



Washington County Community Assessment-Community

Demographics

As part of our Washington County Community Assessment for 2014-2015, we would like you to take 10 - 15 minutes providing feedback and data about yourself and your household. We really hope you will invest your time to complete the survey so that we can set priorities and make plans to improve the overall health of our community. Please be assured that your responses will remain anonymous. This survey is secure and HIPAA compliant. Thank you for your participation. We value your time and input! If you have questions while taking the survey, please contact Penny Pricer at penny.pricer@iconceptsinc.com.

You do not have to complete the survey in one session. Your responses will be saved for you as you go.

When you complete the survey, you will have a chance to enter a drawing for up to \$200 in Braum's Gift Cards.

1. Are you male or female?

- Male
 Female

2. What is your ethnicity? (Please select all that apply.)

- American Indian or Alaskan Native
 Asian or Pacific Islander
 Black or African American
 Hispanic or Latino
 White / Caucasian
 Prefer not to answer

Other (please specify)

3. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Russian
- Vietnamese
- Some other language

4. Which of the following best describes your current relationship status?

- Married
- Widowed
- Divorced
- Separated
- In a domestic partnership or civil union
- Single, but cohabiting with a significant other
- Single, never married

5. How many children live in your household?

- None
- 1-3
- 4-5
- 6 or More

This survey was made possible by Grant Number P10RH26875.

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Tribal Affiliation

6. Which tribal affiliation(s) apply(ies) to you? (Please mark all that apply.)

- | | | |
|---|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> I have no tribal affiliation | <input type="checkbox"/> Choctaw | <input type="checkbox"/> Iroquois |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Creek | <input type="checkbox"/> Osage |
| <input type="checkbox"/> Chickasaw | <input type="checkbox"/> Delaware | <input type="checkbox"/> Potawatomi |
| <input type="checkbox"/> Other (please specify) | | |

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Children in the Household

7. Do your dependent children currently have health insurance, or not?

- Yes, they do
- No, they do not
- Not Applicable

8. Is child care in Washington County adequate for your needs?

- Yes
- No
- Not Applicable

If not, why not?

9. How many children, by age, currently live in your household?

No Children in the Household

Less than 1 year old

1 year old

2 years old

3 years old

4 years old

5 years old

6 years old

7 years old

8 years old

9 years old

10 years old

11 years old

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old or older

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Education, Employment and Housing

10. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college but no degree
- Associate degree
- Bachelor degree
- Graduate degree

11. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Retired
- Disabled, not able to work

* 12. In what ZIP code is your home located? (enter 5-digit ZIP code; for example, 74070 or 74014)

13. Do you live in any of the following? (Choose 1)

- | | | |
|------------------------------------|-------------------------------|--|
| <input type="radio"/> Bartlesville | <input type="radio"/> Oglesby | <input type="radio"/> Vera |
| <input type="radio"/> Copan | <input type="radio"/> Owen | <input type="radio"/> I do not live in a town or city. |
| <input type="radio"/> Dewey | <input type="radio"/> Ramona | |
| <input type="radio"/> Ochelata | <input type="radio"/> Silver | |

14. Do you rent or own the place where you live?

- Own
- Rent
- Neither (please specify)

15. In which type of housing do you currently live?

- Apartment
- Condominium
- Townhouse
- Duplex
- Houseboat
- Military housing
- Mobile home
- Single-family house
- Other (please specify)

16. In the last 10 years, have you ever found yourself without affordable housing (i.e.. homeless or living with relatives)?

- I have been homeless within the last 10 years.
- I have been homeless within the last 5 years.
- I have been homeless within the last year.
- I am currently homeless.
- I currently am not homeless but struggle each month to pay for housing.
- I currently reside with friends or family due to my inability to find affordable housing.
- None of the above

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Age

* 17. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

* 18. In what year were you born? (enter 4-digit birth year; for example, 1976)

19. How many people living in your household are currently 65 years or older?

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Health Insurance Questions

20. How much money, do you spend on healthcare in a typical year? (Count all healthcare-related costs, including health insurance premiums, deductibles, copays, co-insurance fees, and any other out-of-pocket expenses for medical, dental, or vision services and medications.)

21. How do you pay for your healthcare services? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Health Insurance with a Co-Pay | <input type="checkbox"/> Medicare Only | <input type="checkbox"/> Medicare w/ Supplement Plan |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Free Clinic | <input type="checkbox"/> Cash/No Insurance |
| <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Veterans' Administration | |
| <input type="checkbox"/> Other (please specify) | | |

22. Were you without health insurance for any amount of time in the past 12 months, or not?

- Yes, I was
- No, I was not

23. Do you currently have health insurance, or not?

- Yes, I do
- No, I do not

24. Does your spouse or significant other currently have health insurance, or not?

- Yes, he or she does
- No, he or she does not
- N/A

25. Why do you currently not have health insurance? (Check all that apply)

- Insurance company refused coverage for health reasons Not eligible for employer-paid insurance Dissatisfied with previous insurance plan or provider
- Cannot afford insurance Do not need insurance I have health insurance
- Employer does not pay for insurance Do not believe in insurance
- Other (please specify)

26. Who pays for your health insurance? (Check all that apply)

- I do not have health insurance State government
- Current employer Local government
- Former employer Self funded
- National government
- Other (please specify)

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Household Size, Income and Miscellaneous Information

* 27. How many people currently live in your household?

28. How much total combined money did all members of your HOUSEHOLD earn last year?

- | | | |
|--|--|--|
| <input type="radio"/> \$0 to \$9,999 | <input type="radio"/> \$45,000 to \$59,999 | <input type="radio"/> \$150,000 to \$174,999 |
| <input type="radio"/> \$10,000 to \$14,999 | <input type="radio"/> \$60,000 to \$74,999 | <input type="radio"/> \$175,000 and Up |
| <input type="radio"/> \$15,000 to \$24,999 | <input type="radio"/> \$75,000 to \$99,999 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> \$25,000 to \$34,999 | <input type="radio"/> \$100,000 to \$124,999 | |
| <input type="radio"/> \$35,000 to \$44,999 | <input type="radio"/> \$125,000 to \$149,999 | |

29. How do you get around every day?

- Personal Vehicle
- Family Members
- Friends
- Sooner Ride
- CityRide Circuit (Bus route)
- CityRide Door-to-Door
- Other (please specify)

30. What is the average number of miles you travel to receive medical treatment?

- 0 to 5
- 6 to 15
- 16 to 30
- More than 30

31. Do you receive any of the following?

- Food Stamps
- Social Security
- Other Retirement Income
- Public Assistance
- Private Pension
- None of the Above
- Temporary Assistance for Family Needs
- SSI
- Disability
- WIC

32. Do you have enough money to pay for essentials such as food, clothing, housing, and medicine?

- Always
- Sometimes
- No

33. If you served in the United States military, in which branch (or branches) of the United States military have you served? (Check all that apply)

- Army
- Navy
- Coast Guard
- Marine Corps
- Air Force
- I did not serve in the United States military.

34. Are you a registered voter?

- Yes
- No
- Unsure / Don't know

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Medical Home Questions

35. Have you heard the term "medical home" and think you understand it?

- I have not heard of a "medical home".
- I have heard of a "medical home".
- I've heard of it but I'm not sure what it means.
- I've heard of and understand a "medical home".

36. Do you currently have a "medical home"?

- Yes
- No
- I'm not sure

37. A personal doctor is the one you would see if you need a check-up, want advice about a health problem, or get sick or hurt. Do you have a personal doctor?

- Yes
- No

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Long-Term Care Questions

38. In the last 12 months, has any family/friend needed long-term care placement?

Yes

No

39. If you needed long-term care placement, were you able to obtain it in Washington County?

Yes

No

N/A

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Personal Health Information (HIPAA Compliant)

Your personal health information will not be shared with anyone. The data will only be used in aggregate results to improve the community's overall health.

40. Are you currently trying to lose weight?

- Yes
 No

41. How physically healthy are you?

- Extremely healthy
 Very healthy
 Moderately healthy
 Slightly healthy
 Not at all healthy

42. Do you currently have any of these health issues or concerns? (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Hearing/Vision Loss | <input type="checkbox"/> Mental Illness |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Lung/Respiratory Disease |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Obesity | <input type="checkbox"/> Drug/Alcohol Abuse |
| <input type="checkbox"/> Stress/Depression | <input type="checkbox"/> Lack of Physical Activity | <input type="checkbox"/> Poor Nutrition |
| <input type="checkbox"/> Tobacco Use | <input type="checkbox"/> Aging Problems | <input type="checkbox"/> Motor Vehicle Crash Injuries |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Teen Pregnancy |
| <input type="checkbox"/> Suicidal Thoughts | <input type="checkbox"/> Cancer | <input type="checkbox"/> Stroke |

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Additional Health Information

43. During the past 30 days, about how many days did pain make it hard for you to do your usual activities?

- None 3 to 4 7 to 10
 1 to 2 5 to 6 More than 10

44. During the past 30 days, about how many days was your mental health not good?

- None 3 to 4 7 to 10
 1 to 2 5 to 6 More than 10

45. Do you now need or take medicine prescribed by a doctor? Do not include birth control.

- Yes
 No

46. In general, how would you rate your overall mental or emotional health?

- Excellent
 Very good
 Good
 Fair
 Poor

47. In general, how would you rate the overall condition of your teeth and gums?

- Excellent
- Very good
- Good
- Fair
- Poor

48. In a typical day, how many of your meals or snacks include fruit?

49. In a typical day, how many of your meals or snacks include vegetables?

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Consider the last 12 months -

* 50. In the last 12 months, where did you receive medical treatment? (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Private physician | <input type="checkbox"/> Family Healthcare Clinic |
| <input type="checkbox"/> Green Country Free Clinic | <input type="checkbox"/> Urgent Care |
| <input type="checkbox"/> Indian Health Services | <input type="checkbox"/> Jane Phillips Hospital Emergency Room |
| <input type="checkbox"/> Hope Free Clinic | <input type="checkbox"/> Morton Healthcare Clinic |
| <input type="checkbox"/> Nowata Family Health | <input type="checkbox"/> Caney Valley Medical Clinic |
| <input type="checkbox"/> Veteran's Administration (VA) | <input type="checkbox"/> Outside the county |
| <input type="checkbox"/> Lifespan Medical Clinic | <input type="checkbox"/> I did not receive medical treatment in the last 12 months |
| <input type="checkbox"/> Washington County Health Department | |
| <input type="checkbox"/> Other (please specify) | |

51. In the last 12 months, how many times did you visit the emergency room?

- None
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

52. In the last 12 months, did you make any appointments for a check-up or routine care with your healthcare provider?

- Yes
- No

53. In the last 12 months, how many times did you visit your personal doctor to get care for yourself?

- None
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

54. In the last 12 months, not counting the times you went to an emergency room, how many times did you go to a clinic to get health care for yourself?

- None
- 1
- 2
- 3
- 4
- 5 to 9
- 10 or more

55. In the past 12 months, how many times did you or your family need dental care?

- None
- 1-2 Times
- 3-4 Times
- 5 or More

56. Did you need dental care but were unable to afford the services?

- Yes
- No
- Not Applicable

57. In the past 12 months, how many times did you or your family need eye care?

- None
- 1-2 Times
- 3-4 Times
- 5 or More

58. Did you need eye care but were unable to afford the services?

- Yes
- No
- Not Applicable

59. In the past 12 months, what mental health services did you or your family need?

- None
- Crisis Care
- Hospitalization
- Counseling/Therapy
- Psychiatrist
- Medication

60. Did you need mental health care but were unable to afford the services?

- Yes
- No
- Not Applicable

61. Were you able to obtain mental health services in Washington County?

- Yes
- No
- No mental health services needed.

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Healthcare Checklist and Timeframes

62. When was the last time you did the following?

	Never	Within the past year	1 to 2 years	3 to 5 years	More than 5 years	I don't know
Visited a Dentist or Dental Clinic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had Your Teeth Cleaned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a Flu Shot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a Colorectal Cancer Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had Your Blood Pressure Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had Your Cholesterol Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a Skin Cancer Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had Blood Sugar Checked	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had a Routine Check Up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN - Had a Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN - Had a Clinical Breast Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN - Had a PAP Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN - Had a Hysterectomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEN - Had a PSA Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MEN - Had a Digital Rectal Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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General Community Questions

63. On a Scale of 1 - 5, indicate the amount of attention each of the following topics should receive.

	Strongly Disagree	Disagree	Neither Disagree Nor Agree	Agree	Strongly Agree
Clean Outdoor Air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean Indoor Air	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to Secondhand Smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean Water from Drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean Water for Recreation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recyclable Materials in Land	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemical Storage and Disposal of Chemical Waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Illegal Dumping of Hazardous Waste	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Food at Restaurants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Food at Grocery Stores	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clean Childcare Facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transmittable Diseases From Animals/Insects	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

64. How strong is the sense of community in Washington County?

- Extremely strong
- Quite strong
- Moderately strong
- Slightly strong
- Not at all strong

65. Please check the five (5) most important neighborhood issues in Washington County.

- | | |
|--|---|
| <input type="checkbox"/> Road Maintenance/Repair | <input type="checkbox"/> Pedestrian Crosswalks |
| <input type="checkbox"/> Sewer Maintenance/Repair | <input type="checkbox"/> Bikeways |
| <input type="checkbox"/> Lack of Public Transportation | <input type="checkbox"/> Lack of Walking Trails |
| <input type="checkbox"/> Lack of Sidewalks | <input type="checkbox"/> Crime Patrols/Neighborhood Watch |
| <input type="checkbox"/> Street Lighting | <input type="checkbox"/> Law Enforcement Coverage |
| <input type="checkbox"/> Speeding | |

66. Overall, how safe do you feel in Washington County?

- Extremely safe
- Quite safe
- Moderately safe
- Slightly safe
- Not at all safe

67. Are levels of mutual trust and respect increasing among community partners as they participate in collaborative activities to achieve shared community goals?

- Yes
- No
- I don't know.

68. Overall, how responsive is law enforcement to the needs of Washington County?

- Extremely responsive
- Quite responsive
- Moderately responsive
- Slightly responsive
- Not at all responsive

69. How effective is the local government at solving problems in Washington County?

- Extremely effective
- Quite effective
- Moderately effective
- Slightly effective
- Not at all effective

70. How well are the streets in Washington County maintained?

- Extremely well
- Quite well
- Moderately well
- Slightly well
- Not at all well

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Washington County Services

71. Does Washington County provide adequate services for the following?

	Yes	No	Don't Know
Prenatal Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling for Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Counseling for Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable Housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ambulance Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pharmacy Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Primary Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safe Programs for Children (i.e. recreational, after-school, youth development)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Urgent Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assisted Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home Health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nursing Homes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Abuse Treatment Centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preventative Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence Services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

72. Have you heard of the Washington County Wellness Initiative?

- Yes
- No
- Not Sure

73. Have you heard of any of these workgroups or organizations? (Mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Access to Healthcare | <input type="checkbox"/> Washington County Affordable Housing Coalition |
| <input type="checkbox"/> Casa Hispania Hispanic Outreach Center | <input type="checkbox"/> Washington County Anti-Drug Network |
| <input type="checkbox"/> Church Women United Car Repair Project | <input type="checkbox"/> Washington County Association for Mental Health |
| <input type="checkbox"/> Family Promise of Washington County, Inc. | <input type="checkbox"/> Washington County Suicide Prevention Coalition |
| <input type="checkbox"/> Preventative Health Partnership | <input type="checkbox"/> Washington County Transportation Coalition |
| <input type="checkbox"/> Project Prom | |

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Health Issues in Washington County - Ranking

74. Please check the three most important health issues in Washington County.

- | | | |
|---|--|---|
| <input type="checkbox"/> Aging | <input type="checkbox"/> Homicide | <input type="checkbox"/> Teenage Pregnancy |
| <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Sexually Transmitted Disease | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Rape/Sexual Assault | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Infant Death | <input type="checkbox"/> Firearm Related Injuries |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Suicide | <input type="checkbox"/> Motor Vehicle Related Crashes/Injuries |
| <input type="checkbox"/> Respiratory/Lung Disease | <input type="checkbox"/> Dental Problems | |
| <input type="checkbox"/> Child Abuse/Neglect | <input type="checkbox"/> Infectious Disease (HIV/AIDS, TB, etc.) | |

75. What substance is the biggest risk to Washington County residents? (You may choose up to three)

- | | |
|---|---|
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Tobacco |
| <input type="checkbox"/> Prescription Drugs | <input type="checkbox"/> Methamphetamine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Over the Counter Drugs |
| <input type="checkbox"/> Alcohol | |
| <input type="checkbox"/> Other (please specify) | |

76. Please check the three behaviors that most negatively impact Washington County.

Being Overweight

Lack of Exercise

Dropping out of School

Racism

Poor Eating Habits

Unsafe Sex

Divorce Rates

Not Getting "Shots" to Prevent Disease

Not Using Birth Control

Substance Abuse

Not Using Seat Belts/Child Restraints

Underage Drinking

Other (please specify)

77. Please tell us how serious you think the following are in Washington County.

	Very Serious	Somewhat Serious	Serious but under control	Not Serious	I don't know
Unsafe Driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsupervised Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe Roads and Sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not Using Seatbelts/Car Seats	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chemical Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/Alcohol Abuse – Adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/Alcohol Abuse – Youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unprotected Sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to Firearms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Underage Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second-hand Smoke Exposure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Washington County - Miscellaneous Questions

78. Is Washington County a good place to grow old? (Consider elder-friendly housing, transportation to medical services, churches, shopping, elder day care, social support for elderly living alone, etc.)

- Yes
- No
- I don't know.

79. Do all individuals and groups have the opportunity to contribute to and participate in the community's quality of life?

- Yes
- No
- I don't know.

80. Do you feel there are enough jobs in Washington County for adults?

- Yes
- No

81. Do you feel there are enough jobs in Washington County for youth?

- Yes
- No

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Tobacco Use and Alcohol Consumption

82. Do you currently smoke cigarettes or use tobacco of any form?

- Yes, I do
 No, I do not

83. At what age did you start smoking cigarettes? (Leave blank if you do not smoke)

84. Do you currently use electronic or vapor cigarettes?

- Yes
 No

85. Does someone in your household, other than you, currently smoke cigarettes or use tobacco of any kind?

- Yes, someone does
 No, no one does
 Not sure

86. During the past 30 days, how many alcoholic beverages did you consume?

- None
 1 to 4
 5 to 10
 More than 10

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Potential Barriers

87. In the last 12 months, has a lack of money kept you from going to the doctor, or not?

- Yes, it has
- No, it has not

88. In the last 12 months, has a lack of money kept you from going to the dentist, or not?

- Yes, it has
- No, it has not

89. In the past 12 months, have you had to do any of the following because it was too expensive? (Check all that apply)

- Put off Going to Health Care Provider
- Skipped Medication or Treatment
- Put Off Going to the Dentist
- Put Off Going to Mental Health Provider
- Put Off Buying Assistive Devices (Crutches, Walkers, Wheelchairs, etc.)
- Put Off Buying Glasses, Hearing Aids, etc.

90. How easy is it to find a doctor in your area who participates in your health plan?

- Extremely easy
- Very easy
- Moderately easy
- Slightly easy
- Not at all easy

91. How easy is it for people who are disabled to get around in Washington County?

- Extremely easy
- Quite easy
- Moderately easy
- Slightly easy
- Not at all easy

92. What might keep you from getting services in Washington County? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> No Family Support to Assist |
| <input type="checkbox"/> Insurance or Ability to Pay | <input type="checkbox"/> Hours of Available Service |
| <input type="checkbox"/> Cultural/Racial Barriers | <input type="checkbox"/> No Provider with Specialty |
| <input type="checkbox"/> Distance to Travel for Services | <input type="checkbox"/> Provider Won't Accept Means of Payment |
| <input type="checkbox"/> Mistrust of Healthcare System | <input type="checkbox"/> Religious Beliefs |
| <input type="checkbox"/> No Walk-in Appointment Available | <input type="checkbox"/> Language Barrier |
| <input type="checkbox"/> No Insurance Network Providers | <input type="checkbox"/> Too much paperwork |
| <input type="checkbox"/> Other (please specify) | |

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Healthcare System and General Information

93. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your health care in the last 12 months?

10 Best health care possible	9	8	7	6	5	4	3	2	1	0 Worst health care possible
<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"/>

94. Where do you get information about community resources? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Television |
| <input type="checkbox"/> Neighbors | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Family | <input type="checkbox"/> Radio |
| <input type="checkbox"/> School | <input type="checkbox"/> Free and Low-cost Healthcare Resource Guide |
| <input type="checkbox"/> Church | <input type="checkbox"/> Community Service Providers |
| <input type="checkbox"/> Websites/Internet | |
| <input type="checkbox"/> Other (please specify) | |

95. What are the top 5 issues or stresses that your family faces?

- | | |
|--|---|
| <input type="checkbox"/> Economics, finances, budgeting. (financial pressures) | <input type="checkbox"/> Insufficient family playtime. |
| <input type="checkbox"/> Lack of shared responsibility in the family. | <input type="checkbox"/> Spousal relationship (communication, friendship, sex). |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Self-image and self-esteem, feelings of unattractive |
| <input type="checkbox"/> Insufficient couple time. | <input type="checkbox"/> Communicating with children. |
| <input type="checkbox"/> Absent Father Figure/Absent Mother Figure | <input type="checkbox"/> Religious or Faith Based Issues |
| <input type="checkbox"/> Materialism | <input type="checkbox"/> Overscheduled family calendar. |
| <input type="checkbox"/> Children's behavior and discipline, sibling fighting. | <input type="checkbox"/> Unhappiness with work situation. |
| <input type="checkbox"/> Housekeeping standards. | <input type="checkbox"/> Not enough time to watch television |
| <input type="checkbox"/> Insufficient "me" time. | <input type="checkbox"/> Too much "screen time" for children |
| <input type="checkbox"/> Negative Media Influence | <input type="checkbox"/> Too much "screen time" for spouse |
| <input type="checkbox"/> Guilt for not accomplishing more. | |
| <input type="checkbox"/> Other (please specify) | |

Washington County Community Assessment-Community

You made it to the end!

The time you spent answering these questions will help define the future of several workgroups and organizations in Washington County who are trying to improve the overall health of our community. Thank you so much for participating today!

96. Did someone help you complete this survey?

Yes

No

Please ask your friends, family, and colleagues to join you in nurturing our community by completing a community assessment form. The survey is available at www.wcwiok.org and click on "Community Assessment".

Thank you for participating in the Community Assessment process. If you would like to enter the random drawing for up to \$200 in Braum's gift cards, please [CLICK HERE](#).

Please remember to click "DONE" when you finish the random drawing registration.