

Hello, my name is (name) . We are gathering information about the health of Tulsa County residents. This project is conducted by the Tulsa City-County Health Department and I am calling from the **VENDOR NAME**. Your telephone number has been chosen randomly, and I would like to ask some questions about health and health practices.

Is this xxx-xxx-xxxx?

Is this a private residence in Tulsa County? If no stop survey

Is this a Cell Phone?

I need to randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself are 18 years of age or older?

How many of these adults are men?

How many of these adults are women?

The person in the household I need to speak with is the ____? Are you the ____?

To the correct respondent:

I will not ask for your name, address, or other personal information that can identify you. You do not have to answer any question you do not want to, and you can end the interview at any time. Any information you give me will be confidential.

OPTIONAL: If you have any questions about the survey, please call **(give appropriate state telephone number)**.

Community Health Status

Community Health

Individual

01. Would you say in general your health is...?

Read 1-5

- 01. Excellent
- 02. Very Good
- 03. Good
- 04. Fair
- 05. Poor

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

02. In your opinion, would you rate the health of your community as...?

Read 1-5

- 01. Excellent
- 02. Very Good
- 03. Good
- 04. Fair
- 05. Poor

77. DON'T KNOW/NOT SURE

99. REFUSED

03. How safe do you feel in your community?

Read 1-5

- 01. Very Safe
- 02. Safe
- 03. Somewhat safe
- 04. Unsafe
- 05. Very Unsafe

77. DON'T KNOW/NOT SURE

99. REFUSED

04. In your opinion, how safe do you think your community is for children and families?

Read 1-5

- 01. Very Safe
- 02. Safe
- 03. Somewhat safe
- 04. Unsafe
- 05. Very Unsafe

77. DON'T KNOW/NOT SURE

99. REFUSED

05. How many days in the past month have you missed work or daily activities because of personal illness?

88. None

77. DON'T KNOW/NOT SURE

99. REFUSED

06. In general, how often are you stressed at work?

Read 1-4

- 01. Regularly
- 02. Sometimes
- 03. Rarely
- 04. Never

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

07. In general, how often are you stressed at home?

Read 1-4

- 01. Regularly
- 02. Sometimes
- 03. Rarely
- 04. Never

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

08. How often in the last month did you participate in physical activities?

Read 1-4

- 01. Regularly
- 02. Sometimes
- 03. Rarely
- 04. Never

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Demographics

D.1 What is your age?
-- Code age in years
77 Don't know / Not sure
99 Refused

D.2 Are you Hispanic or Latino?
01 Yes
02 No
77 Don't know / Not sure
99 Refused

D.3 Which one or more of the following would you say is your race?

(Check all that apply)

Please read:

- 01 White
- 02 Black or African American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian or Alaska Native

Or

- 07 Other [specify]_____
- 08 More than one race**

Do not read:

- 09 No additional choices
- 77 Don't know / Not sure
- 99 Refused

D.5 Are you...?

Please read:

- 01 Married
- 02 Divorced
- 03 Widowed
- 04 Separated
- 05 Never married

Or

- 06 A member of an unmarried couple

Do not read:

- 99 Refused

D.6 How many children less than 18 years of age live in your household?

- _ _ Number of children
- 88 None
- 99 Refused

D.7 What is the highest grade or year of school you completed?

Read only if necessary:

- 01 Never attended school or only attended kindergarten
- 02 Grades 1 through 8 (Elementary)
- 03 Grades 9 through 11 (Some high school)
- 04 Grade 12 or GED (High school graduate)

- 05 College 1 year to 3 years (Some college or technical school)
- 06 College 4 years or more (College graduate)

Do not read:

- 99 Refused

D.8

Are you currently...?

Please read:

- 01 Employed for wages full time
- 02 Employed for wages part time
- 03 Self-employed
- 04 Out of work for more than 1 year
- 05 Out of work for less than 1 year
- 06 A Homemaker
- 07 A Student
- 08 Retired

Or

- 88 Unable to work

Do not read:

- 99 Refused

D.9

Is your annual household income from all sources—

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

Read only if necessary:

- 0 4 Less than \$25,000 **If "no," ask 05; if "yes," ask 03**
(\$20,000 to less than \$25,000)
- 0 3 Less than \$20,000 **If "no," code 04; if "yes," ask 02**
(\$15,000 to less than \$20,000)
- 0 2 Less than \$15,000 **If "no," code 03; if "yes," ask 01**
(\$10,000 to less than \$15,000)
- 0 1 Less than \$10,000 **If "no," code 02**
- 0 5 Less than \$35,000 **If "no," ask 06**
(\$25,000 to less than \$35,000)
- 0 6 Less than \$50,000 **If "no," ask 07**
(\$35,000 to less than \$50,000)
- 0 7 Less than \$75,000 **If "no," code 08**
(\$50,000 to less than \$75,000)
- 0 8 \$75,000 or more

Do not read:

77 Don't know / Not sure
99 Refused

D.10 About how much do you weigh without shoes?

Round fractions up

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

D.11 About how tall are you without shoes?

Round fractions down

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

D.12 What county do you live in?

__ __ ANSI County Code (formerly FIPS county code)
7 7 7 Don't know / Not sure
9 9 9 Refused

D.13 What is the ZIP Code where you live?

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

D.14 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.

01 Yes
02 No
77 Don't know / Not sure
99 Refused

D.15 How many of these telephone numbers are residential numbers?

- _ Residential telephone numbers [**6 = 6 or more**]
- 77 Don't know / Not sure
- 99 Refused

D.16 Do you own or rent your home?

- 01 Own
- 02 Rent
- 03 Other arrangement
- 77 Don't know / Not sure
- 99 Refused

INTERVIEWER NOTE: "Other arrangement" may include group home, staying with friends or family without paying rent.

NOTE: Home is defined as the place where you live most of the time/the majority of the year.

D.17 What is your gender?

- 01 Male **[Go to Q11]**
- 02 Female
- 03 Transgender
- 99 REFUSED **[Go to Q11]**

D. 18 Are you currently pregnant?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Physician Access

Healthcare Access

Individual

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

- 01. Yes
- 02. No **[Go to Q11]**

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED **[Go to Q11]**

10. Is it...?

Read 1-8. Probe for the type used most frequently if more than one is mentioned.

- 01. Employer Provided or Private
- 02. Self-purchased
- 03. Medicaid
- 04. Medicare
- 05. Medicare Supplemental
- 06. Tribal/Indian Health
- 07. Active Military
- 08. Retired Military

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Skip to Question 12

11. What is the main reason for NOT having insurance?

Do not read

- 01. Employer does not provide
- 02. Cannot afford to purchase
- 03. Not eligible / denied
- 04. Unemployed
- 05. Doesn't need / is healthy
- 06. Hasn't thought about it
- 07. Doesn't understand / doesn't know how to obtain support
- 08. Ended / ran out
- 09. Other [specify]_____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

12. Do you have at least one person you think of as your personal doctor or health care provider?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

14. 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.

Read only if necessary

- 01. Less than 12 months ago **[Go to Q16]**
- 02. 1 year but less than 2 years
- 03. 2 years but less than 5 years
- 04. 5 or more years ago

- 77. DON'T KNOW/NOT SURE
- 88. Never
- 99. REFUSED

15. What is the MAIN reason you have not had a general physical exam in the past year?

Do not read

- 01. No insurance
- 02. Insurance does not cover
- 03. Unable to afford co-pay
- 04. No doctor
- 05. Doesn't like drs / going to drs
- 06. Couldn't get off work
- 07. Cost / can't afford (non-specific)
- 08. Seen for other health problems
- 09. No time
- 10. Not needed/healthy
- 11. No motivation or reason to go
- 12. No transportation
- 13. Other [specify] _____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

16. Where do you most frequently go to receive healthcare services?

Read 1-10

- 01. University Clinic
- 02. Federally Qualified Healthcare Center (like Morton, Community Health Connection)
- 03. Indian Health Clinic
- 04. Health Department
- 05. Emergency Room
- 06. Urgent Care Center
- 07. Doctor's Office
- 08. Free Clinic
- 09. I don't have a place
- 10. Other [specify] _____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

17. How many times a year do you receive services at this/these facilities?

Read only if necessary

- 01. 0-3 times a year
- 02. 4-6
- 03. 7-9
- 04. 10-12
- 05. 13-15
- 06. 16-20
- 07. 21+

General Healthcare Access

Dental Care

Individual

18. About how long has it been since you last visited a dentist for a routine teeth cleaning?

Read Only if Necessary

- 01. Less than 12 months ago **[Go to Q20]**
- 02. 1 year but less than 2 years
- 03. 2 years but less than 5 years
- 04. 5 or more years ago

- 77. DON'T KNOW/NOT SURE
- 88. Never
- 99. REFUSED

19. What is the MAIN reason you have not had a routine teeth cleaning in the past year?

Do not read.

- 01. No insurance
- 02. Insurance does not cover
- 03. Unable to afford co-pay
- 04. No doctor
- 05. No time
- 06. Not needed/healthy
- 07. No motivation or reason to
- 08. Cost / can't afford (non-specific)
- 09. Fear / don't like dentist
- 10. No teeth
- 11. No transportation
- 12. Other [specify]_____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Mental Health Care

Individual

For the next set of questions, I am going to ask you about your access to mental health and social support services.

20. Have you accessed any of the following services within the past 12 months?

20a. Medical assistance for depression

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

20b. Medical assistance for alcohol use

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

20c. Medical assistance for other drug use

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

20d. Medical assistance for other mental health issues

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

20e. Social support, such as Alcoholics Anonymous, for alcohol use

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

20f. Social support for depression or other mental

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

If No to all of the above, continue to Q21, otherwise, go to Q23

21. When was the last time you accessed mental health/social support services?

Read only if necessary

- 01. Less than 12 months ago **[Go to Q24]**
- 02. 1 year but less than 2 years
- 03. 2 years but less than 5 years
- 04. 5 or more years ago

- 77. DON'T KNOW/NOT SURE
- 88. Never
- 99. REFUSED

22. What is the MAIN reason you do not use mental health/support services?

Do not read

- 01. No Insurance
- 02. Insurance does not cover
- 03. Unable to afford co-pay
- 04. No doctor
- 05. No time
- 06. Not needed/healthy
- 07. Transportation
- 08. Stigma
- 09. Other [specify] _____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Auditory Health Care

Individual

23. Do you use a hearing aid?

- 01. Yes **[Go to Q26]**
- 02. No

- 07. DON'T KNOW/NOT SURE
- 09. REFUSED

24. Do you have difficulty hearing?

- 01. Yes
- 02. No **[Go to Q26]**

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

25. Do you think you would benefit from a hearing aid?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Specialty Care

Individual

26. In the past 12 months, has a provider referred you to specialty healthcare for one of the following health conditions?

26a. Heart attack or other heart problems

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

26b. Stroke

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

26c. Diabetes

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

26d. Asthma

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

26e. Cancer

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

26f. Other health issues

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

If No to all, go to Q29, otherwise continue to Q27.

27. Did you have difficulty obtaining specialty services?

- 01. Yes
- 02. No **[Go to Q29]**

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

28. What challenges did you face?

Do not read. Mark all that apply.

- 01. Time to apt too long
- 02. Insurance approval
- 03. Don't know where to go
- 04. Couldn't get off work
- 05. Limited openings/hours
- 06. Language barrier
- 07. Cost too much
- 08. Fear
- 09. Transportation
- 10. Other [specify] _____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Individual Risk Factor Assessment

29. About how many days a week do you drink regular soda, pop, sports drinks, energy drinks, sweetened fruit drinks (such as Kool-Aid), cranberry juice, lemonade, or other drinks that contain sugar? Do not include diet soda or other diet drinks."

- 01. _____
- 02. None

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

NOTES:

- 1) *Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.*
- 2) *Hookahs are pipes that pull tobacco over water. They are usually large and shared by multiple people at once in a hookah lounge or bar.*
- 3) *Electronic cigarettes or vaping devices are battery-powered, produce vapor instead of smoke, and may or may not contain nicotine. There are types of these electronic devices and many names for them, including e-cigarettes, e-hookahs, hookah pens, refillable tank systems, and rebuildable atomizers. Some common brands include NJOY, Blu, Smoking Everywhere, Starbuzz, Joyetech, Halo, and Nirvana.*

30. Do you use...?

Read 1-8. Mark all that apply

- 01. Cigarettes
- 02. Cigars
- 03. Smokeless Tobacco, such as chewing tobacco, snuff, dip or snus
- 04. Little cigars or cigarillos, such as Black and Milds
- 05. Electronic cigarette or vaping device
- 06. Other tobacco product [specify] _____
- 07. I do not use any tobacco products, electronic cigarettes or vaping devices

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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

NOTE: 5 packs = 100 cigarettes

- 01. Yes
- 02. No **[Go to Q36]**

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

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

- 01. Every day
- 02. Some days
- 03. Not at all

[Go to Q34]

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

33. During the past 12 months, how many times have you stopped smoking for one day or longer because you were trying to quit smoking for good?

- 01. _____
- 02. None

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

34. How long has it been since you last smoked a cigarette, even one or two puffs?

Read only if necessary

- 1__ Days
- 2__ Months
- 3__ Years

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

35. Thinking back to the last time you quit or tried to quit smoking in the past 12 months, did you use any of the following products?

Read 1-10, select all that apply.

- 01. OK Quitline
- 02. Personal Support
- 03. Healthcare Provider
- 04. Nicotine Replacement (Gum, Patch)
- 05. Cold Turkey
- 06. Religion
- 07. Electronic cigarette or vaping device
- 08. Other tobacco product(s)
- 09. Prescription pill (like Chantix, Wellbutrin)
- 10. Other [specify]_____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

36. Are you exposed to secondhand smoke...?

Read 1-4.

- 01. Regularly
- 02. Sometimes
- 03. Rarely
- 04. Never **[GO TO Q38]**

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

37. Where do you most frequently encounter secondhand smoke?

Read 1-9.

- 01. My home
- 02. Family/Friends Home
- 03. Restaurants
- 04. Parks
- 05. Other public areas
- 06. Car(s)
- 07. Bar(s)
- 08. Casino(s)
- 09. Other [specify]_____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

38. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

NOTE: Snus (Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.

- 01. Every day
- 02. Some days
- 03. Not at all **[GO TO Q40]**

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

39. Have you tried to quit tobacco use in the last 12 months?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

40. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

1 _ _ Days per week

2__ Days in past 30 days

888. No drinks in past 30 days

[Go to Q44]

777. Don't know / Not sure

999. Refused

41. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

NOTE: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

-- Number of drinks

77. Don't know / Not sure

99. Refused

42. Considering all types of alcoholic beverages, how many times during the past 30 days did you have one or more drinks on an occasion?

-- Number of times

88. None

77. Don't know / Not sure

99. Refused

43. During the past 30 days, what is the largest number of alcoholic drinks you had on any occasion?

-- Number of drinks

77. Don't know / Not sure

99. Refused

44. Have you ever been told by a health care or support service provider you have an alcohol dependency?

01 Yes

02 No

77 Don't Know

99 Refused

45. Have you ever been told by a health care or support service provider you have a drug dependency?

01 Yes

02 No

77 Don't Know

99 Refused

If D8 = 1 (employed for wages full-time), 2 (employed for wages part-time) or 3 (self-employed) then continue. Otherwise, continue to Q46.

46. When you are at work, which of the following best describes what you do? Would you say...

If respondent has multiple jobs, include all jobs.

Please read:

- 01. Mostly sitting or standing
- 02. Mostly walking
- 03. Mostly heavy labor or physically demanding work

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

Please read:

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

47. Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- 01. Yes
- 02. No **[Go to Q50]**

- 77. Don't know / Not sure **[Go to Q50]**
- 99. Refused **[Go to Q50]**

48. How many days do you do these moderate activities for at least 10 minutes at a time?

__ Days per week
__ Days per month

- 77. Don't know / Not sure **[Go to Q50]**
- 99. Refused **[Go to Q50]**

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

._:_ Hours and minutes per day

- 777. Don't know / Not sure
- 999. Refused

50. Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work like shoveling, or anything else that causes large increases in breathing or heart rate?

- 01. Yes

02. No [Go to Q53]

77. Don't know / Not sure [Go to Q53]

99. Refused [Go to Q53]

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

-- Days per week

-- Days per month

77. Don't know / Not sure [Go to Q53]

99. Refused [Go to Q53]

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

._:_ Hours and minutes per day

777. Don't know / Not sure

999. Refused

53. What do you think is the most important factor that defines a Healthy Community?3

Read only if necessary. Select all that apply.

01. Access to healthcare and other services

02. Access to public transportation

03. Affordable housing

04. Arts and cultural events

05. Clean environment

06. Community Involvement

07. Good jobs/healthy economy

08. Good schools

09. Healthy behaviors and lifestyles

10. Low crime/safe neighborhoods

11. Low death/disease rates

12. Parks and recreation

13. Religious/Spiritual values

14. Strong family life

15. Tolerance for diversity

16. Other [specify] _____

77. DON'T KNOW/NOT SURE

99. REFUSED

54. What do you think is the biggest health concern in your community?

Read only if necessary

01. Access to healthcare

02. Access to healthy food/groceries

03. Aging problems

04. Alcohol/Drug Abuse

05. Available Public Transportation

06. Car accidents

- 07. Child Abuse/Neglect
- 08. Chronic Diseases
- 09. Domestic Violence
- 10. Homelessness
- 11. Hunger
- 12. Lack of education
- 13. Lack of sidewalks
- 14. Mental Health
- 15. Poor Diet/Inactivity
- 16. Poverty
- 17. STDs
- 18. Teen pregnancy
- 19. Tobacco Use
- 20. Violent Crime
- 21. Other [specify]_____
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

55. What do you think is the biggest safety concern in your community?

Read only if necessary

- 01. Access to firearms
- 02. Alcohol and drug abuse
- 03. Drug production/distribution
- 04. Gang violence
- 05. Racism/Intolerance
- 06. School violence
- 07. Seat belt, safety seats and helmet use
- 08. Unsafe driving
- 09. Other [specify]_____
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

56. Are you satisfied with your housing situation?

- 01. Yes **[Go to Q58]**
- 02. No
- 77. DON'T KNOW/NOT SURE **[Go to Q58]**
- 99. REFUSED **[Go to Q58]**

57. Why not?

Do not read. Mark all that apply.

- 01. Too small/crowded
- 02. Problems with others
- 03. Too run down
- 04. Too expensive
- 05. Dangerous
- 06. Too far from services
- 07. Too far from town
- 08. Too far from services

09. Other [specify]_____

77. DON'T KNOW/NOT SURE

99. REFUSED

58. Are you consistently able to pay your household bills, including mortgage or rent and utility bills?

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

59. In your neighborhood or community, is it easy to buy tobacco products?

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

60. In your neighborhood or community, is it easy to buy electronic cigarettes or vaping products?

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

61. In your neighborhood or community, is it common to see people smoking in public places?

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

62. In your neighborhood, is it easy to buy fresh fruits and vegetables?

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

63. In your neighborhood, are fresh fruit and vegetables affordable?

01. Yes

02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

64. Within the past 12 months did you ever worry whether your food would run out before you had money to buy more?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

65. Within the past 12 months was there ever a time when you did not have enough money to buy food?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

66. In your neighborhood or community, is it easy to find a safe place to exercise?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

67. In your neighborhood or community, is it common to see people exercising?

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

68. Do you have regular access to indoor recreational facilities?

(Read if necessary: such as a place with exercise equipment, jogging/walking trail or track, indoor tennis courts, etc.)

- 01. Yes
- 02. No

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

69. Do you have regular access to outdoor recreational facilities?

(Read if necessary: such as a sports field,, jogging/walking trail or track, tennis courts, etc.)

- 01. Yes

- 02. No
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

70. Do you ride a bicycle?

- 01. Yes **[Go to Q72]**
- 02. No
- 77. DON'T KNOW/NOT SURE **[Go to Q74]**
- 99. REFUSED **[Go to Q74]**

71. Why not?

Do not read. Mark all that apply.

- 01. Do not have a bike
- 02. Don't know how to ride a bike
- 03. Safety concerns
- 04. Too expensive
- 05. Weather
- 06. Too far from services
- 07. Too far from town
- 08. No streets or sidewalks to ride on
- 09. Other [specify]_____
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Skip to Q74

72. Why do you bike outside?

Do not read. Mark all that apply.

- 01. For exercise or physical fitness
- 02. For mental health or stress relief
- 03. To get to work
- 04. To get to school
- 05. To get to the store
- 06. To get to some other destination
- 07. For fun or entertainment
- 08. Other [specify]_____
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

73. In general, how often do you bike?
Do not read.

- 01__ Days per week
- 02__ Days per month

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

74. In general, how often do you walk or run outside?

- 01__ Days per week
- 02__ Days per month

88. Do not run or walk outside **[Go to Q76]**

- 77. DON'T KNOW/NOT SURE **[Go to Q77]**
- 99. REFUSED **[Go to Q77]**

75. Why do you walk/run outside?
Do not read. Mark all that apply.

- 01. For exercise or physical fitness
- 02. For mental health or stress relief
- 03. To get to work
- 04. To get to school
- 05. To get to the store
- 06. To get to some other destination
- 07. For fun or entertainment
- 08. Other [specify]_____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

Skip to Q77

76. Why not?
Do not read. Mark all that apply.

- 01. Not able / health or physical limitations
- 02. Safety concerns
- 03. Too expensive
- 04. Weather
- 05. Too far from services
- 06. Too far from town
- 07. No streets or sidewalks to ride on
- 08. Other [specify]_____

- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

77. Do you use mass transit like a bus or other transit service?

01. Yes **[Go to Q79]**

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

78. Why not?

Do not read. Mark all that apply.

01. Drives own car

02. Don't know how to ride a bus

03. Safety concerns

04. Too expensive

05. Weather

06. Too far from services

07. Too far from town

08. No bus stops near me

09. Other [specify]_____

77. DON'T KNOW/NOT SURE

99. REFUSED

79. Would you say that you would like to engage in positive change for yourself regarding your health in the following areas?

79a. Your overall health

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

79b. Being physically active

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

79c. Practicing good eating habits

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

79d. Avoiding tobacco products

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

79e. Losing weight and/or maintaining a healthy weight

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

79f. Handling stress

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

79g. Having a more fit and healthy lifestyle

01. Yes

02. No

77. DON'T KNOW/NOT SURE

99. REFUSED

Closing statement

Please read:

That was my last question. Everyone's answers will be combined to help us provide information about the health practices of people in Tulsa County. Thank you very much for your time and cooperation.