

## Community Health Status

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### Community Health

#### Individual

1. **Would you say in general your health is...?**

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
  
7. DON'T KNOW/NOT SURE
9. REFUSED

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

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor
  
7. DON'T KNOW/NOT SURE
9. REFUSED

3. **How safe do you feel in your community?**

1. Very Safe
2. Safe
3. Somewhat safe
4. Unsafe
5. Very Unsafe
  
7. DON'T KNOW/NOT SURE
9. REFUSED

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

1. Very Safe
2. Safe
3. Somewhat safe
4. Unsafe
5. Very Unsafe
  
7. DON'T KNOW/NOT SURE
9. REFUSED

5. **Do you have access to fresh fruit and produce...?**

1. Always
2. Frequently
3. Sometimes
4. Rarely
5. Never
  
7. DON'T KNOW/NOT SURE
9. REFUSED

6. **Are fresh fruit and produce affordable...?**

1. Always
2. Frequently
3. Sometimes
4. Rarely
5. Never
  
7. DON'T KNOW/NOT SURE
9. REFUSED

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

1. Regularly
2. Sometimes
3. Rarely
4. Never
  
7. DON'T KNOW/NOT SURE
9. REFUSED

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

- 
88. None
  77. DON'T KNOW/NOT SURE
  99. REFUSED

9. **Do you have regular access to indoor or outdoor recreational facilities?**

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

Demographics

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**D.1 What is your age?**

- \_\_ \_\_ Code age in years  
07 DON'T KNOW/NOT SURE  
09 REFUSED

**D.2 Are you Hispanic or Latino?**

- 1 Yes  
2 No  
7 DON'T KNOW/NOT SURE  
9 REFUSED

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

**(Check all that apply)**

- 1 White  
2 Black or African American  
3 Asian  
4 Native Hawaiian or Other Pacific Islander  
5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

- 8 No additional choices  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**Note: If more than one response to Q D.3; continue. Otherwise, go to Q D.5.**

**D.4 Which one of these groups would you say best represents your race?**

- 1 White  
2 Black or African American  
3 Asian  
4 Native Hawaiian or Other Pacific Islander  
5 American Indian or Alaska Native

**Or**

- 6 Other [specify] \_\_\_\_\_

- 7 DON'T KNOW/NOT SURE  
9 REFUSED

**D.5 Are you...?**

- 1 Married
- 2 Divorced
- 3 Widowed
- 4 Separated
- 5 Never married

**Or**

- 6 A member of an unmarried couple
- 9 REFUSED

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

- — Number of children
- 8 8 None
- 9 9 REFUSED

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

- 1 Never attended school or only attended kindergarten
- 2 Grades 1 through 8 (Elementary)
- 3 Grades 9 through 11 (Some high school)
- 4 Grade 12 or GED (High school graduate)
- 5 College 1 year to 3 years (Some college or technical school)
- 6 College 4 years or more (College graduate)
  
- 9 REFUSED

**D.8 Are you currently...?**

- 1 Employed for wages full time
- 2 Employed for wages part time
- 3 Self-employed
- 4 Out of work for more than 1 year
- 5 Out of work for less than 1 year
- 6 A Homemaker
- 7 A Student
- 8 Retired

**Or**

- 8 Unable to work
- 9 REFUSED

**D.9 Is your annual household income from all sources—**

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

- 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
- 7 7    DON'T KNOW/NOT SURE
- 9 9    REFUSED

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

**NOTE: If respondent answers in metrics, put "9" in column 118.**

**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?**

**NOTE: If respondent answers in metrics, put "9" in column 122.**

**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.**

1 Yes  
2 No  
7 DON'T KNOW/NOT SURE  
9 REFUSED

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

\_\_\_\_ Residential telephone numbers [6 = 6 or more]  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**D.16 Do you own or rent your home?**

1 Own  
2 Rent  
3 Other arrangement  
7 DON'T KNOW/NOT SURE  
9 REFUSED

**D.17 Sex of respondent**

1 Male  
2 Female

**Physician Access**

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**Healthcare Access**

**Individual**

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

1. Yes  
2. No  
  
7. DON'T KNOW/NOT SURE

9. REFUSED

***If no, skip to Question 12***

11. Is it...?

- 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 13***

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

- 1. Employer does not provide
- 2. Cannot afford to purchase
- 3. Other [specify] \_\_\_\_\_
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

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

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

***If yes, skip to Question 15***

14. Is there no person or is there more than one person you think of as your personal doctor or health care provider?

- 1. No one
- 2. More than one
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

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

- 1. Yes
- 2. No

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

***If no, skip to Q17***

16. **What is the average cost you can afford and are willing to pay for yourself?**

*Do not read*

- 01. <\$10
- 02. \$10 - \$24
- 03. \$25 - \$39
- 04. \$40 - \$54
- 05. \$55 - \$74
- 06. \$75 - \$99
- 07. \$100 +

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

17. **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?**

- 1. Less than 12 months ago
- 2. 1 year but less than 2 years
- 3. 2 years but less than 5 years
- 4. 5 or more years ago

- 7. DON'T KNOW/NOT SURE
- 8. Never
- 9. REFUSED

***If answer is "1," skip to 19***

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

- 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. Other Specify

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

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

01. OU Clinic (University of Oklahoma)
02. OSU Clinic (Oklahoma State University)
03. Morton Clinic
04. CHS
05. Indian Health Clinic
06. Planned Parenthood
07. Health Department
08. Emergency Room
09. Urgent Care Center
10. Doctor's Office
11. Free Clinic
12. I don't have a place
13. Other [specify]\_\_\_\_\_
  
77. DON'T KNOW/NOT SURE
99. REFUSED

**20. Do you see the same provider each time?**

1. Yes, always
2. Most of the time
3. Sometimes
4. Rarely
5. Never
  
7. DON'T KNOW/NOT SURE
8. I NEVER ACCESS CARE
9. REFUSED

**21. Do you typically access care during the week or weekend?**

1. Week
2. Weekend
  
7. DON'T KNOW/NOT SURE
8. I NEVER ACCESS CARE
9. REFUSED

**22. What time of day do you typically access healthcare services?**

1. 5:01 am – 8:00 am
2. 8:01am – 12:00pm
3. 12:01pm – 5:00pm
4. 5:01pm – 8:00pm
5. 8:01 pm – 12:00 am
6. 12:01am – 5:00 am
  
7. DON'T KNOW/NOT SURE
8. I NEVER ACCESS CARE
9. REFUSED

**23. When/if you are prescribed medication, where do you go to fill your prescription?**

*Mark all that apply*

- 01. County Pharmacy
- 02. CVS
- 03. Free Clinic
- 04. Med-X
- 05. Reasons
- 06. Target
- 07. Wal-Mart
- 08. Walgreen's
- 09. Other [specify] \_\_\_\_\_
  
- 77. DON'T KNOW/NOT SURE
- 88. DOESN'T APPLY – NO PRESCRIPTIONS
- 99. REFUSED

**24. What payment method do you use when filling prescriptions?**

*Mark all that apply*

- 1. Self-pay
- 2. Insurance pays in full
- 3. Insurance co-pay
- 4. Free samples
- 5. Can't afford
- 6. Other [specify] \_\_\_\_\_
  
- 7. DON'T KNOW/NOT SURE
- 8. DOESN'T APPLY – NO PRESCRIPTIONS
- 9. REFUSED

**General Healthcare Access**

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**Dental Care**

**Individual**

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

- 1. Less than 12 months ago
- 2. 1 year but less than 2 years
- 3. 2 years but less than 5 years
- 4. 5 or more years ago
  
- 7. DON'T KNOW/NOT SURE
- 8. Never
- 9. REFUSED

*If Q25 = 1, skip to Q27*

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

- 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. Other Specify
  
- 77. DON'T KNOW/NOT SURE
- 88. NO TEETH
- 99. REFUSED

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

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

*If no, skip to Q29*

28. **What is the average cost you can afford and are willing to pay for yourself?**

- 01. <\$10
- 02. \$10 - \$24
- 03. \$25 - \$39
- 04. \$40 - \$54
- 05. \$55 - \$74
- 06. \$75 - \$99
- 07. \$100 +
  
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**Mental Health Care**

**Individual**

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

- 1. Less than 12 months ago
- 2. 1 year but less than 2 years
- 3. 2 years but less than 5 years
- 4. 5 or more years ago
  
- 7. DON'T KNOW/NOT SURE
- 8. Never
- 9. REFUSED

**If 29 = 1-4, skip to Q31.**

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

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

**31. Was there a time in the past 12 months when you needed to see a mental health provider but could not because of cost?**

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

**If no, skip to Q33**

**32. What is the average cost you can afford and are willing to pay for yourself?**

- 01. <\$10
- 02. \$10 - \$24
- 03. \$25 - \$39
- 04. \$40 - \$54
- 05. \$55 - \$74
- 06. \$75 - \$99
- 07. \$100 +
  
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

#### **Auditory Health Care**

##### **Individual**

**33. Do you have difficulty hearing?**

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

***If no, skip to Q36***

**34. Do you think you would benefit from a hearing aid?**

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

***If no, skip to Q36***

**35. What is the main reason you do not use hearing aids?**

- 1. Cosmetic Appeal
- 2. Expense
- 3. Don't know where to go
- 4. Other [specify] \_\_\_\_\_
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

**Specialty Care**

**Individual**

**36. For this next question, we are referring to specialty healthcare, for example, care for things like cardiovascular disease, diabetes, asthma, etc. In the past 12 months has any provider referred you for any type of specialty healthcare?**

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

***If no, skip to Q40***

**37. What services were you referred for?**

\_\_\_\_\_

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

**38. Did you have difficulty obtaining specialty services?**

- 1. Yes
- 2. No
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

**If no, skip to Q40**

**39. What challenges did you face?**

*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. Other [specify] \_\_\_\_\_
  
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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

*NOTE: 5 packs = 100 cigarettes*

- 1. Yes
- 2. No [Go to Q45]
  
- 7. DON'T KNOW/NOT SURE [Go to Q45]
- 9. REFUSED [Go to Q45]

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

- 1. Every day
- 2. Some days
- 3. Not at all [Go to Q43]
  
- 7. DON'T KNOW/NOT SURE [Go to Q45]
- 9. REFUSED [Go to Q45]

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

- 1. Yes [Go to Q45]
- 2. No [Go to Q45]
  
- 7. DON'T KNOW/NOT SURE [Go to Q45]
- 9. REFUSED [Go to Q45]

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

- 01. Within the past month (less than 1 month ago)
- 02. Within the past 3 months (1 month but less than 3 months ago)
- 03. Within the past 6 months (3 months but less than 6 months ago)
- 04. Within the past year (6 months but less than 1 year ago)

- 05. Within the past 5 years (1 year but less than 5 years ago)
- 06. Within the past 10 years (5 years but less than 10 years ago)
- 07. 10 years or more
- 08. Never smoked regularly
  
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

**43a. What methods or services did you use to help you quit?**

*Mark all that apply.*

- 1. OK Quitline
- 2. Personal Support
- 3. Healthcare Provider
- 4. Nicotine Replacement (Gum, Patch)
- 5. Other [specify]\_\_\_\_\_
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

**44. Are you exposed to secondhand smoke...?**

- 1. Regularly
- 2. Sometimes
- 3. Rarely
- 4. Never
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

***If Q44=4 (never), skip to Q46***

**45. Where do you most frequently encounter secondhand smoke?**

- 1. My home
- 2. Family/Friends Home
- 3. Restaurants
- 4. Parks
- 5. Other public areas
- 6. Other [specify]\_\_\_\_\_
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

**46. 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.*

- 1. Every day
- 2. Some days
- 3. Not at all

- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

46a. **Do you use any type of tobacco product?**

- 1. Yes
- 2. No
  
- 9. REFUSED

*If no, skip to Q48*

46b. **Do you use...?**

*Mark all that apply*

- 1. Cigarettes
- 2. Cigars
- 3. Smokeless Tobacco
- 4. Other
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

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

- 1. Yes
- 2. No
  
- 9. REFUSED

**CATI note: If D8 = 1 (employed for wages full-time), 2 (employed for wages part-time) or 3 (self-employed) then continue. Otherwise, Go to Q47.**

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

*Include all jobs.*

- 1. Mostly sitting or standing
- 2. Mostly walking
- 3. Mostly heavy labor or physically demanding work
  
- 7. DON'T KNOW/NOT SURE
- 9. REFUSED

49. **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?**

- 1. Yes
  - 2. No
- [Go to Q52]**

- 7. DON'T KNOW/NOT SURE [Go to Q52]
- 9. REFUSED [Go to Q52]

50. **How many days per week do you do these moderate activities for at least 10 minutes at a time?**

\_\_ Days per week

- 88. Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q52]
- 77. DON'T KNOW/NOT SURE [Go to Q52]
- 99. REFUSED [Go to Q52]

51. **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

52. **Now, thinking about the vigorous activities you do [fill in "employed full-time" or "employed part-time" or self-employed"] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?**

- 1. Yes
- 2. No [Go to Q55]
- 7. DON'T KNOW/NOT SURE [Go to Q55]
- 9. REFUSED [Go to Q55]

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

\_\_ Days per week

- 88. Do not do any vigorous physical activity for at least 10 minutes at a time [Go to Q55]
- 77. DON'T KNOW/NOT SURE [Go to Q55]
- 99. REFUSED [Go to Q55]

54. **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

55. **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 Q59]
- 777. DON'T KNOW/NOT SURE [Go to Q59]
- 999. REFUSED [Go to Q59]

56. **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

57. **Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [CATI X = 5 for men, X = 4 for women] or more drinks on an occasion?**

-- Number of times

- 88. None
- 77. DON'T KNOW/NOT SURE
- 99. REFUSED

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

-- Number of drinks

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

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

- 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

59a. **What do you think are some of the other most important factors that define a Healthy Community?**

- 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

60. **What do you think is the most important health problem in your community?**

- 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

60a. **What do you think are some of the other most important health problems in your community?**

- 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

**61. What do you think is the most important safety problem in your community?**

- 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

**61a. What do you think are some of the other most important safety problems in your community?**

- 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

62a. **Have you ever been told you have of the following?**

Diabetes

1. Yes
2. No
  
7. DON'T KNOW
9. REFUSED

62b. **Have you ever been told you have of the following?**

Cancer

1. Yes
2. No
  
7. DON'T KNOW
9. REFUSED

62c. **Have you ever been told you have of the following?**

Heart Disease

1. Yes
2. No
  
7. DON'T KNOW
9. REFUSED

62d. **Have you ever been told you have of the following?**

Lung Disease

1. Yes
2. No
  
7. DON'T KNOW
9. REFUSED

62e. **Have you ever been told you have of the following?**

Asthma

1. Yes
2. No
  
7. DON'T KNOW
9. REFUSED

62f. **Have you ever been told you have of the following?**

HIV/AIDS

1. Yes

- 2. No
- 7. DON'T KNOW
- 9. REFUSED

62g. **Have you ever been told you have of the following?**  
High Blood Pressure

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. REFUSED

62h. **Have you ever been told you have of the following?**  
Hepatitis

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. REFUSED

62i. **Have you ever been told you have of the following?**  
Alcohol/Drug Dependency

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. REFUSED

62j. **Have you ever been told you have of the following?**  
Arthritis

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. REFUSED

62k. **Have you ever been told you have of the following?**  
Vision/Hearing Loss

- 1. Yes
- 2. No
- 7. DON'T KNOW
- 9. REFUSED

62l. **Have you ever been told you have of the following?**

Any other type of chronic disease? [specify]\_\_\_\_\_

1. Yes
2. No
  
7. DON'T KNOW
9. REFUSED

63. Are you satisfied with your housing situation?

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

*If yes, skip to question 65*

64. Why not?

*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

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

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

Healthcare Access

Household

**If D12 = 1, Go to C1**

**If D12 >1, proceed with:** Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last. Please include children with the same birth date, including twins, in the order of their birth. Think of these \_\_ children in order of their birth, from oldest to youngest.

**C1. What is the birth month and year of the "Xth" child?**

\_\_/\_\_\_\_ Code month and year

77/7777 DON'T KNOW/NOT SURE

99/9999 REFUSED

**C2. Is this child a boy or a girl?**

1. Male
2. Female

9. REFUSED

**C3. How are you related to the child?**

1. Parent (include biologic, step, or adoptive parent)
2. Grandparent
3. Foster parent or guardian
4. Sibling (include biologic, step, and adoptive sibling)
5. Other relative
6. Not related in any way

7. DON'T KNOW/NOT SURE

9. REFUSED

*If C3 = 4, 5 or 6, skip to closing statement.*

**C4. Would you say in general his/her health is...?**

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

7. DON'T KNOW/NOT SURE

9. REFUSED

**C5. How often in the last month did he/she participate in physical activities?**

1. Regularly
2. Sometimes
3. Rarely
4. Never

7. DON'T KNOW/NOT SURE

9. REFUSED

**C6. How many days in the past month has this child missed school or daily activities because of illness?**

\_\_\_\_\_

8. None
7. DON'T KNOW/NOT SURE
9. REFUSED

**C7. Does this child have regular access to indoor or outdoor recreational facilities?**

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**C8. Does (he/she) have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs or government plans such as Medicaid?**

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

***If no, skip to Question C10***

**C9. Is it...?**

1. Employer Provided or Private
2. Self-purchased
3. Medicaid
4. Tribal/Indian Health
5. Active Military
6. Retired Military
  
7. DON'T KNOW/NOT SURE
9. REFUSED

***Skip to Question C11***

**C10. What is the main reason (he/she) does NOT have healthcare coverage?**

1. Employer does not provide
2. Cannot afford to purchase
3. Other [specify] \_\_\_\_\_
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**C11. Does this child have one person you think of as (his/her) personal doctor or health care provider?**

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE

9. REFUSED

***If yes, skip to Question C13***

**C12. Is there no person or is there more than one person you think of as (his/her) personal doctor or health care provider?**

1. No one
2. More than one
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**C13. Was there a time in the past 12 months when you needed to take this child to see a doctor but could not because of cost?**

1. Yes
2. No
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**C14. What is the average cost you can afford and are willing to pay for this child?**

01. <\$10
02. \$10 - \$24
03. \$25 - \$39
04. \$40 - \$54
05. \$55 - \$74
06. \$75 - \$99
07. \$100 +
  
77. DON'T KNOW/NOT SURE
99. REFUSED

**C15. About how long has it been since your this child 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?**

1. Less than 12 months ago
2. 1 year but less than 2 years
3. 2 years but less than 5 years
4. 5 or more years ago
  
7. DON'T KNOW/NOT SURE
8. Never
9. REFUSED

***If Answer is "1" skip to C17***

**C16. What is the MAIN reason this child has not had a general physical exam in the past year?**

1. No Insurance

2. Insurance does not cover
3. Unable to afford co-pay
4. No doctor
5. No time
6. Not needed/healthy
  
7. DON'T KNOW/NOT SURE
9. REFUSED

**C17. Where do you most frequently take this child to receive healthcare services?**

01. OU Clinic (University of Oklahoma)
02. OSU Clinic (Oklahoma State University)
03. Morton Clinic
04. CHS
05. Indian Health Clinic
06. Planned Parenthood
07. Health Department
08. Emergency Room
09. Urgent Care Center
10. Doctor's Office
11. Free Clinic
12. I don't have a place
13. Other [specify]\_\_\_\_\_
  
77. DON'T KNOW/NOT SURE
99. REFUSED

**C18. Does (he/she) see the same provider each time?**

1. Yes, always
2. Most of the time
3. Sometimes
4. Rarely
5. Never
  
7. DON'T KNOW/NOT SURE
8. CHILD NEVER ACCESSES CARE
9. REFUSED

**C19. Do you typically access care for (him/her) during the week or weekend?**

1. Week
2. Weekend
  
7. DON'T KNOW/NOT SURE
8. CHILD NEVER ACCESSES CARE
9. REFUSED

**C20. What time of day do you typically access healthcare services for this child?**

1. 5:01am – 8:00am
2. 8:01am – 12:00pm

- 3. 12:01pm – 5:00pm
- 4. 5:01pm – 8:00pm
- 5. 8:01pm – 12:00am
- 6. 12:01am – 5:00am
  
- 7. DON'T KNOW/NOT SURE
- 8. CHILD NEVER ACCESSES CARE
- 9. REFUSED

**C21. When/if this child is prescribed medication, where do you go to fill the prescription?**

- 01. County Pharmacy
- 02. CVS
- 03. Free Clinic
- 04. Med-X
- 05. Reasors
- 06. Target
- 07. Wal-Mart
- 08. Walgreen's
- 09. Other [specify]\_\_\_\_\_
  
- 77. DON'T KNOW/NOT SURE
- 88. DOESN'T APPLY – NO PRESCRIPTIONS
- 99. REFUSED

**C22. What payment method do you use when filling prescriptions for this child?**

*Mark all that apply*

- 1. Self-pay
- 2. Insurance pays in full
- 3. Insurance co-pay
- 4. Free samples
- 5. Can't afford
- 6. Other [specify]\_\_\_\_\_
  
- 7. DON'T KNOW/NOT SURE
- 8. DOESN'T APPLY – NO PRESCRIPTIONS
- 9. REFUSED