yes)

ST216 During the past 12 months, did any doctor, nurse, or other health professional advise you to not smoke?

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

Section 12: Alcohol Consumption

12.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

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

Section 13: Demographics

13.1 What is your age?

- — Code age in years
- 0 7 Don't know / Not sure
- 0 9 Refused

13.2 Are you Hispanic or Latino?

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

13.3 Which one or more of the following would you say is your race?

(Check all that apply)

Please read:

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native

Or

- 6 Other [specify] _____

Do not read:

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

If more than one response to Q13.3, continue. Otherwise, go to Q13.5

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

- 1 White
- 2 Black or African American
- 3 Asian
- 4 Native Hawaiian or Other Pacific Islander
- 5 American Indian or Alaska Native
- 6 Other [specify] _____
- 7 Don't know / Not sure
- 9 Refused

13.5 Are you...?

Please read:

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

Or

- 6 A member of an unmarried couple

Do not read:

- 9 Refused

13.6 How many children less than 18 years of age live in your household?

- -- Number of children
- 8 8 None
- 9 9 Refused

13.7 What is the highest grade or year of school you completed?

Read only if necessary:

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
- 9 Refused

13.8 Are you currently...?

Please read:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than 1 year
- 4 Out of work for less than 1 year
- 5 A Homemaker
- 6 A Student
- 7 Retired

Or

- 8 Unable to work

Do not read:

- 9 Refused

13.9 Is your annual household income from all sources—

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

Read only if necessary:

- 04 Less than \$25,000 If “no,” ask 05; if “yes,” ask 03
(\$20,000 to less than \$25,000)
- 03 Less than \$20,000 If “no,” code 04; if “yes,” ask 02
(\$15,000 to less than \$20,000)
- 02 Less than \$15,000 If “no,” code 03; if “yes,” ask 01
(\$10,000 to less than \$15,000)
- 01 Less than \$10,000 If “no,” code 02
- 05 Less than \$35,000 If “no,” ask 06
(\$25,000 to less than \$35,000)
- 06 Less than \$50,000 If “no,” ask 07
(\$35,000 to less than \$50,000)
- 07 Less than \$75,000 If “no,” code 08
(\$50,000 to less than \$75,000)
- 08 \$75,000 or more

Do not read:

- 77 Don't know / Not sure
- 99 Refused

13.10 About how much do you weigh without shoes?

Note: If respondent answers in metrics, put “9” in column 129.

Round fractions up

- __ __ __ __ Weight
(pounds/kilograms)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

13.11 About how tall are you without shoes?

Note: If respondent answers in metrics, put “9” in column 133.

Round fractions down

- __ / __ __ Height
(ft / inches/metrics/centimeters)
- 7 7 7 7 Don't know / Not sure
- 9 9 9 9 Refused

13.12 What county do you live in?

- ___ ___ ___ FIPS county code
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

13.13 What is your ZIP Code where you live?

- ___ ___ ___ ZIP Code
- 7 7 7 7 7 Don't know / Not sure
- 9 9 9 9 9 Refused

13.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

- 1 Yes
- 2 No **[Go to Q13.16]**
- 7 Don't know / Not sure **[Go to Q13.16]**
- 9 Refused **[Go to Q13.16]**

13.15 How many of these telephone numbers are residential numbers?

- ___ Residential telephone numbers **[6=6 or more]**
- 7 Don't know / Not sure
- 9 Refused

13.16 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.

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

13.17 **Indicate sex of respondent. Ask only if necessary.**

- 1 Male **[Go to Module 7 Q13.19]**
- 2 Female **[If respondent is 45 years old or older, go to Module 7 Q13.19]**

13.18 To your knowledge, are you now pregnant?

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

13.19 Do you have a dog?

- 1 Yes
- 2 No **[Go to Module 7]**
- 7 Don't know / Not sure
- 9 Refused

Please read:

Please pick only one of your dogs in answering the following questions.

13.20 How big is your dog?

- 1 Small, less than 20 pounds
- 2 Medium, 20 to 80 pounds
- 3 Large, 80 pounds or more
- 7 Don't know / Not sure
- 9 Refused

13.21 During an average week how often do you walk your dog for fifteen minutes or more? Do not include times others walk your dog.

- 1 Twice or more a day **[Go to Q13.23]**
- 2 Once a day **[Go to Q13.23]**
- 3 A few times a week
- 4 Once a week or less
- 5 I do not walk my dog
- 7 Don't know / Not sure
- 9 Refused

13.22 Which of the following reasons most contributes to not walking your dog?

- 1 I have a fenced in yard for the dog
- 2 I do not have time in my day
- 3 Someone else in the house does it
- 4 The weather does not permit it
- 5 Other
- 7 Don't know / Not sure
- 9 Refused

13.23 Which of the following reasons most motivates you to walk your dog?

- 1 My dog needs the exercise
- 2 I need the exercise
- 3 I like spending time with my dog
- 4 It's my responsibility as a dog owner
- 5 Other
- 7 Don't know / Not sure
- 9 Refused

Module 7: Child Asthma

If "No children" to core Q13.6, go to Section 17

MOD7_1. Earlier you said there were [fill in number from core Q13.6] children age 17 or younger living in your household. How many of these children have ever been diagnosed with asthma?

- | | | |
|-------|-----------------------|---------------------------|
| __ __ | Number of children | |
| 8 8 | None | [Go to Section 17] |
| 7 7 | Don't know / Not sure | [Go to Section 17] |
| 9 9 | Refused | [Go to Section 17] |

MOD7_2. [Fill in (*Does this child/How many of these children*) from Q1] still have asthma?

If only one child from MOD7_1 and response is "Yes" to MOD7_2 code '01'. If response is "No" code '88'.

- | | |
|-------|-----------------------|
| __ __ | Number of children |
| 8 8 | None |
| 7 7 | Don't know / Not sure |
| 9 9 | Refused |

Section 17: Fruits and Vegetables

Please read:

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods **you** eat. Include all foods **you** eat, both at home and away from home.

17.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?

- | | |
|-------|-----------------------|
| 1 __ | Per day |
| 2 __ | Per week |
| 3 __ | Per month |
| 4 __ | Per year |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

17.2 Not counting juice, how often do you eat fruit?

- | | |
|-------|-----------------------|
| 1 __ | Per day |
| 2 __ | Per week |
| 3 __ | Per month |
| 4 __ | Per year |
| 5 5 5 | Never |
| 7 7 7 | Don't know / Not sure |
| 9 9 9 | Refused |

17.3 How often do you eat green salad?

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.5 How often do you eat carrots?

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

17.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)

- 1 __ Per day
- 2 __ Per week
- 3 __ Per month
- 4 __ Per year
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Cleveland Steps 14: Farmers Market/Community Garden

CS_14.2 How familiar are you with community gardening programs in Cleveland neighborhoods?

Read only if necessary:

- 1 Not at all familiar
- 2 Somewhat familiar
- 3 Familiar
- 4 Very Familiar

Do not read:

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

CS_14.5 How important is it to you that your fruits and vegetables be grown locally, for example, in Northeast Ohio?

Read only if necessary:

- 1 Not at all important
- 2 Somewhat important
- 3 Important
- 4 Very Important

Do not read:

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

buyfv If there was a community garden in your neighborhood, how likely is it that you would buy fruits and vegetables from it?

- 1 Not at all likely
- 2 Somewhat likely
- 3 Likely
- 4 Very likely

Do not read:

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

Food Quality, Access, and Security

Please read: Now we'd like to know what people in Cleveland think about the availability of food in their neighborhood.

CN_1.1 What neighborhood do you live in?

Interviewer Notes:

- **If response is Broadway or Collinwood, please clarify North or South and code appropriately**
- **If response is Brooklyn, please clarify if Brooklyn Center, Old Brooklyn, or the suburb Brooklyn and code each appropriately (if suburb Brooklyn code as "Other" and specify "Brooklyn Suburb")**
- **Please clarify if "east Cleveland" refers to the suburb of East Cleveland or the east side of the city of Cleveland, both of which can be coded as "Other" and defined appropriately as "East Cleveland" or "east side of Cleveland"**
- **An answer of Euclid is likely the suburb of Euclid, not the neighborhood of Euclid Green; please clarify and code appropriately**

- 01 Brooklyn Center (Archwood Denison)
- 02 Buckeye Shaker
- 03 Central
- 04 Clark Fulton
- 05 Corlett
- 06 Cudell
- 07 Detroit Shoreway
- 08 Downtown
- 09 Edgewater
- 10 Euclid Green (Euclid Park)
- 11 Fairfax
- 12 Forest Hills
- 13 Glenville
- 14 Goodrich Gannette (Kirtland)
- 15 Hough
- 16 Industrial Valley
- 17 Jefferson
- 18 Kamms Corner
- 19 Kinsman,
- 20 Lee Miles
- 38 Little Italy
- 21 Mt. Pleasant
- 22 North Broadway
- 23 North Collinwood (North Shores)
- 24 Ohio City
- 25 Old Brooklyn
- 26 Puritas Longmead
- 27 Riverside
- 39 Slavic Village
- 28 South Broadway
- 29 South Collinwood
- 30 St. Clair Superior
- 31 Stockyards
- 32 Tremont
- 33 Union Miles

- 34 University
- 35 West Boulevard
- 40 West Park
- 36 Woodland Hills
- 66 Other (Please specify)
- 77 Don't Know
- 99 Refused

fdqual How satisfied are you with the overall quality of food sold in your neighborhood?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 7 Don't know / Not sure
- 9 Refused

fdsel How satisfied are you with the selection of foods available in your neighborhood?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 7 Don't know / Not sure
- 9 Refused

fdavail How satisfied are you with the availability of healthy food in your neighborhood?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 7 Don't know / Not sure
- 9 Refused

fdprice Overall, how satisfied are you with the price of food available in your neighborhood?

- 1 Very satisfied
- 2 Somewhat satisfied
- 3 Somewhat dissatisfied
- 4 Very dissatisfied
- 7 Don't know / Not sure
- 9 Refused

fdregul How easy is it for you to get to a supermarket or grocery store on a regular basis?

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 5 Don't know/Not sure
- 6 Refused

fdeasy How easy is it for you to get to stores that sell healthy foods?

- 1 Very easy
- 2 Somewhat easy
- 3 Somewhat difficult
- 4 Very difficult
- 7 Don't know / Not sure
- 9 Refused

stcorner How often do you buy food at a corner store or convenience store?

- 1 2 or more times a day
- 2 Daily
- 3 2 or more times a week
- 4 Weekly
- 5 Every 2 weeks
- 6 Monthly
- 7 A few times a year
- 8 Never
- 77 Don't know / Not sure
- 9 9 Refused

stgrocer How often do you buy food at a supermarket or grocery store such as Giant Eagle or Dave's?

- 1 2 or more times a day
- 2 Daily
- 3 2 or more times a week
- 4 Weekly
- 5 Every 2 weeks
- 6 Monthly
- 7 A few times a year
- 8 Never
- 77 Don't know / Not sure
- 9 9 Refused

stware How often do you buy food at a warehouse store such as Costco or Sam's?

- 1 2 or more times a day
- 2 Daily
- 3 2 or more times a week
- 4 Weekly
- 5 Every 2 weeks
- 6 Monthly
- 7 A few times a year
- 8 Never
- 77 Don't know / Not sure
- 9 9 Refused

Stfarm How often do you buy food at a farmer's market or produce stand?

- 1 2 or more times a day

- 2 Daily
- 3 2 or more times a week
- 4 Weekly
- 5 Every 2 weeks
- 6 Monthly
- 7 A few times a year
- 8 Never

- 77 Don't know / Not sure
- 99 Refused

strest How often do you buy food at a restaurant, fast food restaurant, or for carry-out?

- 1 2 or more times a day
- 2 Daily
- 3 2 or more times a week
- 4 Weekly
- 5 Every 2 weeks
- 6 Monthly
- 7 A few times a year
- 8 Never

- 77 Don't know / Not sure
- 99 Refused

getmost In a typical month, where do you get most of your food?

- 1 Corner store or convenience store
- 2 Supermarket or grocery store such as Giant Eagle or Dave's
- 3 Restaurant, fast food restaurant, or carry-out?
- 4 Warehouse store such as Costco or Sam's Club
- 5 Farmer's market or produce stand

gethow How do you get there?

- 1 Walking
- 2 Bus
- 3 My own car
- 4 I get a free ride in a relatives or friend's car
- 5 Taxi
- 6 I pay someone to drive me there
- 7 Other

secmost Is there a second place where you get most of your food?

- 1 Corner store or convenience store
- 2 Supermarket or grocery store such as Giant Eagle or Dave's
- 3 Restaurant, fast food restaurant, or carry-out?
- 4 Warehouse store such as Costco or Sam's Club
- 5 Farmer's market or produce stand

gethow2 How do you get there?

- 1 Walking
- 2 Bus
- 3 My own car

- 4 I get a free ride in a relatives or friend's car
- 5 Taxi
- 6 I pay someone to drive me there
- 7 Other

Safe How safe do you consider your neighborhood to be?

- 1 Extremely safe
- 2 Quite safe
- 3 Slightly safe
- 4 Not at all safe

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

Please read: For the following statements, please tell me whether the statement was often true, sometimes true, or never true for you or your household.

Fdsec1 In the last 12 months, how true is it that you had to cut the size of your meals or skip meals because there wasn't enough money for food?

- 1 Often true
- 2 Sometimes true
- 3 Never true

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

Fdsec2 In the last 12 months, how true is it that you could not afford to eat balanced meals such as fresh fruits and vegetables and whole grains?

- 1 Often true
- 2 Sometimes true
- 3 Never true

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

Section 18: Physical Activity

Please read:

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

18.2 Now, thinking about the moderate activities you do **[fill in “when you are not working” if “employed” or self-employed]** in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 1 Yes
- 2 No **[Go to Q18.5]**
- 7 Don't know / Not sure **[Go to Q18.5]**
- 9 Refused **[Go to Q18.5]**

18.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

- __ Days per week **[1 – 7]**
- 8 8 Do not do any moderate physical activity for at least 10 minutes at a time **[Go to Q18.5]**
- 7 7 Don't know / Not sure **[Go to Q18.5]**
- 9 9 Refused **[Go to Q18.5]**

18.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- _: _ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

18.4B Did you include time spent walking your dog in your moderate physical activity?

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

18.5 Now, thinking about the vigorous activities you do **[fill in “when you are not working” if “employed” or “self-employed”]** in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- 1 Yes
- 2 No **[Go to QCS_1.1 (Cleveland Steps 1)]**
- 7 Don't know / Not sure **[Go to QCS_1.1 (Cleveland Steps 1)]**
- 9 Refused **[Go to QCS_1.1 (Cleveland Steps 1)]**

18.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?

- __ __ Days per week **[1 – 7]**
- 8 8 Do not do any vigorous physical activity for at least 10 minutes at a time
[Go to QCS_1.1 (Cleveland Steps 1)]
- 7 7 Don't know / Not sure **[Go to QCS_1.1 (Cleveland Steps 1)]**
- 9 9 Refused **[Go to QCS_1.1 (Cleveland Steps 1)]**

18.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

- _: __ Hours and minutes per day
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Cleveland Steps 1: Blue Screen

CS_1.1 How many total hours per day do you watch television, play video games and use the computer?

- __ __ Per day **[Range =1 to 24]**
- 8 8 Never
- 7 7 Don't know / Not sure
- 9 9 Refused

Module 18: Weight Control

wtnow **What are you now trying to do about your weight? Are you trying to:**

Please read:

- 1 Lose weight
- 2 Gain weight
- 3 Maintain your current weight, or
- 4 Are you currently doing nothing about your weight

Do not read:

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

MOD18_5. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

Probe for which:

- 1 Yes, lose weight
- 2 Yes, gain weight
- 3 Yes, maintain current weight
- 4 No

7 Don't know / Not sure
9 Refused

Cuyahoga 4: Tobacco Policy

Law1 In November 2006, Ohio passed a clean indoor air law (sometimes known as Issue 5 or Smoke Free Ohio) that prohibits smoking in all indoor workplaces. How would you rate your approval of the law?

- 1 Strongly approve
- 2 Approve
- 3 Disapprove
- 4 Strongly Disapprove
- 7 Don't know / Not sure
- 9 Refused

Ask if QS11.3 = 1 (yes) or 7 (don't know/not sure) OR if QMOD21_1 = 01, 02, 03, 04, 77, 99...

ST228 Have workplace non-smoking policies led you to attempt to quit smoking?

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

Module 22: Secondhand Smoke Policy

MOD22_1. Which statement best describes the rules about smoking inside your home?

Please read:

- 1 Smoking is not allowed anywhere inside your home
- 2 Smoking is allowed in some places or at some times
- 3 Smoking is allowed anywhere inside your home

Or

- 4 There are no rules about smoking inside your home

Do not read:

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

CU4_116A During the past 7 days, that is since **(fill in date)**, how many days did anyone smoke cigarettes, cigars, or pipes anywhere inside your home?

- ___ ___ Number of days **[Range 1-7]**
7 7 Don't know / Not sure
8 8 None
9 9 Refused

CU4_116B In the past seven days, that is since **(fill in date)**, have you been in a car with someone who was smoking?

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

If response to Q13.8 = 1 (Employed) or 2 (Self-employed), continue. Otherwise, go to Steps Core PM 1.

MOD22_3. Which of the following best describes your place of work's official smoking policy for indoor public or common areas, such as lobbies, rest rooms, and lunch rooms?

Note: For workers who visit clients or work at home, "place of work" means their base location. For self-employed persons who work at home, the official smoking policy means the home smoking policy.

Please read:

- 1 Not allowed in any public areas
2 Allowed in some public areas
3 Allowed in all public areas

Or

- 4 No official policy

Do not read:

- 7 Don't know / Not sure
9 Refused

MOD22_4. Which of the following best describes your place of work's official smoking policy for work areas?

Please read:

- 1 Not allowed in any work areas
- 2 Allowed in some work areas
- 3 Allowed in all work areas

Or

- 4 No official policy

Do not read:

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

Steps Core PM 1: Knowledge about Healthy Behaviors

Please read:

Recommendations for physical activity suggest a person exercise a certain amount of time at a moderate pace and a certain amount of time at a vigorous pace ...

SC_PM 1.1 How many times **per week** should you engage in 30 minutes or more of **moderate** physical activity such as walking?

- __ __ Per week
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SC_PM 1.2 How many times per week should you engage in 20 minutes or more of **vigorous** physical activity such as running, swimming or biking?

- 2 __ Per week
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

SC_PM 1.4 How many total servings of fruits and vegetables are recommended to eat every day for good health?

- 1 __ Per day
- 2 __ Per week
- 5 5 5 Never
- 7 7 7 Don't know / Not sure
- 9 9 9 Refused

Cleveland Steps 4: Social Marketing

CS_4.1 Have you heard of Steps to a Healthier Cleveland?

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

Cleveland Steps 7: Awareness of Existing Community Resources

Please read:

I am now going to ask you about your community

CS_7.1 There are resources in your community to help you be physically active.

Read only if necessary:

Would you say you...

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read:

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

CS_7.2 There are resources in your community to help you eat healthy.

Read only if necessary:

Would you say you...

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read:

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

CS_7.4 There are resources in your community to help you stop smoking.

Read only if necessary:

Would you say you...

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read:

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

Cleveland Steps 15: Worksite Wellness

If Q13.8 = 1 (employed), continue. Otherwise go to Cleveland Steps 10

Please read:

Does your employer provide any of the following work-site programs or services, even if you do not take advantage of them yourself?

CS_15.1 Health screenings? (Examples: blood pressure or cholesterol checks, prostate or colorectal, mammograms)

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

CS_15.2 Tobacco cessation (stop smoking) programs?

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

CS_15.3 Weight controls programs? (Examples: Weight Watchers, Overeaters Anonymous).

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

CS_15.4 Physical activity or exercise programs or opportunities? (Examples: gym facilities, walking clubs, exercise classes)

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

ST230 Do you believe that your company or employer should offer stop smoking programs or other help to employees who want to quit smoking?

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

Cleveland Steps 10: Social Support for Behaviors

CS_10.1 You feel supported or encouraged by your community to be healthy?

Read only if necessary:

Would you say you...

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read:

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

Ask if s13Q8 = 1 or 2

CS_10.2 You feel supported or encouraged by your work place to be healthy?

Read only if necessary:

Would you say you...

- 1 Strongly agree
- 2 Agree
- 3 Disagree
- 4 Strongly disagree

Do not read:

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

Cleveland Steps 13: Canadian Healthy Survey

2.1 When you hear the words, "a healthy community," what is the **first thing** you think of?

(Open-ended responses)

2.3 In your opinion, how much influence does your community have on your own personal health?

Please read:

- 1 A great deal of influence
- 2 Some influence
- 3 Not very much influence

Or

- 4 No influence at all

Do not read:

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

Intersection

intersect It is important for us to understand what is happening in Cleveland neighborhoods. Can you tell me the nearest street intersection to where you live? Remember, we have not asked your name or any other identifying information in our survey.



Closing Statement

Please read:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in the city of Cleveland. Thank you very much for your time and cooperation.

IF THEY ASK FOR A NUMBER TO CALL: 216-664-7837