2011 Geauga County Health Survey

Answers Will Remain Confidential!

We need your help! We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a $2.00 bill as a "thank you" for your time. We have also enclosed a postage-paid envelope for your convenience.

If you have any questions or concerns, please contact Katie Spaar at (419) 668-1652 x234 or email her at kspaar@Geaugacohealth.com.

Instructions:

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you.

Thank you for your assistance. Your responses will help to make Geauga County a healthier place for all of our residents.

Si usted necesita a alguien que lea esto a usted en español, por favor llame a Heather en el condado de Geauga General de Salud del Distrito al 419-668-1652 x234. Gracias.

Turn the page to start the survey ➔

Health Status

1. Would you say that in general your health is:
   - ❑ Excellent
   - ❑ Very good
   - ❑ Good
   - ❑ Fair
   - ❑ Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health **not** good?

   Number of days _____

   - ❑ None
   - ❑ Don't know

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health **not** good?

   Number of days _____

   - ❑ None
   - ❑ Don't know

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

   Number of days _____

   - ❑ None
   - ❑ Don't know

Health Care Utilization

5. Do you have one person you think of as your personal doctor or health care provider?
   - ❑ Yes, only one
   - ❑ More than one
   - ❑ No
   - ❑ Don't know

6. What might prevent you from seeing a doctor if you were sick, injured, or needed some type of health care? **(CHECK ALL THAT APPLY)**
   - ❑ Nothing
   - ❑ Cost
   - ❑ No insurance
   - ❑ Frightened of the procedure or doctor
   - ❑ Worried they might find something wrong
   - ❑ Cannot get time off from work
   - ❑ Hours not convenient
   - ❑ Difficult to get an appointment
   - ❑ Do not trust or believe doctors
   - ❑ No transportation or difficult to find transportation
   - ❑ Some other reason
   - ❑ Don't know

7. What transportation issues do you have when you need services? **(CHECK ALL THAT APPLY)**
   - ❑ No car
   - ❑ No driver's license
   - ❑ Can't afford gas
   - ❑ Disabled
   - ❑ Car does not work
   - ❑ No car insurance
   - ❑ Other car issues/expenses
   - ❑ I do not have any transportation issues

8. In the past 12 months, have you chosen to go outside of Geauga County for any of these health care services? **(CHECK ALL THAT APPLY)**
   - ❑ Don't use any services outside of county
   - ❑ Specialty care
   - ❑ Primary care
   - ❑ Dental services
   - ❑ Cardiac care
   - ❑ Orthopedic care
   - ❑ Cancer care
   - ❑ Mental health care
   - ❑ Hospice care
   - ❑ Pediatric care
   - ❑ Developmental disability services
   - ❑ Addiction services
   - ❑ Another service: _____
   - ❑ Don't know

Health Care Coverage

9. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare?
   - ❑ Yes
   - ❑ No – **GO TO QUESTION 12**
   - ❑ Don't know

10. What type of health care coverage do you use to pay for most of your medical care?
   - ❑ Your employer
   - ❑ Someone else's employer
   - ❑ A plan that you or someone else buys on your own
   - ❑ Medicare
   - ❑ Medicaid or Medical Assistance
   - ❑ The military, CHAMPUS, TriCare, or the VA
   - ❑ The Indian Health Service
   - ❑ Some other source
   - ❑ None
   - ❑ Don't know

11. Does your health coverage include:

Medical?	❑ Yes	❑ No	❑ Don't know
Dental?	❑ Yes	❑ No	❑ Don't know
Vision?	❑ Yes	❑ No	❑ Don't know
Mental health?	❑ Yes	❑ No	❑ Don't know
Prescription coverage?	❑ Yes	❑ No	❑ Don't know
Home care?	❑ Yes	❑ No	❑ Don't know
Skilled nursing?	❑ Yes	❑ No	❑ Don't know
Hospice?	❑ Yes	❑ No	❑ Don't know
Preventive health?	❑ Yes	❑ No	❑ Don't know
Immunizations?	❑ Yes	❑ No	❑ Don't know
Geauga County physicians?	❑ Yes	❑ No	❑ Don't know
Alcohol or substance abuse treatment?	❑ Yes	❑ No	❑ Don't know
Your spouse?	❑ Yes	❑ No	❑ Don't know
Your children?	❑ Yes	❑ No	❑ Don't know

12. What was the reason you were without health care coverage? **(CHECK ALL THAT APPLY)**
   - ❑ Never without health care coverage
   - ❑ Lost job or changed employers
   - ❑ Spouse or parent lost job or changed employers
   - ❑ Became divorced or separated
   - ❑ Spouse or parent died
   - ❑ Became ineligible (age or left school)
   - ❑ Employer doesn't/stopped offering coverage
   - ❑ Became a part time or temporary employee
   - ❑ Benefits from employer/former employer ran out
   - ❑ Couldn't afford to pay the premiums
   - ❑ Insurance company refused coverage
   - ❑ Lost Medicaid eligibility
   - ❑ Other
   - ❑ Don't know

13. Was there a time during the last 12 months when you needed to see a doctor but could not because of the cost?
   - ❑ Yes
   - ❑ No
   - ❑ Don't know

14. During the past 12 months, what were the reasons why you did not get a prescription from your doctor filled? **(CHECK ALL THAT APPLY)**
   - ❑ I have filled all of my prescriptions
   - ❑ I have no insurance
   - ❑ I am taking too many medications
   - ❑ I couldn't afford to pay the out of pocket expenses
   - ❑ My co-pays are too high
   - ❑ My premiums are too high
   - ❑ My deductibles are too high
   - ❑ I have a high deductible with HSA account
   - ❑ I opted out of prescription coverage because I couldn't afford it
   - ❑ There was no generic equivalent of what was prescribed
   - ❑ I did not think I needed it

15. Medicare is a coverage plan for people 65 or over and for certain disabled people. Do you understand the options available to you below? **(CHECK ALL THAT APPLY)**
    - ❑ I am not 65 years old or older
    - ❑ Medicare
    - ❑ Medicare Part D drug program
    - ❑ Medicare Advantage (drug and supplemental health) plan
    - ❑ None of the above

Health Care Access

16. 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.
    - ❑ Less than a year ago
    - ❑ 1 to 2 years ago
    - ❑ More than 2 but less than 5 years
    - ❑ 5 or more years
    - ❑ Don't know
    - ❑ Never
17. When you are sick or need advice about your health, to which one of the following places do you usually go?
    - ❑ A doctors office
    - ❑ A public health clinic or community health center
    - ❑ A hospital outpatient department
    - ❑ A hospital emergency room
    - ❑ Urgent care center
    - ❑ In-store health clinic (ex: CVS, Walmart, Giant Eagle, etc.)
    - ❑ Some other kind of place
    - ❑ No usual place
    - ❑ Don't know
18. Have you not gotten any of the following recommended major care or preventive care due to cost? **(CHECK ALL THAT APPLY)**
    - ❑ I have gotten the recommended care
    - ❑ Mammogram
    - ❑ Pap smear test
    - ❑ PSA test
    - ❑ Colonoscopy
    - ❑ Surgery
    - ❑ Medications
19. What are your reasons for not using a program or service to help with depression, anxiety, or emotional problems for you or for a loved one?
    - ❑ Have used a program or service
    - ❑ Not needed
    - ❑ Transportation
    - ❑ Fear
    - ❑ Co-pay/deductible is too high
    - ❑ Cannot afford to go
    - ❑ Cannot get to the office or clinic
    - ❑ Don't know how to find a program
    - ❑ Stigma of seeking mental health services
    - ❑ Didn't feel the services you had received were good
    - ❑ Other priorities
    - ❑ Have not thought of it
    - ❑ Other: _____
    - ❑ Don't know

Oral Health

20. How long has it been since you last visited a dentist or a dental clinic for any reasons? Include visits to dental specialists, such as orthodontists.
    - ❑ Within the past year (anytime less than 12 months ago) – **GO TO QUESTION 22**
    - ❑ Within the past 2 years (1 year but less than 2 years ago)
    - ❑ Within the past 5 years (2 years but less than 5 years ago)
    - ❑ 5 or more years ago
    - ❑ Don't know/Not sure
    - ❑ Never
21. What is the main reason you have not visited the dentist in the last <u>year</u>?
    - ❑ I have been to the dentist in the past year
    - ❑ Fear, apprehension, nervousness, pain, dislike going
    - ❑ Cost
    - ❑ No insurance
    - ❑ Do not have/know a dentist
    - ❑ Cannot get to the office/clinic (too far away, no transportation, no appointments available)
    - ❑ No reason to go (no problems, no teeth)
    - ❑ Other priorities
    - ❑ Have not thought of it
    - ❑ Other:_____
    - ❑ Don't know

Alcohol Consumption

22. During the past month, how many days did you have at least one drink of any alcoholic beverage?

    Days per month _____

    ❑ Don't know

    ❑ Do not drink – **GO TO QUESTION 26**

23. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days you drank, about how many drinks did you consume on average?

    Number of drinks _____

    ❑ Don't know

24. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (for males) 5 or more drinks on an occasion, or (for females) 4 or more drinks on an occasion?

    Number of times _____

    ❑ None

    ❑ Don't know

25. During the past month, how many times have you driven when you've had perhaps too much to drink?

    Number of times _____

    ❑ None

    ❑ Don't know

26. Do you approve of anyone doing the following? **(CHECK ALL THAT APPLY)**

    ❑ Drinking alcohol

    ❑ Drinking alcohol and driving

    ❑ Riding in a vehicle with someone who has been drinking alcohol

    ❑ Binge drinking (drinking 5 or more alcoholic beverages)

    ❑ Consuming alcohol and driving a child

    ❑ Parents allowing or giving alcohol to minors in their home

    ❑ None of the above

27. What are your reasons for not seeking a program or service to help with alcohol and other drug problems for you or a loved one?

    ❑ Have used a program or service

    ❑ Not needed

    ❑ Transportation

    ❑ Fear

    ❑ Cannot afford to go

    ❑ Cannot get to the office or clinic

    ❑ Don't know how to find a program

    ❑ Stigma of seeking alcohol services

    ❑ Do not want to miss work

    ❑ Have not thought of it

    ❑ Other: _____

Preventive Medicine and Health Screenings

28. Have you ever been told by a doctor, nurse, or other health professional that you had asthma?

    ❑ Yes

    ❑ No

    ❑ Don't know

29. Have you ever been told by a doctor or other health professional that you have the following: **(CHECK ALL THAT APPLY)**

    ❑ Some form of arthritis

    ❑ Rheumatoid arthritis

    ❑ Gout

    ❑ Lupus

    ❑ Fibromyalgia

    ❑ None

    ❑ Don't know/Not sure

30. Are you being treated for arthritis?

    ❑ Yes – **GO TO QUESTION 32**

    ❑ No, and I think I should be treated

    ❑ No, but I don't think I should be treated

31. What are your reasons for not getting treatment for arthritis?

    ❑ I am getting treatment for arthritis

    ❑ Not needed

    ❑ Transportation

    ❑ Cannot afford

    ❑ Cannot get to the office or clinic

    ❑ Don't know how to find treatment

    ❑ Do not want to miss work

    ❑ Have not thought of it

    ❑ Other: _____

32. Have you ever been told by a doctor, nurse, or other health professional that you had diabetes?
- ❑ Yes - Age of onset (diagnoses)_____
- ❑ Yes, but only during pregnancy
- ❑ No – **GO TO QUESTION 34**
- ❑ Don't know

33. Which of the following are you using to treat diabetes? **(CHECK ALL THAT APPLY)**
- ❑ Diet control
- ❑ Diabetes pills
- ❑ Insulin
- ❑ None of the above

34. Has a doctor ever told you that you have had any of the following? **(CHECK ALL THAT APPLY)**
- ❑ Had a heart attack or myocardial infarction
- ❑ Angina (chest pain) or coronary heart disease
- ❑ Had a stroke
- ❑ None of the above

35. Have you ever been told by a doctor, nurse, or other health professional that you had high blood pressure?
- ❑ Yes
- ❑ Yes, but only during pregnancy
- ❑ No
- ❑ Told borderline high or pre-hypertensive
- ❑ Don't know

36. When did you last have your blood pressure taken by a doctor, nurse, or other health professional?
- ❑ Less than six months ago
- ❑ More than 6 but less than 12 months ago
- ❑ More than 1 but less than 2 years ago
- ❑ More than 2 but less than 5 years ago
- ❑ 5 or more years ago
- ❑ Don't know
- ❑ Never
- ❑ Never, did myself at self-operated location

37. Blood cholesterol is a fatty substance found in the blood. Has a doctor, nurse, or other health professional ever told you that you had high blood cholesterol?
- ❑ Yes
- ❑ No
- ❑ Don't know

38. When did you last have your blood cholesterol checked?
- ❑ 1 to 12 months ago
- ❑ More than 1 but less than 2 years ago
- ❑ More than 2 but less than 5 years ago
- ❑ 5 or more years ago
- ❑ Have never had it checked
- ❑ Don't know

39. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. When did you have your last sigmoidoscopy or colonoscopy?
- ❑ Within the past year (anytime less than 12 months ago)
- ❑ Within the past 2 years (1 year but less than 2 years ago)
- ❑ Within the past 5 years (2 years but less than 5 years ago)
- ❑ 5 or more years ago
- ❑ Never
- ❑ Don't know/Not sure

40. Are you taking medications (including aspirin) for any of the following conditions?
- ❑ Heart disease
- ❑ Stroke
- ❑ Blood pressure
- ❑ Blood cholesterol
- ❑ None of the above

41. Have you had any of the following checked in the <u>past two years</u>? **(CHECK ALL THAT APPLY)**
- ❑ Hearing
- ❑ Vision
- ❑ None of the above
- ❑ Don't know

42. In the past <u>12 months</u>, where did you get your last flu shot?
- ❑ I did not get a flu shot in the past 12 months
- ❑ A doctor's office or health maintenance organization
- ❑ A health department
- ❑ Another type of clinic or health center
- ❑ A senior, recreation, or community center
- ❑ A store
- ❑ A hospital or emergency room
- ❑ Workplace
- ❑ Other _____
- ❑ Don't know

43. With your most recent diagnoses of cancer, what type of cancer was it?
- ❑ I have not been diagnosed with cancer
- ❑ Breast cancer
- ❑ Cervical cancer
- ❑ Endometrial (Uterus) cancer
- ❑ Ovarian cancer
- ❑ Head and neck cancer
- ❑ Oral cancer
- ❑ Pharyngeal (throat) cancer
- ❑ Thyroid cancer
- ❑ Colon (intestine) cancer
- ❑ Esophageal cancer
- ❑ Liver cancer
- ❑ Pancreatic cancer
- ❑ Rectal cancer
- ❑ Stomach cancer
- ❑ Hodgkin's Lymphoma
- ❑ Leukemia (blood) cancer
- ❑ Non-Hodgkin's Lymphoma
- ❑ Prostate cancer
- ❑ Testicular cancer
- ❑ Melanoma
- ❑ Other skin cancer
- ❑ Heart cancer
- ❑ Lung cancer
- ❑ Bladder cancer
- ❑ Renal (kidney) cancer
- ❑ Bone cancer
- ❑ Brain cancer
- ❑ Neuroblastoma
- ❑ Other

Preventive Counseling Services

44. Has a doctor or other health professional talked to you about the following topics? Please check the box that indicates if you have discussed this topic within the past year, before the past year, or not at all.

	Within past year	Before the past year	Not at all
Your diet or eating habits?	❑	❑	❑
Physical activity or exercise?	❑	❑	❑
Injury prevention such as safety belt use, helmet use, or smoke detectors?	❑	❑	❑
Illicit drug abuse?	❑	❑	❑
Alcohol use?	❑	❑	❑
Use of alcohol when taking prescriptions drugs?	❑	❑	❑
Quitting smoking?	❑	❑	❑
Sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?	❑	❑	❑
Depression, anxiety or emotional problems?	❑	❑	❑
Domestic violence?	❑	❑	❑
Significance of family history?	❑	❑	❑

Tobacco Use

45. Have you smoked at least 100 cigarettes in your entire life?
- ❑ Yes
- ❑ No – **GO TO QUESTION 48**
- ❑ Don't know

46. Do you now smoke cigarettes everyday, some days, or not at all?
- ❑ Everyday
- ❑ Some days
- ❑ Not at all – **GO TO QUESTION 48**

47. During the past 12 months, have you quit smoking for 1 day or longer because you were trying to quit smoking?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know

48. Which forms of tobacco listed below have you used in the past year? **(CHECK ALL THAT APPLY)**
    - ❑ Flavored Cigarettes
    - ❑ E-cigarette
    - ❑ Bidis
    - ❑ Cigars
    - ❑ Black & Milds
    - ❑ Cigarillos
    - ❑ Little Cigars
    - ❑ Swishers
    - ❑ Chewing tobacco
    - ❑ Snuff
    - ❑ Snus
    - ❑ Hookah
    - ❑ None

49. Do you believe that secondhand tobacco smoke is harmful to you or your family's health?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know/Not sure

Drug Use

50. During the past six months, have you used any of the following: **(CHECK ALL THAT APPLY)**
    - ❑ Marijuana or hashish
    - ❑ Amphetamines, methamphetamines or speed
    - ❑ Cocaine, crack, or coca leaves
    - ❑ Heroin
    - ❑ LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
    - ❑ Inhalants such as glue, toluene, gasoline, or paint
    - ❑ Ecstasy or E, or GHB
    - ❑ I have not used any of these substances in the past six months – **GO TO QUESTION 52**
    - ❑ Don't know

51. How frequently have you used drugs checked in question 50 during the past six months?
    - ❑ Almost every day
    - ❑ 3 to 4 days a week
    - ❑ 1 or 2 days a week
    - ❑ 1 to 3 days a month
    - ❑ Less than once a month
    - ❑ Don't know

52. Have you used any of the following medications during the past six months that were either not prescribed for you, or you took more than was prescribed? **(CHECK ALL THAT APPLY)**
    - ❑ Oxycontin
    - ❑ Vicodin
    - ❑ Tranquilizers such as Valium or Xanax, sleeping pills, barbituates, or Seconal
    - ❑ Codeine, Demerol, Morphine, Percodan, or Dilaudid
    - ❑ Suboxone or Methadone
    - ❑ Ritalin or Adderall
    - ❑ I have not used any of these medications in the past 6 months – **GO TO QUESTION 54**
    - ❑ Don't know/Not sure

53. How frequently have you used the medications checked in question 52 during the past six months?
    - ❑ Almost every day
    - ❑ 3 to 4 days a week
    - ❑ 1 or 2 days a week
    - ❑ 1 to 3 days a month
    - ❑ Less than once a month
    - ❑ I have not used any of these medications during the past six months
    - ❑ Don't know/Not sure

54. What do you do with unused prescription medication? (**CHECK ALL THAT APPLY)**
    - ❑ Throw it in the trash
    - ❑ Flush it down the toilet
    - ❑ Give them away
    - ❑ Keep them
    - ❑ Sell them
    - ❑ Take them to the Medication Collection program
    - ❑ Other: _____

Women's Health

MEN -- GO TO QUESTION 61, MEN'S HEALTH SECTION

55. A mammogram is an x-ray of each breast to look for breast cancer. When was your last mammogram?
    - ❑ Have never had a mammogram
    - ❑ Less than a year ago
    - ❑ 1 to 2 years ago
    - ❑ More than 2 but less than 5 years ago
    - ❑ 5 or more years ago
    - ❑ Don't know

56. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. When was your last breast exam?
    - ❑ Have never had a breast exam
    - ❑ Less than a year ago
    - ❑ 1 to 2 years ago
    - ❑ More than 2 but less than 5 years ago
    - ❑ 5 or more years ago
    - ❑ Don't know

57. A Pap smear is a test for cancer of the cervix. How long has it been since you had your last Pap smear?
    - ❑ Have never had a Pap smear
    - ❑ Less than a year ago
    - ❑ 1 to 2 years ago
    - ❑ More than 2 but less than 5 years ago
    - ❑ 5 or more years ago
    - ❑ Don't know

58. What is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?
    - ❑ A family planning clinic
    - ❑ A health department clinic
    - ❑ A community health center
    - ❑ A private gynecologist
    - ❑ A general or family physician
    - ❑ Some other kind of place
    - ❑ Don't know
    - ❑ Don't have a usual source

59. Thinking back to your last pregnancy, just before you got pregnant, how did you feel about becoming pregnant?
    - ❑ You have not been pregnant
    - ❑ You wanted to be pregnant sooner
    - ❑ You wanted to be pregnant later
    - ❑ You wanted to be pregnant then
    - ❑ You didn't want to be pregnant then or any time in the future
    - ❑ You don't recall

60. If you were pregnant in the past 5 years, did you…**(CHECK ALL THAT APPLY)**
    - ❑ I was not pregnant in the past 5 years
    - ❑ Get prenatal care within the first 3 months
    - ❑ Take a multi-vitamin
    - ❑ Smoke cigarettes
    - ❑ Use alcohol
    - ❑ Use marijuana
    - ❑ Use any drugs
    - ❑ Experience perinatal depression
    - ❑ Experience domestic violence
    - ❑ Do none of these things

Men's Health

WOMEN -- GO TO QUESTION 64, SEXUAL BEHAVIOR SECTION

61. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. When was your last PSA test?
    - ❑ 1 to 12 months ago
    - ❑ 1 to 2 years ago
    - ❑ More than 2 but less than 5 years ago
    - ❑ 5 or more years ago
    - ❑ Don't know
    - ❑ Never

62. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. When was your last digital rectal exam?
    - ❑ 1 to 12 months ago
    - ❑ 1 to 2 years ago
    - ❑ More than 2 but less than 5 years ago
    - ❑ 5 or more years ago
    - ❑ Don't know
    - ❑ Never

63. Have any of the following men in your family been told that he had prostate cancer?
- ❑ Father
- ❑ Brother
- ❑ Son
- ❑ Grandfather
- ❑ Uncle
- ❑ Don't know
- ❑ None of the above

Sexual Behavior

64. During the past twelve months, with how many different people have you had sexual relations (intercourse, oral sex and/or anal sex)?

Number of people _____

- ❑ Don't know
- ❑ Have not had intercourse in past 12 months

65. What are you or your partner doing now to keep from getting pregnant?
- ❑ No partner/not sexually active (abstinent)
- ❑ Not using birth control
- ❑ Gay/lesbian
- ❑ Tubes tied (female sterilization)
- ❑ Hysterectomy (female sterilization)
- ❑ Vasectomy (male sterilization)
- ❑ Pill, all kinds (Ortho Tri-Cyclen, etc.)
- ❑ IUD (including Mirena)
- ❑ Condoms (male or female)
- ❑ Contraceptive implants (Jadelle or implants)
- ❑ Diaphragm, cervical ring or cap (Nuvaring or others)
- ❑ Shots (Depo-Provera, Lunelle, etc.)
- ❑ Contraceptive Patch
- ❑ Emergency contraception (EC)
- ❑ Withdrawal
- ❑ Having sex only at certain times (rhythm)
- ❑ Other method (foam, jelly, cream, etc.)
- ❑ Don't know/Not sure

66. What are your reasons for not using any birth control now?
- ❑ I am using a birth control method to keep from getting pregnant
- ❑ I am using a birth control method for medical reasons
- ❑ Didn't think I was going to have sex/no regular partner
- ❑ You or your partner want to get pregnant
- ❑ Gay/lesbian
- ❑ I don't want to use birth control
- ❑ My partner does not want to use any
- ❑ You or your partner don't like birth control/fear side effects
- ❑ I don't think my partner or I can get pregnant
- ❑ I can't pay for birth control
- ❑ My partner or I had a hysterectomy/vasectomy/tubes tied
- ❑ You or your partner is too old
- ❑ Lapse in use of method
- ❑ You or your partner is currently breast-feeding
- ❑ You or your partner just had a baby/postpartum
- ❑ Partner is pregnant now
- ❑ Don't care if you or your partner gets pregnant
- ❑ Religious preferences
- ❑ Don't know

67. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
- ❑ Yes
- ❑ No
- ❑ Don't know

68. Due to what you know about HIV and STDs, have you made any of the following sexual behavior changes? (**CHECK ALL THAT APPLY)**
- ❑ Decrease the number of sexual partners or become abstinent
- ❑ Now have sexual intercourse with only the same partner
- ❑ Always use condoms for protection
- ❑ Did not make any of these changes
- ❑ Don't know

69. Have you been diagnosed with any of the following sexually transmitted diseases (STDs) in the past 5 years?
- ❑ Chlamydia
- ❑ Gonorrhea
- ❑ Genital herpes
- ❑ Syphilis
- ❑ Human Papilloma Virus (HPV)
- ❑ HIV
- ❑ None of the above
- ❑ Don't know

Weight Control / Physical Activity

70. Are you now trying to…
- ❑ Maintain your current weight, that is, to keep from gaining weight
- ❑ Lose weight
- ❑ Gain weight
- ❑ None of the above

71. During the past 30 days, did you do any of the following to lose weight or keep from gaining weight?
- ❑ I did not do anything to lose weight or keep from gaining weight
- ❑ Eat less food, fewer calories, or foods low in fat
- ❑ Exercise
- ❑ Go without eating for 24 hours
- ❑ Take any diet pills, powders, or liquids without a doctor's advice
- ❑ Vomit or take laxatives
- ❑ Smoke cigarettes
- ❑ Use a weight loss program such as Weight Watchers, Jenny Craig, etc.
- ❑ Participate in a dietary or fitness program prescribed for you by a health professional
- ❑ Take medications prescribed by a health professional

72. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?
- ❑ 0 days
- ❑ 1 days
- ❑ 2 days
- ❑ 3 days
- ❑ 4 days
- ❑ 5 days
- ❑ 6 days
- ❑ 7 days
- ❑ Not able to exercise

73. What type of physical activities or exercise do you spend time doing during the past year? **(CHECK ALL THAT APPLY)**
- ❑ I did not exercise
- ❑ Running/jogging
- ❑ Walking
- ❑ Cycling
- ❑ Exercise machines
- ❑ Swimming
- ❑ Strength training
- ❑ Other:_____
- ❑ Unable to exercise

74. For what reasons do you not exercise? **(CHECK ALL THAT APPLY)**
- ❑ I do exercise
- ❑ Weather
- ❑ Time
- ❑ Cannot afford a gym membership
- ❑ Gym is not available
- ❑ No walking or biking trails
- ❑ Safety
- ❑ I do not have child care
- ❑ I do not know what activity to do
- ❑ Doctor advised me not to exercise
- ❑ Pain/discomfort
- ❑ Other:_____

75. On an average day, how many hours do you spend doing the following activities?

TV	**Video Games** (non-active)	**Computer** (outside of work)	**Cell Phone** (talk, text, internet)
❑ 0 hours	❑ 0 hours	❑ 0 hours	❑ 0 hours
❑ Less than 1 hour	❑ Less than 1 hour	❑ Less than 1 hour	❑ Less than 1 hour
❑ 1 hour	❑ 1 hour	❑ 1 hour	❑ 1 hour
❑ 2 hours	❑ 2 hours	❑ 2 hours	❑ 2 hours
❑ 3 hours	❑ 3 hours	❑ 3 hours	❑ 3 hours
❑ 4 hours	❑ 4 hours	❑ 4 hours	❑ 4 hours
❑ 5 hours	❑ 5 hours	❑ 5 hours	❑ 5 hours
❑ 6+ hours	❑ 6+ hours	❑ 6+ hours	❑ 6+ hours

Diet and Nutrition

76. Do you currently take any vitamin pills or supplements? Include liquid supplements.
    - ❑ Yes
    - ❑ No
    - ❑ Don't know
77. In general, do you read food labels or consider nutritional content when choosing foods you eat?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know
78. Where do you purchase your fruits and vegetables? **(CHECK ALL THAT APPLY)**
    - ❑ Large grocery store (ex. Giant Eagle)
    - ❑ Local grocery store
    - ❑ Restaurants
    - ❑ Farmer's Market
    - ❑ Food Pantry
    - ❑ Other
    - ❑ I do not purchase fruits and vegetables
79. On average how many servings of fruits and vegetables do you have per day?
    - ❑ 1 to 4 servings per day
    - ❑ 5 or more servings per day
    - ❑ 0 – I do not like fruits or vegetables
    - ❑ 0 – I cannot afford fruits or vegetables
    - ❑ 0 – I do not have access to fruits or vegetables
80. In a typical week, how many meals did you eat out in a restaurant or bring takeout food home to eat?

    _____ Meals

Mental Health and Suicide

81. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
    - ❑ Yes
    - ❑ No
82. During the past 12 months, did you ever seriously consider attempting suicide?
    - ❑ Yes
    - ❑ No
83. During the past 12 months, how many times did you actually attempt suicide?
    - ❑ 0 times
    - ❑ 1 time
    - ❑ 2 or 3 times
    - ❑ 4 or 5 times
    - ❑ 6 or more times
84. In general, how satisfied are you with your life?
    - ❑ Very satisfied
    - ❑ Satisfied
    - ❑ Dissatisfied
    - ❑ Very dissatisfied
    - ❑ Don't know
85. When you were feeling sad, blue or depressed, did you also have a period of at least two weeks when you: **(CHECK ALL THAT APPLY)**
    - ❑ Had a weight/appetite change
    - ❑ Had trouble sleeping/or slept too much
    - ❑ Woke up before you wanted
    - ❑ Felt fatigued, no energy
    - ❑ Felt extremely restless or slowed down
    - ❑ Had trouble thinking or concentrating
    - ❑ Lost interest in most things
    - ❑ Felt worthless or hopeless
    - ❑ Thought about death or suicide
    - ❑ Attempted suicide
    - ❑ None of the above
86. On a typical day, how would you rate your stress level?
    - ❑ Very low stress level
    - ❑ Low stress level
    - ❑ Moderate stress level
    - ❑ High stress level
    - ❑ Very high stress level
87. In the past 12 months, have you been diagnosed or treated for a mental health issue? **(CHECK ALL THAT APPLY)**
    - ❑ I have not been diagnosed or treated for a mental health issue
    - ❑ Mood Disorder (i.e. depression, bipolar disorder)
    - ❑ Anxiety Disorder (i.e. panic attacks, phobia, obsessive-compulsive disorder)
    - ❑ Psychotic Disorder (i.e. schizophrenia, schizoaffective disorder)
    - ❑ Other mental health disorder
    - ❑ I have taken medication for one or more of the mental health issues above

Quality of Life

88. Are you limited in any way in any activities because of any physical, mental, or emotional problems?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know

89. What major impairments or health problems limit your activities? **(CHECK ALL THAT APPLY)**
    - ❑ I am not limited by any impairments or health problems
    - ❑ Arthritis/rheumatism
    - ❑ Back or neck problem
    - ❑ Fractures, bone/joint injury
    - ❑ Walking problem
    - ❑ Lung/breathing problem
    - ❑ Hearing problem
    - ❑ Eye/vision problem
    - ❑ Heart problem
    - ❑ Stroke-related problem
    - ❑ Hypertension/high blood pressure
    - ❑ Diabetes
    - ❑ Cancer
    - ❑ Depression/anxiety/emotional problems
    - ❑ Tobacco dependency
    - ❑ Alcohol dependency
    - ❑ Drug addiction
    - ❑ Learning disability
    - ❑ Developmental disability
    - ❑ Overweight (obesity)
    - ❑ Other impairment/problem

90. Because of any impairment or health problem, do you need the help of other persons with any of the following needs? **(CHECK ALL THAT APPLY)**
    - ❑ Eating
    - ❑ Bathing
    - ❑ Dressing
    - ❑ Getting around the house
    - ❑ Household chores
    - ❑ Doing necessary business
    - ❑ Shopping
    - ❑ Adult care
    - ❑ Child care
    - ❑ Getting around for other purposes
    - ❑ None of the above

91. Would you have any problems getting the following if you needed them today? **(CHECK ALL THAT APPLY)**
    - ❑ Someone to loan me $50
    - ❑ Someone to help me if I were sick and needed to be in bed
    - ❑ Someone to take me to the clinic or doctor's office if I needed a ride
    - ❑ Someone to talk to about my problems
    - ❑ Someone to explain directions from my doctor
    - ❑ Someone to accompany me to my doctor's appointments
    - ❑ Someone to help me pay for my medical expenses
    - ❑ Back-up child care
    - ❑ I would not have problems with any of these things if I needed them

Social Context

92. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle. **(CHECK ALL THAT APPLY)**
    - ❑ Yes, and they are unlocked
    - ❑ Yes, and they are loaded
    - ❑ Yes, but they are **not** unlocked
    - ❑ Yes, but they are **not** loaded
    - ❑ No
    - ❑ Don't know

93. In the past 30 days, have you needed help meeting your general daily needs such as food, clothing, shelter, or paying utility bills?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know

94. In the past 30 days, have you been concerned about having enough food for you or your family?
    - ❑ Yes
    - ❑ No
    - ❑ Don't know

95. How often do you wear a seat belt when in a car?
    - ❑ Never
    - ❑ Rarely
    - ❑ Sometimes

- ❑ Most of the time
- ❑ Always

96. During the past 12 months, have any of the following threatened to abuse you? Include physical, sexual, emotional, financial and verbal abuse. **(CHECK ALL THAT APPLY)**
    - ❑ A spouse or partner
    - ❑ A parent
    - ❑ Child
    - ❑ Another person from outside the home
    - ❑ Another family member living in your household
    - ❑ Someone else
    - ❑ I was not threatened in the past 12 months
97. During the past 12 months, were you threatened or abused by any of the following? Include physical, sexual, emotional, financial and verbal abuse. **(CHECK ALL THAT APPLY)**
    - ❑ A spouse or partner
    - ❑ A parent
    - ❑ Child
    - ❑ Another person from outside the home
    - ❑ Another family member living in your household
    - ❑ Someone else
    - ❑ I was not abused in the past 12 months
98. How were you abused? **(CHECK ALL THAT APPLY)**
    - ❑ Physically abused
    - ❑ Sexually abused
    - ❑ Verbally abused
    - ❑ Emotionally abused
    - ❑ Financially abused
    - ❑ Any of the above through electronic methods (such as texts, facebook, etc.)
    - ❑ I was not abused in the past 12 months
99. Does your household have any of the following disaster/emergency supplies? **(CHECK ALL THAT APPLY)**
    - ❑ 3-day supply of water for everyone who lives there (1 gallon of water per person per day)
    - ❑ 3-day supply of nonperishable food for everyone who lives there
    - ❑ 3-day supply of prescription medication for each person who takes prescribed medicines
    - ❑ A working battery operated radio and working batteries
    - ❑ A working flashlight and working batteries
    - ❑ Cell phone
    - ❑ None of the above
    - ❑ Don't know
100. Have you attempted to get assistance from any of the following? **(CHECK ALL THAT APPLY)**
    - ❑ I didn't look for assistance
    - ❑ I looked for assistance, but didn't get any
    - ❑ A friend or family member
    - ❑ Church
    - ❑ WomenSafe
    - ❑ United Way
    - ❑ Geauga County Job and Family Services
    - ❑ Geauga County Health Department
    - ❑ 2-1-1/First Call for Help
    - ❑ Help Me Grow
    - ❑ Geauga County Board of Developmental Disabilities
    - ❑ Ravenwood
    - ❑ Lake Geauga Center
    - ❑ Mental Health Agency
    - ❑ No, I did not need their help
    - ❑ No, I didn't know where to look
101. In the past year, have you sought assistance for any of the following? **(CHECK ALL THAT APPLY)**
    - ❑ Rent/mortgage
    - ❑ Utilities
    - ❑ Food
    - ❑ Emergency shelter
    - ❑ Clothing
    - ❑ Legal aid services
    - ❑ Free tax preparation
    - ❑ Transportation
    - ❑ Credit counseling
    - ❑ None of the above

102. Have you experienced the following in the past 12 months? (**CHECK ALL THAT APPLY)**
- ❑ A close family member had to go into the hospital
- ❑ Death of a family member or close friend
- ❑ I became separated or divorced
- ❑ I moved to a new address
- ❑ I was homeless
- ❑ I had someone homeless living with me
- ❑ Someone in my household lost their job
- ❑ Someone in my household had their hours at work reduced
- ❑ I had bills I could not pay
- ❑ I was involved in a physical fight
- ❑ Someone in my household went to jail
- ❑ Someone close to me had a problem with drinking or drugs
- ❑ I was hit or slapped by my spouse or partner
- ❑ My child was hit or slapped by my spouse or partner
- ❑ I did not experience any of these things in the past 12 months

Environmental Health

103. The following problems are sometimes associated with poor health. In or around your household, which of the following do you think have threatened you or your family's health in the past year? (**CHECK ALL THAT APPLY)**
- ❑ Rodents (mice or rats)
- ❑ Insects (mosquitoes, ticks, flies)
- ❑ Bed bugs
- ❑ Cockroaches
- ❑ Unsafe water supply
- ❑ Plumbing problems
- ❑ Sewage/waste water problems
- ❑ Temperature regulation (heating and air conditioning)
- ❑ Safety hazards (structural problems)
- ❑ Lead paint
- ❑ Chemicals found in household products (i.e. cleaning agents, pesticides, automotive products)
- ❑ Mold
- ❑ Asbestos
- ❑ Radiation
- ❑ Radon
- ❑ Excess medications in the home
- ❑ None

Demographics

104. What is your zip code? _____

105. What is your age? _____

106. What is your gender?
- ❑ Male
- ❑ Female

107. What is your race?
- ❑ American Indian/ Alaska Native
- ❑ Asian
- ❑ Black or African-American
- ❑ Native Hawaiian/ Other Pacific Islander
- ❑ White
- ❑ Other: _____
- ❑ Don't know

108. Are you Hispanic or Latino?
- ❑ Yes
- ❑ No
- ❑ Don't know

109. Are you…
- ❑ Married
- ❑ Divorced
- ❑ Widowed
- ❑ Separated
- ❑ Never been married
- ❑ A member of an unmarried couple

110. How many people live in your household who are…

0 – 4 years old _____

5 to 12 years old _____

13 to 17 years old _____

Adults _____

111. What is the highest grade or year of school you completed?
- ❑ Never attended school or only attended kindergarten
- ❑ Elementary
- ❑ Some high school
- ❑ High school graduate
- ❑ Some college or technical school
- ❑ College graduate

112. Are you currently…
- ❑ Employed for wages full-time
- ❑ Employed for wages part-time
- ❑ Self-employed
- ❑ Out of work for more than 1 year
- ❑ Out of work for less than 1 year
- ❑ Homemaker
- ❑ Student
- ❑ Retired
- ❑ Unable to work

113. Is your annual household income from all sources…
- ❑ Less than $10,000
- ❑ $10,000 to $14,999
- ❑ $15,000 to $19,999
- ❑ $20,000 to $24,999
- ❑ $25,000 to $34,999
- ❑ $35,000 to $49,999
- ❑ $50,000 to $74,999
- ❑ $75,000 or more
- ❑ Don't know

114. About how much do you weigh without shoes?

POUNDS _____

- ❑ Don't know

115. About how tall are you without shoes?

FEET _____

INCHES _____

- ❑ Don't know

Certain questions provided by: Centers for Disease Control and Prevention. Behavioral Risk Factor Surveillance System. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2007-2009. Other questions are ©2011 Hospital Council of NW Ohio.

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