

CASE ID FROM SALESFORCE: _____ (double entry)

INTERVENTION BUILDING (check one):

TWO BRIDGES _____

GRAND ST GUILD SW _____

APARTMENT # _____

SURVEYOR / CHW INITIALS _____

DATE _____

START TIME _____

Health + Housing Project
Resident Post Survey / Needs Assessment

Complete for residents who are eligible and have consented to participate

Henry Street Settlement is conducting this survey on behalf of NYU School of Medicine to help understand the health needs of people living in this community. We are doing this so we can develop programs to help people with their health care and social service needs. The information you provide will help us to develop programs that address the needs that we learn about through this process.

The survey is voluntary and confidential. We will not share your individual responses to any of the questions with anyone. You do not have to take the survey, and you can skip questions you do not want to answer.

In appreciation of your time, you will receive \$20 cash for completing this survey.

INTERVIEWER QUESTION ONLY

A1. Did resident read and sign consent form?

☐ Yes

☐ No

****CONTINUE ONLY IF CONSENT=YES****

A2. Where is this survey being conducted?

☐ Participant's home

☐ Common space in participant's building

☐ Outdoors on building property

☐ Other (SPECIFY) _____

A3. What language is this survey being conducted in?

☐ English

☐ Spanish

☐ Cantonese

☐ Mandarin

☐ Other (SPECIFY) _____

GENERAL HEALTH STATUS

First I have some general questions about your current physical and emotional health.

ASK ALL

B1. In general, would you say your health is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B2. In general, would you say your quality of life is:

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B3. In general, how would you rate your physical health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B4. In general, how would you rate your mental health, including your mood and ability to think?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B5. In general, how would you rate your satisfaction with your social activities and relationships?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

- ☐ Completely
- ☐ Mostly
- ☐ Moderately
- ☐ A little
- ☐ Not at all

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Often
- ☐ Always

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B9. How would you rate your fatigue on average?

- ☐ None
- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Very severe

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B10. How would you rate your pain on average? (Where 0 is no pain and 10 is the worst pain imaginable). CIRCLE THE RESPONSE

0 1 2 3 4 5 6 7 8 9 10

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B11. Overall, how confident are you about your ability to take good care of your health?

- ☐ Completely confident
- ☐ Very confident
- ☐ Somewhat confident
- ☐ A little confident
- ☐ Not confident at all

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B12. In general, how healthy is your overall diet? Would you say...

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B13. Thinking about nutrition...how many total servings of fruit and/or vegetables did you eat **yesterday**? A serving would equal one medium apple, a handful of broccoli, or a cup of carrots.

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

PROBE: You ate (REPEAT ALL THE FRUITS AND VEGETABLES RESPONDENT SAID).

That adds up to X servings. Would you say you ate X servings of fruits and vegetables yesterday?

_____ NUMBER OF SERVINGS
[RANGE 0 – 50]

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B14. Please tell me to what degree you agree or disagree with the following statement.
A large selection of fresh fruits and vegetables is available in my neighborhood.
Do you ... ?

- ☐ Strongly agree
- ☐ Agree
- ☐ Feel neutral (neither agree nor disagree)
- ☐ Disagree
- ☐ Strongly disagree

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

B15. During the **past 30 days**, other than your regular job, did you participate in any physical activities or exercises such as running, dancing, golf, gardening, yoga, or walking for exercise?

☐ Yes

☐ No

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

DEMOGRAPHICS

Now I have a few questions about things like your education, living situation, and background.

ASK ALL

C1. What is your highest grade or level of schooling you completed?

☐ Never attended school or only attended kindergarten

☐ Grades 1 through 8 (Elementary)

☐ Grades 9 through 11 (Some high school)

☐ 12th grade but no diploma

☐ High school graduate or GED

☐ Some college but no degree

☐ Technical/vocational school certificate

☐ Associate degree

☐ Bachelor's degree

☐ Master's degree, professional degree, or doctorate

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

C2. How old are you? _____

____ YEARS

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

C3. Are you **now** married, widowed, divorced, separated, never married OR living with a partner?

READ ALL RESPONSES

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married
- ☐ Living with a partner

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

C4. What country were you born in?

- ☐ United States
- ☐ Puerto Rico
- ☐ Dominican Republic
- ☐ Cuba
- ☐ Mexico
- ☐ China
- ☐ Other (Specify_____)

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

C5. Which of the following best describes your current work situation? Are you currently...?

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for one year or more
- ☐ Out of work for less than one year
- ☐ A homemaker
- ☐ A student
- ☐ Retired

OR

- ☐ Unable to work

[DO NOT READ THESE RESPONSES]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK ALL

C6. Including yourself, how many people in total live in your household?

___ PEOPLE

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

C7. How many children under the age of 18 live in your household?

___ CHILDREN

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

C8. What language do you speak most often at home?

☐ English

☐ Spanish

☐ Cantonese

☐ Mandarin

☐ Other (SPECIFY) _____

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

C9. Can you read in this language?

☐ Yes

☐ No

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

C10. Are you Hispanic or Latino?

☐ Yes

☐ No

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- C11. Which one or more of these groups would you say best represents your race? Would you say: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, American Indian, Alaska Native, Multi-racial, or Other?

READ ANSWER CHOICES. MAY SELECT MULTIPLE RESPONSE OPTIONS.

- ☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or Other Pacific Islander
☐ American Indian, Alaska Native
☐ Mixed race/multi-racial, or
☐ Something else
(SPECIFY) _____
☐ NONE

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW/NOT SURE

☐ REFUSED

ASK ALL

- C12. What is your total annual household income? Include income from all sources and household members in the past year.

- ☐ No annual Income
☐ Less than \$10,000
☐ \$10,000 - \$19,999
☐ \$20,000 - \$29,999
☐ \$30,000 - \$39,999
☐ \$40,000 - \$49,999
☐ \$50,000 - \$59,999
☐ \$60,000 - \$69,999
☐ \$70,000 - \$79,999

☐ \$80,000 - \$89,999

☐ \$90,000 - \$99,999

☐ \$100,000 - \$149,999

☐ \$150,000 or more

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- C13. Do you identify as...?

- ☐ Male
☐ Female
☐ Other

[DO NOT READ THESE RESPONSES]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

HEALTH CARE ACCESS

The next set of questions is about health insurance you might have.

Include health insurance obtained through employment or purchased directly as well as government programs like Medicare and Medicaid that provide medical care or help pay medical bills.

ASK ALL

D1. Are you covered by health insurance or some other kind of health care plan?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK IF HAS HEALTH INSURANCE (D1=YES)

D2. What kind of health insurance do you use to pay for your doctor or hospital bills? Is it insurance through:

CHECK ALL THAT APPLY
READ ANSWER CHOICES

☐ Medicaid or Family Health Plus,
including Medicaid Managed Care
(Metroplus, Healthfirst, etc)

☐ Medicare

☐ Your employer

☐ Someone else's employer

☐ A plan that you or someone else buys
on your own

☐ The military, CHAMPUS, TriCare, or
the VA

☐ COBRA

☐ Some other source?

☐ None

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

D3. Have you experienced any of the following problems in the **past 6 months**, that is since [SAY DATE 6 MONTHS AGO], with getting health care you needed?

READ LIST. CHECK ALL THAT APPLY.

Have you had trouble...

☐ Getting or obtaining health insurance or
health care coverage?

☐ Clearing up health care billing issues?

☐ Finding affordable care?

☐ Getting a doctor's appointment?

☐ With anything else related to getting
health care you needed (SPECIFY
_____)

☐ NONE OF THESE [DO NOT READ]

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK IF HAS HEALTH INSURANCE (D1=YES)

D4. Were you without health insurance at any point during the **past 6 months**, that is since [SAY DATE 6 MONTHS AGO]?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

HEALTH CARE UTILIZATION

Now I have some questions about your access to health care.

ASK ALL

E1. When you need regular medical care, do you go to a private doctor's office, a health clinic, an emergency room, or somewhere else?

☐ A private doctor's office

☐ A health clinic

☐ An emergency room

☐ Some other place

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

E2. What is the name of the doctors' office(s) or clinic(s) that you most often visit for primary care check-ups or basic healthcare advice and needs?

WRITE IN OR CHECK OFF

☐ Gouverneur Health

☐ Betances Health Center

☐ Community Health Care Network
(CHN, 150 Essex)

☐ Charles B Wang Community Health
Center

☐ Henry Street Settlement

☐ New York Presbyterian – Lower
Manhattan (Beekman Downtown)

☐ Bellevue Hospital

☐ Beth Israel

☐ Doctor or clinic (WRITE IN NAME):

OR

☐ NONE

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- E3. Do you have one person or more than one person you think of as your personal doctor or health care provider?

INTERVIEWER PROBE IF "YES," ASK: Do you have only one or more than one?

- ☐ Yes, only one ☐ DON'T KNOW / NOT SURE
☐ More than one ☐ REFUSE
☐ No

ASK IF HAS ONE OR MORE THAN ONE PERSONAL DOCTOR (E3=ONLY ONE OR MORE THAN ONE)

- E4. Have you seen your personal doctor or health care provider in the **last 6 months**, that is since [SAY DATE 6 MONTHS AGO]?

- ☐ Yes ☐ No ☐ DON'T KNOW / NOT SURE
☐ REFUSED

ASK ALL

- E5. During the **past 6 months**, that is since [SAY DATE 6 MONTHS AGO], how many times have you seen a doctor or other health care professional about your health at a doctor's office, a clinic or some other place? **Do not include** times you were hospitalized overnight, visits to hospital emergency rooms, home visits or telephone calls.

- ☐ None ☐ 13 TO 15
☐ 1 ☐ 16 or more
☐ 2 TO 3 ☐ DON'T KNOW / NOT SURE
☐ 4 TO 5 ☐ REFUSED
☐ 6 TO 7
☐ 8 TO 9
☐ 10 TO 12

ASK ALL

- E6. Now I have questions about your access to health care in the **past 6 months**, meaning since [SAY DATE 6 MONTHS AGO]. Was there a time in the **past 6 months** when you needed medical care, but did not get it? Medical care includes doctor's visits, tests, procedures, prescription medication and hospitalization.

- ☐ Yes ☐ No ☐ DON'T KNOW / NOT SURE
☐ REFUSED

ASK ALL

- E7. Now I'd like to know about other types of medical care you may have needed in the **past 6 months**, but were not able to get.

E7	In the past 6 months , was there a time when you needed.....?	Yes	No	DK/NA	R
a	...mental health care, but did not get it?				
b	...dental care, but did not get it?				
c	...eye care, but did not get it?				
d	...prescription medication, but did not get it?				

ASK ALL

- E8. Overall, how would you rate the quality of health care you received in the **past 6 months**?

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

- ☐ DON'T KNOW / NOT SURE
☐ REFUSED

ASK ALL

- E9. Now thinking back over the **past 12 months**, that is since [SAY DATE ONE YEAR AGO], how many times have you been a patient in an emergency room?

___ ___ ___ TIMES

- ☐ DON'T KNOW / NOT SURE
☐ REFUSED

ASK ALL

- E10. Again thinking back over the **past 12 months**, since [SAY DATE ONE YEAR AGO], how many times have you been hospitalized? That is, how many times have you had to stay overnight in the hospital, including any "observation status" stays or inpatient hospital admissions, but not including just staying overnight in the emergency room?

___ ___ ___ TIMES

- ☐ DON'T KNOW / NOT SURE
☐ REFUSED

HEALTH CONDITIONS AND MANAGEMENT

Next are some more specific questions about your physical health, and conditions you might have.

ASK ALL

- F1. Have you ever been told by a doctor, nurse or other health professional that you have hypertension, also called high blood pressure?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- F2. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- F3. Have you ever been told by a doctor, nurse or other health professional that you have diabetes?

INTERVIEWER: IF "YES", AND FEMALE ASK: "Was this only when you were pregnant?"

☐ Yes

☐ Yes, female told only during pregnancy

☐ No

☐ DON'T KNOW/NOT SURE

☐ Borderline or prediabetes [DO NOT READ]

☐ REFUSED

ASK IF EVER TOLD HAD DIABETES (F3=YES)

- F4. A test for hemoglobin "A one C" measures the average level of blood sugar over the past three months. About how many times in the **past 6 months** has a doctor, nurse, or other health professional checked you for hemoglobin "A one C"?

____ NUMBER OF TIMES (0-12)

☐ DON'T KNOW / NOT SURE

☐ NEVER HEARD OF HEMOGLOBIN "A ONE C" TEST

☐ REFUSED

IF NEEDED: This test is also known as Glycosylated [GLY-CASA-LATED] Hemoglobin

ASK ALL

F5. Have you ever been told by a doctor, nurse or other health professional that you have asthma?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

F6. Have you ever been told by a doctor, nurse or other health professional that you have depression?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

F7. In the **past 6 months**, that is since [SAY DATE 6 MONTHS AGO], how many times have you fallen? [IF NEEDED: By a fall, we mean when a person unintentionally comes to rest on the ground or another lower level].

___ TIMES

☐ NONE

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

F8. About how much do you weigh, in pounds, without shoes?

_____pounds (RANGE 80-400)

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

F9. About how tall are you, in feet and inches, without shoes?

_____feet (RANGE 3-7)

☐ DON'T KNOW / NOT SURE

_____inches (RANGE 0-11)

☐ REFUSED

EMOTIONAL HEALTH AND WELL BEING

Now I have a few questions about how you've been feeling in the **past two weeks**. For each question, tell me if you've been bothered by the problem not at all, several days, more than half of the days, or nearly every day.

ASK ALL

G1. During the **past 2 weeks**, how often have you been bothered by having little interest or pleasure in doing things?

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

G2. During the **past 2 weeks**, how often have you been bothered by feeling down, depressed or hopeless?

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

G3. During the **past 2 weeks**, how often have you been bothered by feeling nervous, anxious or on edge?

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

G4. During the **past 2 weeks**, how often have you been bothered by not being able to stop or control worrying?

☐ Not at all

☐ Several days

☐ More than half the days

☐ Nearly every day

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

G5. How many of your friends or relatives do you feel close enough to that you could call on them for help?

READ IF NEEDED:

☐ None

☐ One

☐ Two

☐ Three or four

☐ Five to eight

☐ Nine or more

☐ DON'T KNOW / NOT SURE

☐ REFUSED

SOCIAL SUPPORT

ASK ALL

H1. Next I have a few questions about different kinds of support available to you. Please tell me how often each of the following kinds of support is available to you if you need it. You can tell me that it's available to you all of the time, most of the time, some of the time, a little of the time or none of the time.

		None of the time	A little of the time	Some of the time	Most of the time	All of the time	DK	R
H1								
a	Someone to confide in or talk to about your problems.							
b	Someone to get together with for relaxation.							
c	Someone to help you with daily chores if you were sick.							
d	Someone to turn to for suggestion about how to deal with a personal problem.							
e	Someone to love and make you feel wanted.							

HOUSING AND SERVICE NEEDS

Now I'm going to ask you a few questions about your housing.

ASK ALL

J0. When did you move into this building? Please tell me what month and year.

_____ (MONTH: JAN-DEC) _____ (YEAR: yyyy)

ASK ALL

J1. Are any of the following conditions **currently** present in your apartment?

CHECK ALL THAT APPLY

J1		Yes	No	DK	R
a	Problems with pests such as rats, mice, roaches, or other insects				
b	Mold or mildew				
c	Broken window glass or windows that can't shut or open				
d	Leaking sink or toilet				
e	Leaking windows or ceiling				
f	Stove or refrigerator/freezer not working				
g	Holes in the walls or ceiling, or cracks wider than the edge of a dime				
h	Holes in the floor big enough for someone to catch their foot on				
i	Other (SPECIFY) _____				

ASK ALL

J2. Have you contacted property management in the **past 6 months**, that is since [SAY DATE 6 MONTHS AGO], for a problem in your apartment or building?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK IF CONTACTED PROPERTY MANAGEMENT (J2=YES)

J3. Was the problem resolved?

☐ Yes

☐ No

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

J4. What type of cleaning supplies do you normally use in your apartment?

CHECK ALL THAT APPLY

READ ONLY IF NEEDED

☐ Bleach

☐ Liquid cleansers

☐ Ammonia

☐ Borax

☐ Vinegar

☐ Powdered cleansers such as Comet or

Bon Ami

☐ Other

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

J5. What do you use to rid your apartment of pests (ants, cockroaches, etc.)?

CHECK ALL THAT APPLY

READ ONLY IF NEEDED

☐ Raid or Raid-like spray

☐ Bomb

☐ Traps

☐ Natural alternative

☐ Nothing – that's the Super's job

☐ Other

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- J6. *READ:* I have a few general questions about your household. Your household includes all the people that live with you (children, family, friends). When responding, please keep in mind that there are no right or wrong answers. I also want to remind you that this survey is confidential, so please respond honestly.

READ: I am going to ask you some questions about essential expenses and service needs you may or may not have had during the **last 6 months**, that is since [SAY DATE 6 MONTHS AGO].

J6	In the past 6 months , has there been a time when your household ...	Yes	No	DK	R
a	...was unable to pay the rent on time?				
b	...did not pay the full amount of the gas or electricity bill?				
c	...had service disconnected by the telephone or cellphone company because payments were not made?				

ASK ALL

J7	In the past 6 months , has there been a time when you or any member of your household ...	Yes	No	DK	R
a	...needed Food Stamps (SNAP) or WIC to afford food but could not get these benefits?				
b	...needed to use a food bank or food pantry, but could not or did not know where to go?				
c	...needed clothing but could not get it?				
d	...could not afford to see a doctor, go to the hospital, or pay for medicine?				
e	...needed cash assistance but could not get it?				
f	...needed legal assistance with issues like immigration or eviction but could not get it?				
g	...needed but could not find or pay for childcare?				
h	...needed but could not get assistance with job training or employment programs?				
i	...needed assistance getting more education, such as GED (High School Equivalency Certificate), improving reading, or learning English but could not get it?				
j	...needed exercise or fitness activities but could not find places or afford costs?				

NUTRITION AND FOOD SECURITY

Now I have some questions for you about your food situation.

ASK ALL

- K1. Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was often true, sometimes true, or never true for (you/your household) in the **last 6 months**—that is, since last [SAY DATE 6 MONTHS AGO].

INTERVIEWER: USE "I" IF RESIDENT LIVES ALONE, OTHERWISE USE "WE"

K1		Often true	Sometimes true	Never true	DK	R
a	The first statement is, "I/we worried whether my/our food would run out before I/we got money to buy more."					
b	"The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more."					
c	"(I/we) couldn't afford to eat balanced meals."					

SMOKING, ALCOHOL, AND DRUG USE

Next I'm going to ask you about your cigarette, alcohol, and drug use.

ASK ALL

- L1. Do you now smoke cigarettes every day, some days, or not at all?

☐ Smoke every day

☐ Smoke some days

☐ Not smoking at all

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- L2. How many times in the **past 12 months**, that is since [SAY DATE 12 MONTHS AGO], have you had [4 FOR WOMEN / 5 FOR MEN] or more drinks in a day?

___ ___ ___ TIMES

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- L3. How many times in the **past 12 months**, that is since [SAY DATE 12 MONTHS AGO] have you used an illegal drug or used a prescription medication for non-medical reasons?

___ ___ ___ TIMES

☐ DON'T KNOW / NOT SURE

☐ REFUSED

TECHNOLOGY QUESTIONS

My last few questions are about your use of different types of technology.

ASK ALL

- M1. How often do you send or receive e-mail?

☐ Not at all

☐ Occasionally

☐ Frequently

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- M2. How often do you send or receive texts?

☐ Not at all

☐ Occasionally

☐ Frequently

☐ DON'T KNOW / NOT SURE

☐ REFUSED

ASK ALL

- M3. How often do you look up information on the internet?

☐ Not at all

☐ Occasionally

☐ Frequently

☐ DON'T KNOW / NOT SURE

☐ REFUSED

CHW PROGRAM PARTICIPATION QUESTION

Over the past year, there was a project in your building run by Henry Street Settlement and NYU School of Medicine where a community health worker – Daniel, Laureen, Rosalie or Stephanie – met with residents to set goals and help them meet goals.

N0. Did you participate in this program and meet with one of these community health workers?

☐ Yes [GO TO SAT1]

☐ REFUSED

☐ No [GO TO N1a]

☐ DON'T KNOW / NOT SURE [GO TO SAT1]

IF RESIDENT PARTICIPATED IN THE CHW PROGRAM OR DOES NOT KNOW/NOT SURE, COMPLETE SATISFACTION SURVEY FIRST (SKIP TO PAGE 26) AND THEN RETURN TO N1a

PARTICIPANT INFORMATION

Lastly, I just need to get your name and contact information and then we're done.

N1a. What is your first name? _____

N1b. What is your last name? _____

N2. What is your birth date?
(MM/DD/YYYY)

--	--	--	--	--	--	--	--

N3. What are the last four digits of your social security number?

____ _

IF RESPONDENT IS RELUCTANT OR REFUSES, OR ASKS WHY WE NEED IT:

We are asking for your social security number so we can compare your use of emergency rooms and hospitals before and after our project. We do this by connecting your survey data with a hospital database provided by New York State to conduct this part of the study. Once we combine these two sources of data, all information that could be used to identify you, including your social security number, will be removed from the dataset.

N4. What is your telephone number?

_____ - _____ - _____

N5. CONFIRM NUMBER

_____ - _____ - _____

IF RESPONDENT IS RELUCTANT OR REFUSES, OR ASKS WHY WE NEED IT:

In order for my work to be checked, the study coordinator would like to contact some of the people I interviewed to confirm their participation in this survey. May I provide your phone number please?

ASK ALL

END1. Is there anyone else in the household aged 18 years or older who I can speak to about taking this survey?

- ☐ YES, AND PERSON IS HOME [THANK AND START NEW SCREENER]
- ☐ YES, AND PERSON NOT HOME [GO TO END2]
- ☐ YES, BUT ALREADY TOOK THE SURVEY [THANK AND END]
- ☐ YES, BUT DOES NOT WANT TO TAKE SURVEY [THANK AND END]
- ☐ NO [THANK AND END]

- ☐ DON'T KNOW / NOT SURE
- ☐ REFUSED

ASK IF END1= YES AND PERSON NOT HOME

END2. What is a good day/time to return to speak with her/him?

CHECK ALL THAT APPLY

- | | |
|---------------------------------|--------------------------------|
| <input type="radio"/> MONDAY | <input type="radio"/> SATURDAY |
| <input type="radio"/> TUESDAY | <input type="radio"/> SUNDAY |
| <input type="radio"/> WEDNESDAY | <input type="radio"/> ANY |
| <input type="radio"/> THURSDAY | |
| <input type="radio"/> FRIDAY | |

ASK IF END1= YES AND PERSON NOT HOME

END3. What is the best time of day to reach her/him?

CHECK ALL THAT APPLY

- | | |
|---------------------------------|-----------------------------|
| <input type="radio"/> MORNING | <input type="radio"/> OTHER |
| <input type="radio"/> AFTERNOON | (SPECIFY_____) |
| <input type="radio"/> EVENING | |

Thank you for participating in our survey!