

2017 GOODHUE COUNTY COMMUNITY HEALTH ASSESSMENT ANNEXES

G: Survey Tool

This is the survey tool mailed out for the 2015 Goodhue County Community Health Needs Assessment Survey.

Goodhue County Community Health Needs Assessment

SURVEY INSTRUCTIONS



- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

- Excellent
 Very good
 Good
 Fair
 Poor

2. Have you ever been told by a doctor or other health care professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pre-hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Overweight	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stroke or stroke-related health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Arthritis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. What kind of place do you usually go to when you are sick or need advice about your health?

- A doctor's office
 A tribal clinic
 An urgent care clinic
 A clinic
 Some other health center
 No usual place
 A free clinic
 An emergency room
 Some other place _____

4. When was the last time you had...

	Within the past year	Within the past 2 years	Within the past 5 years	Five or more years ago	Never
a. ... a flu shot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... a dental exam or your teeth cleaned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... a hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... an eye exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... your blood pressure checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... your blood cholesterol checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... your blood sugar checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ... any screening for skin cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. ... any screening for colon cancer? <i>Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy, colonoscopy or barium enema</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. ... a prostate exam (men only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. ... a Pap test (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. ... a mammogram (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. ... a general health exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

DO NOT WRITE IN THIS BOX



5. Are you now trying to lose weight?

- Yes No

6. 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?

Write the number in the boxes, then fill in the appropriate circle beneath each box. ►

		days
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

7. During the past 12 months, have you seen a doctor, nurse, or other health professional about your own health?

- Yes No ► IF NO, GO TO QUESTION 9

8. Did the doctor, nurse, or other health professional discuss with you or ask you about your:

(Mark ALL that apply)

- Physical activity
- Diet or nutrition
- Weight
- Smoking or other tobacco use
- Stress
- Mental health concerns
- Feeling safe at home

9. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

- Yes No ► IF NO, GO TO QUESTION 11

10. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I had transportation problems
- I was too nervous or afraid
- I did not think it was serious enough
- It cost too much
- I did not have insurance
- My insurance did not cover it
- I did not know where to go
- Other reason _____

11. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?

- Yes No ► IF NO, GO TO QUESTION 13

IF YES, GO TO QUESTION 12

12. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I had transportation problems
- I was too nervous or afraid
- It cost too much
- I did not have insurance
- The dentist wouldn't accept my insurance
- I did not know where to go
- Other _____

13. 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?

		days
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

14. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues, but did not go, or delayed talking with someone?

- Yes No ► IF NO, GO TO QUESTION 16

15. Why did you not get or delay getting the mental health care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I had transportation problems
- I was too nervous or afraid
- I did not think it was serious enough
- It cost too much
- I did not have insurance
- My insurance did not cover it
- I did not know where to go
- Other reason _____

16. In the past 6 months, which statement best describes medications prescribed for you?

- I had no medications prescribed for me ► GO TO QUESTION 18
- I had medications prescribed for me and I filled ALL of the prescriptions ► GO TO QUESTION 18
- I had medications prescribed for me and I did not fill at least one of them

17. Why did you not fill at least one prescription for medication? (Mark ALL that apply)

- I do not have insurance I did not think I needed the medication I did not like the side effects
 It cost too much I did not know where to go Other _____
 I do not like taking medications I had transportation problems

18. Do you currently have any of the following types of health insurance? (Please mark yes or no for each.)

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer | <input type="radio"/> | <input type="radio"/> |
| b. Health insurance or coverage bought directly by yourself or your family (<u>not</u> through an employer) | <input type="radio"/> | <input type="radio"/> |
| c. Indian or Tribal Health Service | <input type="radio"/> | <input type="radio"/> |
| d. Medicare | <input type="radio"/> | <input type="radio"/> |
| e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP) | <input type="radio"/> | <input type="radio"/> |
| f. MinnesotaCare | <input type="radio"/> | <input type="radio"/> |
| g. Insurance through MNSure or South County Health Alliance (SCHA) | <input type="radio"/> | <input type="radio"/> |
| h. CHAMPUS, TRICARE, or Veterans' benefits | <input type="radio"/> | <input type="radio"/> |
| i. Other health insurance or coverage (please specify): _____ | <input type="radio"/> | <input type="radio"/> |
| j. NO health insurance coverage | <input type="radio"/> | <input type="radio"/> |

19. Do you consider yourself: Overweight About the right weight Underweight

20. How much do you agree or disagree with these statements about people with mental illness?

- | | Strongly agree | Agree | Disagree | Strongly disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Treatment can help people with mental illness lead normal lives. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. People are generally caring and sympathetic to people with mental illness. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

21. A serving of fruit is one medium-sized piece of fruit or a half cup chopped, cut, or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)

Servings

0	0
1	1
2	2
3	
4	
5	
6	
7	
8	
9	

Write the number in the boxes, then fill in the appropriate circle beneath each box. ►

22. A serving of 100% fruit juice is 6 ounces. How many 6 ounce servings of 100% fruit juice did you have yesterday?

Servings

0	0
1	1
2	2
3	
4	
5	
6	
7	
8	
9	

23. A serving of vegetables -not including french fries- is one cup of salad greens or a half cup of any other vegetables. How many servings of vegetables did you have yesterday?

Servings

0	0
1	1
2	2
3	
4	
5	
6	
7	
8	
9	

24. How many glasses of each of the following did you drink yesterday?

- Think of a "glass" as a 12-oz. serving.
- | | 0 | 1-2 | 3-4 | 5-6 | 7 or more |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Milk | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Pop or soda (regular) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Pop or soda (diet) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Sports or energy drinks (Gatorade, Red Bull, Monster, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

25. In an average week, how many times do you do the following?

- | | 0 | 1-2 | 3-4 | 5-6 | 7 or more |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Eat out or order out a meal from a <u>fast food</u> place (McDonald's, KFC, Taco Bell, pizza places, etc.) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Eat a meal out at a <u>restaurant</u> that is <u>not</u> a fast food place | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Eat a meal from Meals on Wheels | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Eat a meal from a senior dining site | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Eat a meal at a community setting such as a church | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Eat a home-cooked meal | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Watch television during meal time | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

26. In a typical month, how often do you or others in your household buy or get food from the following places?

- | | Never or less than one time per month | About one time per month | About two or three times per month | About one time per week | Two or more times per week |
|---------------------------------------|---------------------------------------|--------------------------|------------------------------------|-------------------------|----------------------------|
| a. Supermarket or large grocery store | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Small grocery store | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Convenience store or gas station | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Grocery delivery service | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Food shelf or food pantry | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Some other place | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

27. During the growing season, how often do you or others in your household buy or get food from the following places?

- | | Never or less than one time per month | About one time per month | About two or three times per month | About one time per week | Two or more times per week |
|--|---------------------------------------|--------------------------|------------------------------------|-------------------------|----------------------------|
| a. Farmers market, fruit/vegetable stand | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Local farm or CSA (community supported agriculture) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Food grown at home or in a community garden | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

28. How far do you usually go (one way) to get your groceries?

- | | |
|---|-------------------------------------|
| <input type="radio"/> Less than 2 miles | <input type="radio"/> 11-20 miles |
| <input type="radio"/> 2-6 miles | <input type="radio"/> 21-30 miles |
| <input type="radio"/> 7-10 miles | <input type="radio"/> Over 30 miles |

29. How often do you prepare a meal cooked at home from basic ingredients, such as pasta, rice, vegetables or meats?

- | | |
|---|---|
| <input type="radio"/> Every day | <input type="radio"/> 1-2 days per week |
| <input type="radio"/> 5-6 days per week | <input type="radio"/> Never |
| <input type="radio"/> 3-4 days per week | |

30. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- | | |
|---------------------------------|------------------------------|
| <input type="radio"/> Often | <input type="radio"/> Rarely |
| <input type="radio"/> Sometimes | <input type="radio"/> Never |

31. During the past 12 months, have you used a community food shelf program?

- | | |
|---------------------------|--------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No |
|---------------------------|--------------------------|

32. Please mark the extent to which you agree or disagree with each of the following statements.

- | | Strongly agree | Agree | Disagree | Strongly disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. The fresh fruits and vegetables where I usually shop are too expensive | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Fruits and vegetables are difficult to prepare | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

33. When you are at work, which of the following best describes what you do? (Please mark only ONE answer)

- Mostly sitting Mostly heavy labor or physically demanding work
 Mostly standing
 Mostly walking Not currently employed

34. During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?

- Yes No

35. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? Moderate activities cause only light sweating and a small increase in breathing or heart rate.

- 0 days 2 days 4 days 6 days
 1 day 3 days 5 days 7 days

36. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.

- 0 days 2 days 4 days 6 days
 1 day 3 days 5 days 7 days

33. Where do you usually do exercise or physical activities? (Mark ALL that apply)

- At home
 At work
 At a health club, fitness center, or gym
 At a public recreation facility or community center
 Somewhere outdoors (park, trails, etc.)
 Some other place
 Not applicable—I do not or I am unable to do physical activities

38. Please indicate if you have the following resources and facilities in your community, and if so, whether or not you use that resource or facility.

- a. Walking paths or trails
 b. Bicycle paths, shared use paths or bike lanes
 c. Public swimming pools or water parks
 d. Public recreation or community centers
 e. Parks or sports fields
 f. Schools, colleges or universities that are open for public use for exercise or physical activity
 g. A shopping mall or store for physical activity or walking
 h. Health club, fitness or wellness center (YMCA, Curves, Snap Fitness, Anytime Fitness, etc.)
 i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)

	Does your community have this?			If yes, do you use it?	
	Don't know	My community does not have this	My community has this	I use this	I do not use this
a.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Has your household air ever been tested for the presence of radon?

- Yes No ► GO TO QUESTION 41

40. Has your household air ever tested positive for radon?

- Yes No

41. In the past 12 months, has someone living in your home made you fearful through action, tone of voice, threats, or destroying your property?

- Yes No

42. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

- Yes No ► GO TO QUESTION 45

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

- Every day
 Some days
 Not at all ► GO TO QUESTION 45

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

- Yes No

45. How often do you use any of the following products?

Every day Some days Never

- a. Cigars, cigarillos, or little cigars
- b. Pipes
- c. Snuff, snus or chewing tobacco
- d. E-cigarettes
- e. Any other type of tobacco product
- f. Marijuana

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

46. Does anyone, including yourself, smoke tobacco (not including e-cigarettes) regularly inside your home?

Yes No

47. In the past 7 days, have you been in a car or other vehicle with someone who was smoking tobacco (not including e-cigarettes)?

Yes No

48. In Goodhue County, in the past 7 days, has anyone smoked tobacco (not including e-cigarettes) near you at any place besides your home or car?

Yes No

49. In Goodhue County, have you ever seen anyone smoke an e-cigarette?

Yes No

50. Where have you seen people smoke tobacco OR e-cigarettes in Goodhue County?

(Mark ALL that apply)

- a. Your workplace
- b. A restaurant or bar
- c. A business or shopping area
- d. A park or outdoor recreation area
- e. An outdoor community sports event
- f. A sidewalk or building entrance
- g. Some other places
- h. None of these places

Tobacco E-cigarettes

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

51. Do you rent an apartment in a multifamily building (a building with 4 or more apartments)?

Yes No ► IF NO, GO TO QUESTION 53

52. Does anyone ever smoke tobacco in any of the following areas in your building? (Mark ALL that apply)

- | | |
|-------------------------------------|--|
| <input type="radio"/> Apartments | <input type="radio"/> Lobby or lounge areas |
| <input type="radio"/> Hallways | <input type="radio"/> Party rooms |
| <input type="radio"/> Laundry rooms | <input type="radio"/> On patios or balconies |

53. 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?

Yes No ► IF NO, GO TO QUESTION 57

54. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? →

		Days
0	<input type="radio"/>	
1	<input type="radio"/>	
2	<input type="radio"/>	
3	<input type="radio"/>	
4	<input type="radio"/>	
5	<input type="radio"/>	
6	<input type="radio"/>	
7	<input type="radio"/>	
8	<input type="radio"/>	
9	<input type="radio"/>	

55. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

(One drink is equivalent to a 12-oz. beer, a 5-oz. glass of wine, or a drink with one shot of liquor.)

- | | |
|--------------------------------|---|
| <input type="radio"/> 1 drink | <input type="radio"/> 6 drinks |
| <input type="radio"/> 2 drinks | <input type="radio"/> 7 drinks |
| <input type="radio"/> 3 drinks | <input type="radio"/> 8 drinks |
| <input type="radio"/> 4 drinks | <input type="radio"/> 9 drinks |
| <input type="radio"/> 5 drinks | <input type="radio"/> 10 drinks or more |

56. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES:

4 or more drinks on an occasion

		Times
0	<input type="radio"/>	
1	<input type="radio"/>	
2	<input type="radio"/>	
3	<input type="radio"/>	
4	<input type="radio"/>	
5	<input type="radio"/>	
6	<input type="radio"/>	
7	<input type="radio"/>	
8	<input type="radio"/>	
9	<input type="radio"/>	

FOR MALES:

5 or more drinks on an occasion

		Times
0	<input type="radio"/>	
1	<input type="radio"/>	
2	<input type="radio"/>	
3	<input type="radio"/>	
4	<input type="radio"/>	
5	<input type="radio"/>	
6	<input type="radio"/>	
7	<input type="radio"/>	
8	<input type="radio"/>	
9	<input type="radio"/>	

57. Do you ever drive a car or other vehicle?

- Yes No ► GO TO QUESTION 59

Not applicable:
I don't
have a
cell phone

58. When DRIVING a car or other vehicle, how often do you...

- | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | Often | Sometimes | Never | |
| a. ...read or send text messages? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...make or answer a phone call? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...do other activities such as eat, read, apply makeup or shave? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| d. ...drive when you have perhaps had too much to drink? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

59. How often do you wear a seat belt when you drive or ride in a car?

- Always Most of the time Sometimes Seldom Never

60. Do you have access to at least one *working* car or other vehicle to use when you need to?

- Yes No

61. During the past 12 months, did you seriously think about killing yourself?

- Yes No

62. Are you:

- Male Female

63. Do you think of yourself as...? (Mark ALL that apply)

- Heterosexual or straight
- Gay, lesbian, or homosexual
- Bisexual
- Other

64. Your age group:

- 18-24 35-44 55-64 75+
 25-34 45-54 65-74

65. Are you of Hispanic or Latino origin?

- Yes No

66. Which of the following best describes you?

(Mark ALL that apply)

- American Indian
- Asian or Pacific Islander
- Black or African American or African
- White
- Other _____

67. What is the zip code where you live? →

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

68. How tall are you without shoes?

	Feet		Inches
0		0	
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	

69. Approximately how much do you weigh? →

			Pounds
0	0	0	
1	1	1	
2	2	2	
3	3	3	
4	4	4	
5	5	5	
6	6	6	
7	7	7	
8	8	8	
9	9	9	

70. Including yourself, how many adults live in your household?

Number of adults:

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

71. How many children (under age 18) live in your household?

Number of children:

① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ ⑪ ⑫ or more

72. What is the highest level of education you have completed? (Please mark only ONE)

- Did not complete 8th grade
- Did not complete high school
- High school diploma/GED
- Trade/Vocational school
- Some college
- Associate degree
- Bachelor's degree
- Graduate/Professional degree

73. Household income per year:

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 or more

74. Are you currently... (Mark ALL that apply)

- Employed
- Self-employed or farmer
- Serving in the Armed Forces
- Unemployed or out of work
- A homemaker or stay-at-home parent
- A student
- Retired
- Unable to work because of a disability

75. In your opinion, what is "healthy" about your community?

76. And what is "unhealthy" about your community, in your opinion?

Thank you for completing this survey!