

**2019 Community Health Needs Assessment Electronic Survey**

What is the five digit zip code where you currently live? \_\_\_\_\_

In your opinion, how would you rate the health of your community?

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't Know/Not Sure (6)

Please rate your level of agreement with the following statements.

	Strongly Agree/Agree (1)	Neither Agree nor Disagree (2)	Strongly Disagree/Disagree (3)	Don't Know (4)
I feel safe walking in my neighborhood day or night. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Violence is NOT a problem in my neighborhood. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My neighborhood is safe from crime. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I live in a close knit neighborhood. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood can be trusted. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood are willing to help their neighbors. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood do NOT usually get along with each other. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood do not share the same values. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you say that in general your health is -

- Excellent (1)
- Very Good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't Know/Not Sure (6)

Thinking about your physical health, which includes physical illness and injury, how many days during the past 30 days was your physical health NOT good?

- None (1)
- 1-3 days (2)
- 4-7 days (3)
- 8-14 days (4)
- 15-21 days (5)
- 22-30 days (6)
- Don't Know/Not Sure (7)

In the past week, how often have you felt:

	Not at all (1)	A Little (2)	Moderate (3)	Quite a Bit (4)	A Lot (5)	Don't Know (6)
...Inadequate? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Swamped by your responsibilities? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...That the odds were against you? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...That there wasn't enough time to get to everything? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Like nothing was going right? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Like you were rushed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Like there was no escape? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Like things kept piling up? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Like just giving up? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
...Like you were carrying a heavy load? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Over the last two weeks, how often have you been bothered by:

	0 days (1)	1-3 days (2)	4-7 days (3)	8-10 days (4)	11-14 days (8)	Don't Know/Prefer Not to Say (5)
Having little interest or pleasure in doing things? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling nervous, anxious or on edge? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not being able to stop or control worrying? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your mental health, which includes stress, depression, and problems with emotions, how many days during the past 30 days was your mental health NOT good?

- None (1)
- 1-3 days (2)
- 4-7 days (3)
- 8-14 days (4)
- 15-21 days (5)
- 22-30 days (6)
- Don't Know/Not Sure (7)

During the past 30 days, about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- None (1)
- 1-3 days (2)
- 4-7 days (3)
- 8-14 days (4)
- 15-21 days (5)
- 22-30 days (6)
- Don't Know/Not Sure (7)

Please respond to each item by marking one box per row.

	Never (1)	Rarely (2)	Sometimes (3)	Usually (4)	Always (5)	Don't Know (6)
I feel left out. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that people barely know me. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel isolated from others. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that people are around me but not with me. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please respond to the following questions.

	Hardly Ever (1)	Some of the Time (2)	Often (3)	Don't Know (4)
How often do you feel that you lack companionship? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel left out? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you feel isolated from others? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you have one person you think of as your primary health care provider or primary doctor?

- Yes (1)
- No (3)
- Don't Know/Not Sure (4)

About how long has it been since you last visited a doctor for a routine checkup?

- Within the past year (1)
- Within the past two years (2)
- Within the past five years (3)
- Five or more years ago (4)
- Don't Know/Not Sure (5)



What is the MAIN reason you have not had a routine checkup in the past year?

- No transportation (1)
- No insurance (2)
- Insurance does not cover (3)
- Unable to afford co-pay (4)
- I don't have a doctor (5)
- I don't like going to doctors (6)
- I don't like my doctor (7)
- I couldn't get off work (8)
- I've been to the doctor for other reasons (9)
- I don't have time (10)
- I don't need a checkup/I'm healthy (11)
- Not motivated/I don't have a reason to go (12)
- Other (13) \_\_\_\_\_
- Don't Know/Not Sure (14)
- I'd prefer not to say (15)

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

- Yes (1)
- No (2)
- I'd prefer not to say (3)

Not including over the counter medications, was there a time in the past 12 months when you did not take your medication as prescribed because of cost?

- Yes (1)
- No (2)
- No medication was prescribed (3)
- I'd prefer not to say (4)

Was there a time in the past 12 months when you needed to see a mental health provider (like a counselor or therapist) but you could not because of cost?

- Yes (1)
- No (2)
- I'd prefer not to say (3)

What is the primary source of your health care coverage?

- I don't have health insurance (1)
- A plan purchased through an employer or union by you or another member of your family (2)
- A plan that you or another family member buys on your own (3)
- Medicare (4)
- Sooner Care or Medicaid (5)
- TRICARE (formerly CHAMPUS), VA or Military (6)
- Indian Health Service/Tribal Health Services (7)
- Some other source (8) \_\_\_\_\_
- I'd prefer not to say (10)

What is the main reason for NOT having insurance?

- Employer does not provide (1)
  - Cannot afford to purchase (2)
  - Not eligible/denied (3)
  - Unemployed (4)
  - I don't need it/I'm healthy (5)
  - I haven't thought about it (6)
  - I don't understand health insurance or know how to obtain it (7)
  - Other (8) \_\_\_\_\_
- 

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Do you currently have any health care bills that are being paid off over time?

- Yes (1)
- No (2)
- I'd prefer not to say (3)

Do outstanding medical bills prevent you from seeking health care services when you need them?

- Yes (1)
- No (2)
- I Don't Know/Prefer Not to Say (3)

Other than cost, have you delayed getting medical care for one of the following reasons in the past 12 months?

	Yes (1)	No (2)	I'd prefer not to say (3)
Technical difficulties with online scheduling? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unable to get through on the telephone? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You couldn't get an appointment soon enough? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once you got there, you had to wait too long to see the doctor? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
You didn't have transportation? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Office hours not convenient? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Generally speaking, do you think you eat a healthy diet?

- Yes (1)
- No (2)
- Don't Know/Not Sure (3)
- I'd prefer not to say (4)

In general, how many portions of fruit and vegetables do you eat each day (excluding potatoes)? An example of a portion is one medium apple, half of a bell pepper or grapefruit, or three heaping tablespoons of peas or carrots.

- None (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 or more (7)
- I'd prefer not to say (8)

How often do you drink beverages containing sugar?

- Three or more times a day (1)
- One to two times a day (2)
- Three or more times a week (3)
- One or two times a week (4)
- Three or more times a month (5)
- One or two times a month (6)
- Less than monthly (7)
- I don't know/prefer not to say (8)

How many times a week do you usually eat red meat (such as steak or hamburger) OR processed meats (such as hot dogs or deli meat or sausage)?

- Five or more times a week (1)
- Three or four times a week (2)
- One or two times a week (3)
- Less than once a week (4)
- I don't know/prefer not to say (5)

In a usual week, how many times do you exercise?

	Never (1)	One or Two Times a Week (2)	Three or Four Times a Week (3)	Five or More Times a Week (4)	I'd Prefer Not to Say (5)
Vigorous Exercise (running, jogging, swimming lengths, aerobic, fast cycling, football) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moderate Exercise (fast walking, dancing, gentle swimming, golf, heavy housework or gardening) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Light Exercise (walking at an average pace, light housekeeping or gardening) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Generally speaking, how often do you make time to relax or engage in self-care activities (such as participating in activities you enjoy or engaging in stress reducing activities other than TV)

- Never (1)
- Rarely (2)
- Sometimes (3)
- Often (4)
- Regularly (5)
- Always (6)
- I don't know/prefer not to say (7)

On average, how many hours of sleep do you get in a 24-hour period?

- Less than 5 hours (1)
- 5-6 hours (2)
- 7-9 hours (3)
- 10 or more hours (4)
- Don't Know/Not Sure (5)
- I'd prefer not to say (6)

Have you ever smoked tobacco products?

- Yes (1)
- No (2)
- I'd prefer not to say (3)



Do you currently smoke tobacco products?

- Yes (1)
- No (2)
- I'd prefer not to say (3)

How many years have you (or did you) smoke?

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On average, how many cigarettes do you (or did you) smoke per day? There are 20 cigarettes in a pack.

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Besides yourself, does anyone else who lives in your home smoke?

- Yes (1)
- No (2)
- I live by myself (3)
- I'd prefer not to say (4)

Have you ever used on e-cigarette or other electronic vaping product in your entire life?

- Yes (1)
- No (2)
- I'd prefer not to say (3)

Do you now use e-cigarettes or other electronic vaping products every day, some days or not at all?

- Every day (1)
- Some days (2)
- Not at all (3)
- I'd prefer not to say (4)

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose

- Yes (1)
- No (2)
- Don't Know/Not Sure (4)
- I'd prefer not to say (3)

Have you ever had a pneumonia shot also known as a pneumococcal vaccine?

- Yes (1)
- No (2)
- Don't Know/Not Sure (4)
- I'd prefer not to say (3)

Not including spray-on tans, during the past 12 months, how many times have you used an indoor tanning device such as a sunlamp, tanning bed or booth?

- None (1)
- 1-3 times (2)
- 4-9 times (3)
- 10 or more times (4)
- Don't Know/Not Sure (5)

During the past 12 months, how many times have you had a sunburn?

- None (1)
- 1-3 times (2)
- 4-9 times (3)
- 10 or more times (4)
- Don't Know/Not Sure (5)

When you go outside on a warm, sunny day for more than one hour, how often do you protect yourself from the sun with clothing, a hat or sunscreen?

- Always (1)
- Most of the time (2)
- Sometimes (3)
- Rarely (4)
- Never (5)
- I don't stay outside for more than one hour on warm, sunny days (6)
- I don't go outside at all on warm sunny days (7)
- Don't Know/Not Sure (8)

Have you ever been told that you have skin cancer?

- Yes (1)
- No (2)
- I Don't Know/Prefer Not to Say (3)



Have you ever had a ....	Yes (1)	No (2)	Not Applicable (3)	I don't know/prefer not to say (4)
Mammogram (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Breast Exam (A health care professional feels your breast for abnormalities) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap Test or Pap Smear (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hysterectomy (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Stool Test (Feces is collected to check for blood) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy or Sigmoidoscopy (A tube inserted into the rectum to check for polyps or abnormalities) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Skin Exam (A health care professional visually examines your skin for abnormal moles or growths) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CT or CAT Scan for Lung Cancer (During a CT or CAT Scan you lie on a table that moves you through a donut shaped x-ray machine) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How long has it been since you had your last mammogram?

- Within the past year (1)
- Within the past two years (2)
- Within the past three years (3)
- Within the past five years (4)
- Five or more years ago (5)
- I don't know/prefer not to say (6)

How long has it been since your last breast exam?

- Within the past year (1)
- Within the past two years (2)
- Within the past three years (3)
- Within the past five years (4)
- Five or more years ago (5)
- I don't know/prefer not to say (6)

How long has it been since you had your last Pap test?

- Within the past year (1)
- Within the past two years (2)
- Within the past three years (3)
- Within the past five years (4)
- Five or more years (5)
- I don't know/prefer not to say (6)

How long has it been since you had your last blood stool test using a home kit?

- Within the past year (1)
- Within the past two years (2)
- Within the past three years (3)
- Within the past five years (4)
- Five or more years ago (5)
- I don't know/prefer not to say (6)

How long has it been since you had your last sigmoidoscopy or colonoscopy?

- Within the past year (1)
- Within the past two years (2)
- Within the past three years (3)
- Within the past five years (4)
- Within the past ten years (5)
- Ten or more years ago (6)
- I don't know/prefer not to say (7)

How long has it been since you had your last CT or CAT Scan to check for lung cancer?

- Within in the past year (1)
- Within the past two years (2)
- Within the past three years (3)
- Within the past five years (4)
- Within the past ten years (5)
- Ten or more years ago (6)
- I don't know/Prefer not to say (7)

How long has it been since you had a clinical skin test to look for moles or skin abnormalities?

- Within the past year (1)
- Within the past two years (2)
- Within the past three years (3)
- Within the past five years (4)
- Within the past ten years (5)
- Ten or more years ago (6)
- I Don't Know/Prefer Not to Say (7)

Are you currently employed?

- Yes (1)
- No (2)
- I'd prefer not to say (3)



In a typical week, considering all sources of employment, how many hours a week do you work?

- Less than 10 hours (1)
- 10-19 hours (2)
- 20-29 hours (3)
- 30-39 hours (4)
- 40-49 hours (5)
- 50-59 hours (6)
- 60 hours or more (7)
- I don't know/prefer not to say (8)

Are you Hispanic, Latino/a/ex or Spanish origin?

- Yes (1)
- No (2)
- I'd prefer not to say (3)

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

- White (1)
- Black or African American (2)
- American Indian or Alaska Native (3)
- Asian (4)
- Native Hawaiian or Pacific Islander (5)
- Other (6)
- I'd prefer not to say (7)

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

- Never attend school or only attended kindergarten (1)
- Grades 1 through 8 (Elementary) (2)
- Grades 9-11 (Some high school) (3)
- Grade 12 or GED (High school graduate) (4)
- College 1 year to 3 years (Some college or technical school) (5)
- College 4 years or more (College Graduate) (6)
- I have a Master's or Doctorate degree (7)
- I'd prefer not to say (8)

Have you ever served on active duty in the US Armed Forces, either in the regular military or in the National Guard or military reserve unit?

- Yes (1)
- No (2)
- I'd prefer not to say (3)

How old are you?

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How many individuals live in your household?

- I live alone (1)
  - I live with one other person (2)
  - I live with two other people (3)
  - I live with three other people (4)
  - I live with four other people (5)
  - I live with five other people (6)
  - I live with six other people (7)
  - I live with seven other people (8)
  - I live with eight or more people (9)
  - I'd prefer not to say (10)
-

How many individuals in your household are less than 18 years old?

- There are no individuals under the age of 18 in my household. (1)
- Only 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 or more (9)
- I'd prefer not to say. (10)

How many individuals in your household (including yourself) are aged 65 or older?

- There are no individuals aged 65 or older in my household. (1)
- 1 (2)
- 2 (3)
- 3 (4)
- 4 (5)
- 5 (6)
- 6 (7)
- 7 (8)
- 8 or more (9)
- I'd prefer not to say (10)

About how much do you weigh in pounds without shoes?

\_\_\_\_\_

Q114 About how tall are you without shoes?

- Ft (1) \_\_\_\_\_
- In (2) \_\_\_\_\_

What is your annual household income from all sources before taxes?

- Less than \$10,000 (1)
- \$10,000 - \$14,999 (2)
- \$15,000 - \$19,999 (3)
- \$20,000 - \$24,999 (4)
- \$25,000 - \$29,999 (5)
- \$30,000 - \$39,999 (6)
- \$40,000 - \$49,999 (7)
- \$50,000 - \$59,999 (8)
- \$60,000 - \$69,999 (9)
- \$70,000 - \$79,999 (10)
- \$80,000 - \$89,999 (11)
- \$90,000 - \$99,999 (12)
- \$100,000 - \$109,999 (13)
- \$110,000 - \$119,999 (14)
- \$120,000 - \$129,999 (15)
- \$130,000 - \$139,999 (16)
- \$140,000 - \$149,999 (17)
- \$150,000 or more (18)
- I'd prefer not to say (19)

What is your current marital status?

- Married (1)
- Widowed (2)
- Divorced (3)
- Separated (4)
- Never married (5)
- A member of an unmarried couple (6)
- I'd prefer not to say (7)

What sex was assigned to you at birth?

- Male (1)
- Female (2)
- Intersex (4)
- I'd prefer not to say (3)

Which of the following best represents how you think about yourself?

- Lesbian or Gay (1)
- Straight, that is, not gay (2)
- Bisexual (3)
- Something else (4) \_\_\_\_\_
- Don't Know/Not Sure (5)
- I'd prefer not to say (6)

Do you consider yourself to be transgender?

- No (1)
- Yes, Transgender, Male-to-Female (7)
- Yes, Transgender, Female-to-Male (2)
- Yes, Transgender, Gender Nonconforming, Nonbinary (3)
- Don't Know/Not Sure (5)
- I'd prefer not to say (6)

Have you ever had gender affirmation surgery?

- Yes (1)
- No (2)
- Don't Know/Not Sure (3)
- I'd prefer not to say (4)