



Healthy People 2010



Call 1-800-567-HOPE  
(4673)  
24 Hours/7 Days  
[www.wecarepeople.org](http://www.wecarepeople.org)



## 2009 Allen County Community Needs Assessment Survey

We all know the importance of a strong community and strong community services. Several local organizations are working together to identify the needs of our Allen County community. The sponsoring organizations are:

- The Allen County Health Department
- Healthy People 2010
- Lima Memorial Health System
- Mental Health and Recovery Services Board
- St. Rita's Medical Center
- The Ohio State University at Lima
- United Way of Greater Lima

***We need your help!*** We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a \$2.00 bill as a “thank you” for your time. We have also enclosed a postage-paid envelope for your convenience.

If you have any questions or concerns, please contact Dave Rosebrock or Kathy Luhn at 419-228-4457 or email: [kluhn@allenhealthdept.org](mailto:kluhn@allenhealthdept.org)

### **Answers Will Remain Confidential!**

#### **Instructions:**

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you.

*Thank you for your assistance. Your responses will help to make Allen County a healthier place for all of our residents.*

**Turn the page to start the survey →**

## Community Issues

Please think about the following community issues. Tell us whether you think each issue is a _____ : (Please check mark your answer)	Big Problem	Medium Problem	Small Problem	Not a Problem
1. Lack of support for local business community	①	②	③	④
2. Domestic violence	①	②	③	④
3. Crime	①	②	③	④
4. Drug abuse	①	②	③	④
5. Teenage pregnancy	①	②	③	④
6. Unemployment	①	②	③	④
7. Juvenile delinquency	①	②	③	④
8. Lack of recreational programs and resources	①	②	③	④
9. Child abuse	①	②	③	④
10. Poverty	①	②	③	④
11. Underage alcohol consumption	①	②	③	④

12. What do you think is the single most important problem facing local families at the present time? *(Feel free to select an issue from the above table or choose one not listed above.)* \_\_\_\_\_

\_\_\_\_\_

13. What do you think is the single most important problem facing your community at the present time? *(Feel free to select an issue from the above table or choose one not listed above.)* \_\_\_\_\_

\_\_\_\_\_

Please think about the following community services. Tell us what you think about the importance of each service. (Please check mark your answer)	Very Important	Important	Somewhat Important	Not Important
14. Care of the elderly	①	②	③	④
15. Services for people with disabilities	①	②	③	④
16. Youth programs <i>(such as after school, summer, weekends)</i>	①	②	③	④
17. Alcohol and substance abuse programs	①	②	③	④
18. Child care	①	②	③	④
19. Job training/employment services	①	②	③	④
20. Crime prevention services	①	②	③	④
21. Neighborhood services <i>(property upkeep, noise &amp; traffic control)</i>	①	②	③	④
22. Health care	①	②	③	④
23. Poverty relief programs	①	②	③	④

24. What is the most important service that an organization is providing or should provide to your community at the present time? *(Feel free to select a service from the above table or choose one not listed above.)* \_\_\_\_\_

\_\_\_\_\_

### Community Issues

25. How safe from crime do you consider your neighborhood to be?
- Extremely safe
  - Quite safe
  - Slightly safe
  - Not at all safe
  - Don't know
26. Have you looked for a program to help with depression, anxiety, or some other mental health problem for you or for a loved one?
- Yes, and I found one
  - Yes, and I have not found one
  - No, I have not looked
27. Have you looked for a program to control drug or alcohol abuse for you or for a loved one?
- Yes, and I found one
  - Yes, and I have not found one
  - No, I have not looked
28. Have you attempted to get assistance from any social service agencies such as a United Way agency, church, Welfare/Job & Family Services agency, LACCA or other human services organization?
- Yes, I looked for and received assistance
  - Yes, I looked for but did not receive any assistance
  - No, I chose not to look
  - No, I did not know where to look
  - No, I did not need to look
  - Don't know

29. Where did you get assistance?
- I did not look for assistance
  - I looked for assistance but did not get any
  - A friend or family member
  - A church
  - LACCA
  - The Welfare Department/Job & Family Services
  - United Way agency
  - Somewhere else: \_\_\_\_\_

### Health Status

30. Would you say that in general your health is:
- Excellent
  - Very good
  - Good
  - Fair
  - Poor
31. 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 \_\_\_\_\_
- None
  - Don't know
32. 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 \_\_\_\_\_
- None
  - Don't know
33. 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 \_\_\_\_\_
- None
  - Don't know

### Health Care Utilization

34. Is there one particular doctor or health professional who you usually go to when you need routine medical care?
- Yes, only one
  - More than one
  - No
  - Don't know
35. What kind of place do you usually go to if you are sick or need advice about your health? (**CHECK ONLY ONE**)
- A doctor's office
  - A hospital outpatient department
  - A hospital emergency room
  - An urgent care center
  - Med-Care Clinic
  - Lima Community Health Center/ Allen County Health Partners (8<sup>th</sup> Street Clinic/ Southside Clinic)
  - Some other kind of place
  - Internet/Web
  - Don't know
36. What is the main reason you do not have a usual source of medical care?
- I do have a usual source of medical care
  - Two or more usual places
  - Have not needed a doctor
  - Do not like/trust/believe in doctors
  - Do not know where to go
  - Previous doctor is unavailable/has moved
  - No insurance/cannot afford
  - Speak a different language
  - No place is available/close enough
  - Don't know

37. What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? (**CHECK ALL THAT APPLY**)
- Nothing would prevent me
  - Cost
  - Frightened of the procedure or doctor
  - Worried they might find something wrong
  - Cannot get time off from work
  - Hours not convenient
  - Difficult to get an appointment
  - Do not trust or believe doctors
  - No transportation or difficult to find transportation
  - Some other reason

### Health Care Coverage

38. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare?
- Yes
  - No – **GO TO QUESTION 41**
  - Don't know
39. What type of health care coverage do you use to pay for most of your medical care?
- Your employer's plan
  - Someone else's employer's plan
  - A plan that you or someone else buys on your own
  - Medicare
  - Medicaid or Medical Assistance
  - The military, CHAMPUS, TriCare, or the VA
  - The Indian Health Service
  - Some other source
  - None
  - Don't know

40. Does your health coverage include:

Medical?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Dental?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Vision?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Mental health?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Prescription coverage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Home care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Skilled nursing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Hospice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Your spouse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

41. What is the reason you are without health care coverage? (**CHECK ALL THAT APPLY**)

- Never without health care coverage
- Lost job or changed employers
- Spouse or parent lost job or changed employers
- Became divorced or separated
- Spouse or parent died
- Became ineligible (age or left school)
- Employer doesn't/stopped offering coverage
- Became a part time or temporary employee
- Benefits from employer/former employer ran out
- Couldn't afford to pay the premiums
- Insurance company refused coverage
- Lost Medicaid eligibility
- None of the above

### Health Care Access

42. 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.)
- Within the past year (anytime less than 12 months ago)
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 5 years (2 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know/Not sure
  - Never
43. In the past 12 months, have you chosen to go outside of Allen County to get health care services?
- Yes
  - No
44. During the past 12 months, did you get a prescription from your doctor which you did **not** get filled?
- Yes
  - No
  - Don't know

### Oral Health

45. How long has it been since you last visited a dentist or a dental clinic for any reason? Include visits to dental specialists, such as orthodontists.
- Within the past year (anytime less than 12 months ago) – **GO TO QUESTION 47**
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 5 years (2 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know/Not sure
  - Never

46. What is the main reason you have not visited the dentist in the last year?
- Fear, apprehension, nervousness, pain, dislike going
  - Cost
  - Do not have/know a dentist
  - Cannot get to the office/clinic (too far away, no transportation)
  - No appointments available
  - Dentist does not accept my insurance (Medicaid)
  - No reason to go (no problems, no teeth)
  - Other priorities
  - Have not thought of it
  - Other
  - Don't know

<b>Alcohol Consumption</b>
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47. During the past month, how many days did you have at least one drink of any alcoholic beverage?
- Days per month \_\_\_\_\_
- Don't know
  - Do not drink - **GO TO QUESTION 51**
48. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days you drank, about how many drinks did you consume on average?
- Number of drinks \_\_\_\_\_
- Don't know
49. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?
- Number of times \_\_\_\_\_
- None
  - Don't know

50. During the past month, how many times have you driven when you've had perhaps too much to drink?

Number of times \_\_\_\_\_

- None
  - Don't know
51. As a result of drinking, have you or a family member failed to fulfill obligations at work or home, or placed yourself in dangerous situations, or had legal problems?
- Yes
  - No
  - Don't know

<b>Preventive Medicine &amp; Health Screenings</b>
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52. Have you ever been told by a doctor, nurse, or other health professional that you had diabetes (sugar)?
- Yes
  - No - **GO TO QUESTION 55**
  - Don't know
53. How old were you when you were told you have diabetes?
- Age in years \_\_\_\_\_
- Don't know
54. Have you ever taken a course or class on how to manage your diabetes yourself?
- Yes
  - No
  - Don't know
55. Have you ever been told by a doctor, nurse, or other health professional that you had high blood pressure?
- Yes
  - No- **GO TO QUESTION 57**
  - Don't know
56. Are you currently taking medication for your high blood pressure?
- Yes
  - No
  - Don't know

57. When did you last have your blood pressure taken by a doctor, nurse, or other health professional?

- Less than six months ago
- 6 to 12 months ago
- 1 to 2 years ago
- 3 to 4 years ago
- 5 or more years ago
- Don't know
- Never
- Never, did myself at self-operated location

58. Has a doctor, nurse, or other health professional ever told you that you had high blood cholesterol?

- Yes
- No
- Don't know

59. Blood cholesterol is a fatty substance found in the blood. When did you last have your blood cholesterol checked?

- 1 to 12 months ago
- 1 to 2 years ago
- 3 to 4 years ago
- 5 or more years ago
- Have never had it checked
- Don't know

60. Have you had the following screenings or exams within the past 24 months?

Skin cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Osteoporosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

61. Has a doctor, nurse or other health professional ever told you that you had any of the following?

Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Coronary heart disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Cancer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Chronic lung disease including bronchitis or emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Depression or anxiety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Serious mental illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Arthritis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know
Sexually Transmitted Disease (for example herpes, genital warts, gonorrhea, Chlamydia, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know

62. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot (or flu mist)?

- Yes
- No
- Don't know

63. A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia vaccination?

- Yes
- No
- Don't know

64. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. When did you have your last sigmoidoscopy or colonoscopy?
- Within the past year (anytime less than 12 months ago)
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 5 years (2 years but less than 5 years ago)
  - 5 or more years ago
  - Never
  - Don't know/Not sure

### Preventive Counseling Services

65. Has a doctor or other health professional talked to you about the following topics? Please check the box that indicates if you have discussed this topic within the past year, before the past year, or not at all.

	Within past year	Before the past year	Not at all
Your diet or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention such as safety belt use, helmet use, or smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunization status?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Tobacco Use

66. Have you smoked at least 100 cigarettes in your entire life?
- Yes
  - No – **GO TO QUESTION 69**
  - Don't know
67. Do you now smoke cigarettes everyday, some days, or not at all?
- Everyday
  - Some days
  - Not at all
68. During the past 12 months, have you quit smoking for 1 day or longer because you were trying to quit smoking?
- Yes
  - No
  - Don't know
69. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff?
- Every day
  - Some days
  - Not at all

### Marijuana & Other Drug Use

70. During the past six months, have you used any of the following: (**CHECK ALL THAT APPLY**)
- Marijuana or hashish
  - Amphetamines, methamphetamines or speed
  - Cocaine, crack, or coca leaves
  - Heroin
  - LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
  - Inhalants such as glue, toluene, gasoline, or paint
  - Ecstasy or E
  - I have not used any of these substances in the past six months

71. How frequently have you used the drugs checked in #70 during the past six months?
- Almost every day
  - 3 to 4 days a week
  - 1 or 2 days a week
  - 1 to 3 days a month
  - Less than once a month
  - I have not used any of these substances in the past six months
  - Don't know
72. Have you misused any of the following medications during the past six months that were either not prescribed for you, or you took more than was prescribed to feel good or high, more active or alert? (**CHECK ALL THAT APPLY**)
- OxyContin
  - Tranquilizers such as Valium or Xanax, sleeping pills, barbituates, or Seconal
  - Codeine, Demerol, Morphine, Percodan, Methadone, Darvon, or Dilaudid
  - I have not misused any of these medications in the past six months
73. How frequently have you misused the medications checked above during the past six months?
- Almost every day
  - 3 to 4 days a week
  - 1 or 2 days a week
  - 1 to 3 days a month
  - Less than once a month
  - I have not misused any of these medications during the past six months
  - Don't know/Not sure

<b>Women's Health</b>
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***MEN, GO TO MEN'S HEALTH SECTION, QUESTION 78***

74. A mammogram is an x-ray of each breast to look for breast cancer. When was your last mammogram?
- Have never had a mammogram
  - Within the past year
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know
75. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. When was your last breast exam?
- Have never had a breast exam
  - Within the past year
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know
76. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?
- Have never had a Pap smear
  - Within the past year
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know

77. If you were pregnant in the past 5 years, during your last pregnancy, did you...**(CHECK ALL THAT APPLY)**
- I was not pregnant in the past 5 years
  - Get prenatal care within the first 3 months
  - Take a multi-vitamin
  - Smoke cigarettes
  - Use alcohol
  - Use marijuana
  - Use any drugs
  - Experience domestic violence
  - Live with a smoker
  - Did not experience/use any of these

<b>Men's Health</b>
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***WOMEN, GO TO SEXUAL BEHAVIOR SECTION, QUESTION 81***

78. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. When was your last PSA test?
- Have never had a PSA test
  - Within the past year (any time less than 12 months ago)
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know
79. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?
- Yes
  - No
  - Don't know

80. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. When was your last digital rectal exam?
- Have never had a digital rectal exam
  - Within the past year
  - Within the past 2 years (1 year but less than 2 years ago)
  - Within the past 3 years (2 years but less than 3 years ago)
  - Within the past 5 years (3 years but less than 5 years ago)
  - 5 or more years ago
  - Don't know

<b>Sexual Behavior</b>
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81. Except for tests you may have had as part of blood donations, have you been tested for HIV in the past year? Include saliva tests.
- Yes
  - No
  - Don't know
82. Do any of the following situations apply to you? You do not need to say which one.
- You have used intravenous drugs in the past year;
- You have been treated for a sexually transmitted or venereal disease in the past year;
- You tested positive for HIV (the virus that causes AIDS);
- You had anal sex without a condom in the past year
- Yes
  - No
  - Don't know
83. During the past twelve months, with how many different people have you had sexual intercourse?
- Number of people \_\_\_\_\_
- Don't know
  - Have not had intercourse in past 12 months – **GO TO QUESTION 87**

84. What are you or your partner doing now to keep from getting pregnant? (**CHECK ALL THAT APPLY**)

- No partner/not sexually active (abstinent)
- My partner is same sex
- Not using birth control
- Tubes tied (female sterilization)
- Hysterectomy (female sterilization)
- Vasectomy (male sterilization)
- Pill, all kinds (Ortho Tri-Cyclen, etc.)
- IUD (including Mirena)
- Condoms (male or female)
- Contraceptive implants (Jadelle)
- Diaphragm, cervical ring or cap (Nuvaring or others)
- Shots (Depo-Provera, Lunelle, etc.)
- Emergency contraception (EC)
- Withdrawal
- Having sex only at certain times (rhythm)
- Other method (foam, jelly, cream, etc.)
- Don't know/Not sure

85. What are your reasons for not using any birth control now? (**CHECK ALL THAT APPLY**)

- I am not having sex
- My partner is same sex
- I am using a birth control method
- I want to get pregnant
- My partner or I don't want to use birth control
- I don't think my partner or I can get pregnant
- I can't pay for birth control
- My partner or I had a hysterectomy/vasectomy/tubes tied
- Too old

86. The last time you had sexual intercourse, was a condom used :

- To prevent pregnancy
- To prevent diseases like syphilis, gonorrhea, and AIDS
- For both of these reasons
- For some other reason
- Did not use a condom
- Don't know

87. Have you ever been forced to have sexual activity when you didn't want to?

- Yes
- No

#### Exercise

88. Other than your regular job, do you take part in physical activities or exercise, such as brisk walking, cycling, swimming, golfing, or yard work for exercise?

- Yes
- No

89. Generally, how many times per week do you take part in these physical activities or exercise?

\_\_\_\_\_ times per week

90. How much time do you usually spend each time you take part in these physical activities/exercise?

\_\_\_\_\_ hours and/or \_\_\_\_\_ minutes

#### Weight Control

91. Are you now trying to...

- Maintain your current weight, that is, to keep from gaining weight
- Lose weight
- Gain weight
- None of the above

92. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight? (**CHECK ALL THAT APPLY**)
- I did not do anything to lose weight or keep from gaining weight
  - Eat less food, fewer calories, or foods low in fat
  - Exercise
  - Go without eating for 24 hours
  - Take any diet pills, powders, or liquids without a doctor's advice
  - Vomit or take laxatives
  - Smoke cigarettes

93. On an average day, how many hours do you spend doing the following activities?

TV	Video Games (Sitting)	Computer (outside of work)
<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours	<input type="checkbox"/> 0 hours
<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour	<input type="checkbox"/> Less than 1 hour
<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour	<input type="checkbox"/> 1 hour
<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours	<input type="checkbox"/> 2 hours
<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours	<input type="checkbox"/> 3 hours
<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours	<input type="checkbox"/> 4 hours
<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours	<input type="checkbox"/> 5 hours
<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours	<input type="checkbox"/> 6+ hours

**Diet & Nutrition**

94. During the past 7 days, how many times did you eat fruit or drink 100% fruit juice? (Do not count punch, Kool-aid, sports drinks, or other fruit flavored drinks.)
- I did not eat or drink any the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day

95. During the past 7 days, how many times did you eat vegetables such as green salad, carrots, or potatoes? (Do not count french fries, fried potatoes, or potato chips.)
- I did not eat any during the past 7 days
  - 1 to 3 times during the past 7 days
  - 4 to 6 times during the past 7 days
  - 1 time per day
  - 2 times per day
  - 3 times per day
  - 4 or more times per day
96. In a typical week, how many meals do you eat out in a restaurant or bring take out food home to eat? \_\_\_\_\_ meals
97. In general, do you read food labels or consider nutritional content when choosing foods you eat?
- Yes
  - No
  - Don't know

**Mental Health & Suicide**

98. In the past year, have you had 2 weeks or more during which you felt sad, blue, or depressed, or when you lost all interest or pleasure in things you usually cared about or enjoyed?
- Yes
  - No
  - Don't know/Not sure
99. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes
  - No
100. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
  - 1 time
  - 2 or 3 times
  - 4 or 5 times
  - 6 or more times

101. On a typical day, how would you rate your stress level?

- Very low stress level
- Low stress level
- Moderate stress level
- High stress level
- Very high stress level

102. When you feel stressed, how do you deal with it? (**CHECK ALL THAT APPLY**)

- Exercise
- Either eat more or less than normal
- Talk to someone you trust (friends, relatives, etc.)
- Sleep
- Listen to music
- Work
- Drink alcohol
- Use herbs or home remedies (like Ginseng, etc.)
- Smoke tobacco
- Use illegal drugs
- Use prescription drugs
- Work on a hobby
- Take it out on others
- Meditate
- Other

#### Safety/Injury Prevention

103. Have you ever hit your head hard enough that you were dizzy, had a concussion, were knocked out, had your “bell rung”, etc.?

- Yes
- No
- Don't know

104. Did you know a head injury at some time in your life can create anger and anxiety?

- Yes
- No
- Don't know

105. How often do you wear a seat belt when in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

106. When was the last time you or someone else deliberately tested all of the smoke detectors in your home?

- Less than a month ago
- 1 to 5 months ago
- 6 to 12 months ago
- One or more years ago
- Never
- No smoke detectors in home
- Don't know/not sure

107. When you rode an ATV, racing bike, or motorcycle during the past 12 months, how often did you wear a helmet?

- I did not ride an ATV, racing bike, or motorcycle during the past 12 months
- Never wore a helmet
- Rarely wore a helmet
- Sometimes wore a helmet
- Most of the time wore a helmet
- Always wore a helmet

#### Quality of Life/Care Giving Needs

108. Are you limited in any way in any activities because of any physical, mental, or emotional problems?

- Yes
- No
- Don't know

109. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?

- Yes
- No
- Don't know

110. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
- Yes
  - No
  - Don't know

111. What major impairments or health problems limit your activities?
- I am not limited by any impairments or health problems
  - Arthritis/rheumatism
  - Back or neck problem
  - Fractures, bone/joint injury
  - Walking problem
  - Lung/breathing problem
  - Hearing problem
  - Eye/vision problem
  - Heart problem
  - Stroke-related problem
  - Hypertension/high blood pressure
  - Diabetes
  - Cancer
  - Depression/anxiety/emotional problems
  - Other impairment/problem

112. Would you have any problems getting the following if you needed them today? (**CHECK ALL THAT APPLY**)
- Someone to loan me \$50
  - Someone to help me if I were sick and needed to be in bed
  - Someone to take me to the clinic or doctor's office if I needed a ride
  - Someone to talk to about my problems
  - I would not have problems getting any of these things if I needed them

113. In the past 30 days, have you needed help meeting your general daily needs such as food, clothing, shelter, or paying utility bills?
- Yes
  - No
  - Don't know

<b>Violence</b>
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114. During the past 12 months, have any of the following threatened to abuse you?
- A spouse or partner
  - A parent
  - Another family member living in your household
  - Someone else
  - No one has threatened to abuse me in the past 12 months
115. During the past 12 months, were you abused by any of the following? Include physical, sexual, emotional, and verbal abuse.
- A spouse or partner
  - A parent
  - Another family member living in your household
  - Someone else
  - I was not abused in the past 12 months

116. During the past 12 months, has anyone ever hit, slapped or physically hurt you on purpose in your home?
- Yes
  - No
  - Don't know

<b>Parenting</b>
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**If there are no children in your household or your children are 18 or older, go to question 122.**

117. During the past 12 months, was there any time that any of your children did not have any health insurance coverage?
- Yes, and at least one child does not have health insurance now
  - Yes, but all of my children have health insurance now
  - No
  - Don't know

118. Have you used any of the following programs for your infant to 4-year-old child? **(CHECK ALL THAT APPLY)**

- I do not have an infant to 4-year-old child
- WIC (Women, Infants and Children Supplemental Food Program)
- Head Start
- Help Me Grow
- Newborn home visits
- Early Intervention Services
- Out of home daycare

119. What did you discuss with your 12 to 17 year old in the past year? **(CHECK ALL THAT APPLY)**

- I do not have a child 12 to 17 years old
- Abstinence and how to refuse sex
- Birth control
- Condoms/Safer sex/STD prevention
- Dating and relationships
- Eating habits
- Body image
- Screen time (TV or computer)
- Refusal skills
- Negative effects of alcohol
- Negative effects of tobacco
- Negative effects of marijuana and other drugs
- Did not discuss any of these

120. How did you put your child to sleep most of the time as an infant? **(CHECK ALL THAT APPLY)**

- On his or her side
- On his or her back
- On his or her stomach
- In bed with you or another person

121. Has a doctor ever told you that any of your children have any of the following chronic condition(s)? **(CHECK ALL THAT APPLY)**

- Yes, a deformity or orthopedic impairment
- Yes, a chronic respiratory condition such as asthma, chronic bronchitis or sinusitis
- Yes, a heart condition such as heart murmurs or congenital defects
- Yes, a hearing or speech impairment
- Yes, a mental health disorder such as anxiety, mood, or disruptive disorders
- Yes, autism spectrum disorder
- Yes, aspergers disease
- Yes, sickle cell disease
- Yes, a genetic disorder
- No

<b>Miscellaneous Health</b>
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122. The following problems are sometimes associated with poor health. In or around your household, which of the following do you think have threatened you or your family's health in the past year? **(CHECK ALL THAT APPLY)**

- Rodents (mice or rats)
- Insects (mosquitoes, ticks, flies)
- Unsafe water supply
- Plumbing problems
- Sewage/waste water problems
- Temperature regulation (heating and air conditioning)
- Safety hazards (structural problems)
- Lead paint
- Chemicals found in household products (such as cleaning agents, pesticides, automotive products)
- Mold
- Asbestos
- None

### Demographics

123. What is your zip code? \_\_\_\_\_

124. What is your age? \_\_\_\_\_

125. What is your gender?

- Male
- Female

126. What is your race?

- American Indian/Alaska Native
- Asian
- Black or African-American
- Native Hawaiian/ Other Pacific Islander
- White
- Other: \_\_\_\_\_
- Don't know

127. Are you Hispanic or Latino?

- Yes
- No
- Don't know

128. Are you...

- Married
- Divorced
- Widowed
- Separated
- Never been married
- A member of an unmarried couple

129. How many children live in your household who are...

Less than 5 years old \_\_\_\_\_

5 to 12 years old \_\_\_\_\_

13 to 17 years old \_\_\_\_\_

- None

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

- Never attended school or only attended kindergarten
- Elementary
- Some high school
- High school graduate
- Some college or technical school
- College graduate

131. Are you currently...

- Employed for wages full-time
- Employed for wages part-time
- Self-employed
- Out of work for more than 1 year
- Out of work for less than 1 year
- Homemaker
- Student
- Retired
- Unable to work

132. Is your annual household income from all sources...

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$19,999
- \$20,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 or more
- Don't know

133. About how much do you weigh without shoes?

POUNDS \_\_\_\_\_

- Don't know

134. About how tall are you without shoes?

FEET \_\_\_\_\_

INCHES \_\_\_\_\_

- Don't know

***Thank you for your time and opinions!  
Please place your completed survey in  
the pre-stamped and addressed envelope  
provided and mail today!***

Certain questions provided by: Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2003-2007.