This is the survey tool mailed out for the 2015 Goodhue County Community Health Needs Assessment Survey.
Goodhue County Community Health Needs Assessment

SURVEY INSTRUCTIONS

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X’s or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

2. Have you ever been told by a doctor or other health care professional that you had any of the following health conditions?
   - a. High blood pressure/hypertension
   - b. Pre-hypertension
   - c. Diabetes
   - d. Pre-diabetes
   - e. Overweight
   - f. Cancer
   - g. Chronic lung disease (including COPD, chronic bronchitis or emphysema)
   - h. Heart trouble or angina
   - i. Stroke or stroke-related health problems
   - j. High cholesterol or triglycerides
   - k. Arthritis
   - l. Depression
   - m. Anxiety or panic attacks
   - n. Other mental health problems
   - o. Obesity
   - p. Asthma

   No | Yes | Yes, but only during pregnancy

3. What kind of place do you usually go to when you are sick or need advice about your health?
   - A doctor’s office
   - A tribal clinic
   - A clinic
   - Some other health center
   - A free clinic
   - An urgent care clinic
   - An emergency room
   - No usual place
   - Some other place

4. When was the last time you had...
   - a. ... a flu shot?
   - b. ... a dental exam or your teeth cleaned?
   - c. ... a hearing test?
   - d. ... an eye exam?
   - e. ... your blood pressure checked?
   - f. ... your blood cholesterol checked?
   - g. ... your blood sugar checked?
   - h. ... any screening for skin cancer?
   - i. ... any screening for colon cancer? Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy, colonoscopy or barium enema
   - j. ... a prostate exam (men only)?
   - k. ... a Pap test (women only)?
   - l. ... a mammogram (women only)?
   - m. ... a general health exam?

   Within the past year | Within the past 2 years | Within the past 5 years | Five or more years ago | Never
5. Are you now trying to lose weight?
   ○ Yes   ○ No

6. 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?
   Write the number in the boxes, then fill in the appropriate circle beneath each box.

7. During the past 12 months, have you seen a doctor, nurse, or other health professional about your own health?
   ○ Yes   ○ No ► IF NO, GO TO QUESTION 9

8. Did the doctor, nurse, or other health professional discuss with you or ask you about your health?
   (Mark ALL that apply)
   ○ Physical activity
   ○ Diet or nutrition
   ○ Weight
   ○ Smoking or other tobacco use
   ○ Stress
   ○ Mental health concerns
   ○ Feeling safe at home

9. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?
   ○ Yes   ○ No ► IF NO, GO TO QUESTION 11

10. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)
    ○ I could not get an appointment
    ○ I had transportation problems
    ○ I was too nervous or afraid
    ○ It cost too much
    ○ I did not think it was serious enough
    ○ My insurance did not cover it
    ○ Other reason

11. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?
    ○ Yes   ○ No ► IF NO, GO TO QUESTION 13
    IF YES, GO TO QUESTION 12

12. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)
    ○ I could not get an appointment
    ○ I had transportation problems
    ○ I was too nervous or afraid
    ○ It cost too much
    ○ I did not have insurance
    ○ The dentist wouldn’t accept my insurance
    ○ I did not know where to go
    ○ Other

13. 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?

14. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues, but did not go, or delayed talking with someone?
   ○ Yes   ○ No ► IF NO, GO TO QUESTION 16

15. Why did you not get or delay getting the mental health care you thought you needed? (Mark ALL that apply)
    ○ I could not get an appointment
    ○ I had transportation problems
    ○ I was too nervous or afraid
    ○ I did not think it was serious enough
    ○ It cost too much
    ○ I did not have insurance
    ○ My insurance did not cover it
    ○ I did not know where to go
    ○ Other reason

16. In the past 6 months, which statement best describes medications prescribed for you?
    ○ I had no medications prescribed for me ► GO TO QUESTION 18
    ○ I had medications prescribed for me and I filled ALL of the prescriptions ► GO TO QUESTION 18
    ○ I had medications prescribed for me and I did not fill at least one of them
17. Why did you **not** fill at least one prescription for medication? (Mark ALL that apply)

- [ ] I do not have insurance
- [ ] I did not think I needed the medication
- [ ] I did not like the side effects
- [ ] It cost too much
- [ ] I did not know where to go
- [ ] I had transportation problems
- [ ] Other ____________________________

18. Do you currently have any of the following types of health insurance? (Please mark yes or no for each.)

- [ ] a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer
- [ ] b. Health insurance or coverage bought directly by yourself or your family (not through an employer)
- [ ] c. Indian or Tribal Health Service
- [ ] d. Medicare
- [ ] e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)
- [ ] f. MinnesotaCare
- [ ] g. Insurance through MNSure or South County Health Alliance (SCHA)
- [ ] h. CHAMPUS, TRICARE, or Veterans' benefits
- [ ] i. Other health insurance or coverage (please specify): ____________________________
- [ ] j. NO health insurance coverage

19. Do you consider yourself:  
   - [ ] Overweight
   - [ ] About the right weight
   - [ ] Underweight

20. How much do you agree or disagree with these statements about people with mental illness?

   - [ ] a. Treatment can help people with mental illness lead normal lives.
   - [ ] b. People are generally caring and sympathetic to people with mental illness.

21. A serving of fruit is one medium-sized piece of fruit or a half cup chopped, cut, or canned fruit. How many servings of fruit did you have yesterday? (Do NOT include fruit juice.)

   - [ ] Servings: 0
   - [ ] Servings: 1
   - [ ] Servings: 2
   - [ ] Servings: 3
   - [ ] Servings: 4
   - [ ] Servings: 5
   - [ ] Servings: 6
   - [ ] Servings: 7
   - [ ] Servings: 8
   - [ ] Servings: 9

22. A serving of 100% fruit juice is 6 ounces. How many 6 ounce servings of 100% fruit juice did you have yesterday?

   - [ ] Servings: 0
   - [ ] Servings: 1
   - [ ] Servings: 2
   - [ ] Servings: 3
   - [ ] Servings: 4
   - [ ] Servings: 5
   - [ ] Servings: 6
   - [ ] Servings: 7
   - [ ] Servings: 8
   - [ ] Servings: 9

23. A serving of vegetables -not including french fries- is one cup of salad greens or a half cup of any other vegetables. How many servings of vegetables did you have yesterday?

   - [ ] Servings: 0
   - [ ] Servings: 1
   - [ ] Servings: 2
   - [ ] Servings: 3
   - [ ] Servings: 4
   - [ ] Servings: 5
   - [ ] Servings: 6
   - [ ] Servings: 7
   - [ ] Servings: 8
   - [ ] Servings: 9

24. How many glasses of each of the following did you drink yesterday? Think of a “glass” as a 12-oz. serving.

   a. Milk
   - [ ] 0
   - [ ] 1-2
   - [ ] 3-4
   - [ ] 5-6
   - [ ] 7 or more

   b. Pop or soda (regular)
   - [ ] 0
   - [ ] 1-2
   - [ ] 3-4
   - [ ] 5-6
   - [ ] 7 or more

   c. Pop or soda (diet)
   - [ ] 0
   - [ ] 1-2
   - [ ] 3-4
   - [ ] 5-6
   - [ ] 7 or more

   d. Sports or energy drinks (Gatorade, Red Bull, Monster, etc.)
   - [ ] 0
   - [ ] 1-2
   - [ ] 3-4
   - [ ] 5-6
   - [ ] 7 or more
25. In an average week, how many times do you do the following?

- **a.** Eat out or order out a meal from a **fast food** place (McDonald’s, KFC, Taco Bell, pizza places, etc.)
- **b.** Eat a meal out at a **restaurant** that is **not** a fast food place
- **c.** Eat a meal from Meals on Wheels
- **d.** Eat a meal from a senior dining site
- **e.** Eat a meal at a community setting such as a church
- **f.** Eat a home-cooked meal
- **g.** Watch television during meal time

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<th>Never or less than one time per month</th>
<th>About one time per month</th>
<th>About two or three times per month</th>
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26. In a typical month, how often do you or others in your household buy or get food from the following places?

- **a.** Supermarket or large grocery store
- **b.** Small grocery store
- **c.** Convenience store or gas station
- **d.** Grocery delivery service
- **e.** Food shelf or food pantry
- **f.** Some other place

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27. During the **growing season**, how often do you or others in your household buy or get food from the following places?

- **a.** Farmers market, fruit/vegetable stand
- **b.** Local farm or CSA (community supported agriculture)
- **c.** Food grown at home or in a community garden

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<th>About one time per month</th>
<th>About two or three times per month</th>
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28. **How far do you usually go (one way) to get your groceries?**

- **Circle:**
  - Less than 2 miles
  - 2-6 miles
  - 7-10 miles
  - 11-20 miles
  - 21-30 miles
  - Over 30 miles

29. **How often do you prepare a meal cooked at home from basic ingredients, such as pasta, rice, vegetables or meats?**

- **Circle:**
  - Every day
  - 5-6 days per week
  - 3-4 days per week
  - 1-2 days per week
  - Never

30. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- **Circle:**
  - Often
  - Sometimes
  - Rarely
  - Never

31. During the past 12 months, have you used a community food shelf program?

- **Circle:**
  - Yes
  - No

32. **Please mark the extent to which you agree or disagree with each of the following statements.**

- **a.** The fresh fruits and vegetables where I usually shop are too expensive
- **b.** Fruits and vegetables are difficult to prepare

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<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly disagree</th>
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33. When you are at work, which of the following best describes what you do? (Please mark only ONE answer)
   O Mostly sitting  O Mostly heavy labor or physically demanding work
   O Mostly standing  O Not currently employed

34. During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?
   O Yes  O No

35. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? Moderate activities cause only light sweating and a small increase in breathing or heart rate.
   O 0 days  O 2 days  O 4 days  O 6 days
   O 1 day  O 3 days  O 5 days  O 7 days

36. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.
   O 0 days  O 2 days  O 4 days  O 6 days
   O 1 day  O 3 days  O 5 days  O 7 days

38. Please indicate if you have the following resources and facilities in your community, and if so, whether or not you use that resource or facility.

   a. Walking paths or trails
   b. Bicycle paths, shared use paths or bike lanes
   c. Public swimming pools or water parks
   d. Public recreation or community centers
   e. Parks or sports fields
   f. Schools, colleges or universities that are open for public use for exercise or physical activity
   g. A shopping mall or store for physical activity or walking
   h. Health club, fitness or wellness center (YMCA, Curves, Snap Fitness, Anytime Fitness, etc.)
   i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)

39. Has your household air ever been tested for the presence of radon?
   O Yes  O No  ► GO TO QUESTION 41

40. Has your household air ever tested positive for radon?
   O Yes  O No

41. In the past 12 months, has someone living in your home made you fearful through action, tone of voice, threats, or destroying your property?
   O Yes  O No

42. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)
   O Yes  O No  ► GO TO QUESTION 45

43. Do you now smoke cigarettes every day, some days, or not at all?
   O Every day
   O Some days
   O Not at all  ► GO TO QUESTION 45

44. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?
   O Yes  O No
45. How often do you use any of the following products?
   a. Cigars, cigarillos, or little cigars
   b. Pipes
   c. Snuff, snus or chewing tobacco
   d. E-cigarettes
   e. Any other type of tobacco product
   f. Marijuana

46. Does anyone, including yourself, smoke tobacco (not including e-cigarettes) regularly inside your home?
   ○ Yes    ○ No

47. In the past 7 days, have you been in a car or other vehicle with someone who was smoking tobacco (not including e-cigarettes)?
   ○ Yes    ○ No

48. In Goodhue County, in the past 7 days, has anyone smoked tobacco (not including e-cigarettes) near you at any place besides your home or car?
   ○ Yes    ○ No

49. In Goodhue County, have you ever seen anyone smoke an e-cigarette?
   ○ Yes    ○ No

50. Where have you seen people smoke tobacco OR e-cigarettes in Goodhue County?
   (Mark ALL that apply)
   a. Your workplace
   b. A restaurant or bar
   c. A business or shopping area
   d. A park or outdoor recreation area
   e. An outdoor community sports event
   f. A sidewalk or building entrance
   g. Some other places
   h. None of these places

51. Do you rent an apartment in a multifamily building (a building with 4 or more apartments)?
   ○ Yes    ○ No ▶ IF NO, GO TO QUESTION 53

52. Does anyone ever smoke tobacco in any of the following areas in your building? (Mark ALL that apply)
   ○ Apartments    ○ Lobby or lounge areas
   ○ Hallways      ○ Party rooms
   ○ Laundry rooms  ○ On patios or balconies

53. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?
   ○ Yes    ○ No ▶ IF NO, GO TO QUESTION 57

54. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

55. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? (One drink is equivalent to a 12-oz. beer, a 5-oz. glass of wine, or a drink with one shot of liquor.)
   ○ 1 drink    ○ 6 drinks
   ○ 2 drinks    ○ 7 drinks
   ○ 3 drinks    ○ 8 drinks
   ○ 4 drinks    ○ 9 drinks
   ○ 5 drinks    ○ 10 drinks or more

56. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...

57. FOR FEMALES:
   4 or more drinks on an occasion

58. FOR MALES:
   5 or more drinks on an occasion

   Days
   0 0
   0 1
   0 2
   0 3
   1 0
   1 1
   1 2
   2 0
   2 1
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   30 1
   30 2

   FOR FEMALES:
   6
   4
   2
   0

   FOR MALES:
   6
   4
   2
   0
57. Do you ever drive a car or other vehicle?
   - Yes  - No  ▶ GO TO QUESTION 59

58. When DRIVING a car or other vehicle, how often do you...
   a. ...read or send text messages?
   b. ...make or answer a phone call?
   c. ...do other activities such as eat, read, apply makeup or shave?
   d. ...drive when you have perhaps had too much to drink?

   Often  - Sometimes  - Never

59. How often do you wear a seat belt when you drive or ride in a car?
   - Always  - Most of the time  - Sometimes  - Seldom  - Never

60. Do you have access to at least one working car or other vehicle to use when you need to?
   - Yes  - No

61. During the past 12 months, did you seriously think about killing yourself?
   - Yes  - No

62. Are you:
   - Male  - Female

63. Do you think of yourself as...? (Mark ALL that apply)
   - Heterosexual or straight
   - Gay, lesbian, or homosexual
   - Bisexual
   - Other

64. Your age group:
   - 18-24  - 35-44  - 55-64  - 75+
   - 25-34  - 45-54  - 65-74

65. Are you of Hispanic or Latino origin?
   - Yes  - No

66. Which of the following best describes you? (Mark ALL that apply)
   - American Indian
   - Asian or Pacific Islander
   - Black or African American or African
   - White
   - Other ________________________________

67. What is the zip code where you live?  ▶

68. How tall are you without shoes?
   Feets  ▶  Inches

69. Approximately how much do you weigh?  ▶
   Pounds
70. Including yourself, how many adults live in your household?

Number of adults:
1 2 3 4 5 6 7 8 9 10 or more

71. How many children (under age 18) live in your household?

Number of children:
1 2 3 4 5 6 7 8 9 10 or more

72. What is the highest level of education you have completed? (Please mark only ONE)

- Did not complete 8th grade
- Did not complete high school
- High school diploma/GED
- Trade/Vocational school
- Some college
- Associate degree
- Bachelor's degree
- Graduate/Professional degree

73. Household income per year:

- Less than $10,000
- $10,000 - $14,999
- $15,000 - $24,999
- $25,000 - $34,999
- $35,000 - $49,999
- $50,000 - $74,999
- $75,000 - $99,999
- $100,000 - $149,999
- $150,000 - $199,999
- $200,000 or more

74. Are you currently... (Mark ALL that apply)

- Employed
- Self-employed or farmer
- Serving in the Armed Forces
- Unemployed or out of work
- A homemaker or stay-at-home parent
- A student
- Retired
- Unable to work because of a disability

75. In your opinion, what is “healthy” about your community?

76. And what is “unhealthy” about your community, in your opinion?

Thank you for completing this survey!