Survey number _____

Wilson County Community Health Survey

PART 1: Quality of Life Statements

The first questions are about how you see certain parts of Wilson County's life. Please tell us whether you "strongly disagree", "disagree", "agree" or "strongly agree" with each of the next 6 statements.

Statements	Choose a number for each statement below.			
	Strongly Disagree	Disagree	Agree	Strongly Agree
1. How do you feel about this statement, "There is a good healthcare system in Wilson County"? Consider the cost and quality, number of options, and availability of healthcare in Wilson County.	5.1 **1**	18.4 **2**	68.3 **3**	8.2 **4**
2. How do you feel about this statement, "Wilson County is a good place to raise children"? Consider the quality and safety of schools and child care programs, after school programs, and places to play in this county.	3.5 **1**	11.2 **2**	73.1 **3**	12.2 **4**
3. How do you feel about this statement, "Wilson County is a good place to grow old"? Consider our county's elder-friendly housing, transportation to medical services, recreation, and services for the elderly.	4.3 **1**	13.0 **2**	69.2 **3**	13.4 **4**
4. How do you feel about this statement, "There is plenty of economic opportunity in Wilson County"? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in Wilson County**.**	18.1 **1**	37.2 **2**	40.2 **3**	4.6 **4**
5. How do you feel about this statement, "Wilson County is a safe place to live"? Consider how safe you feel at home, in the workplace, in schools, at playgrounds, parks, and shopping centers in Wilson County.	3.6 **1**	18.5 **2**	69.0 **3**	8.9 **4**
6. How do you feel about this statement, "There is plenty of help for individuals and families during times of need in Wilson County"? Consider social support in Wilson County: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.	8.4 **1**	19.3 **2**	59.1 **3**	13.3 **4**

Survey number _____

PART 2: Community Problems and Issues

Health Problems

7. These next questions are about health problems that have the largest impact on the community as a whole. Please look at this list of health problems. Pick the most important health problems in Wilson County. You can choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a health problem you consider one of the most important, please add in other.

31.1 Aging problems (Alzheimer's, arthritis, hearing or vision loss, etc.)
32.9 Asthma
3.9 Birth defects
40.9 Cancer
What kind? _____
19.6 Dental health
51.6 Diabetes
9.5 Gun-related injuries
47.3 Heart disease/heart attacks
13.2 Autism
25.9 Addiction

2.5 Infant death
6.8 Infectious/Contagious diseases (TB, salmonella, pneumonia, flu, etc.)
9.7 Kidney disease
5.4 Liver disease
33.9 Mental health (depression, schizophrenia, suicide etc.)
9.5 Motor vehicle accidents
1.6 Neurological disorders (Multiple Sclerosis, muscular dystrophy, A.L.S.)

0.8 Other injuries drowning, choking, home or work related)
55.1 Obesity/overweight
6.2 Lung disease (emphysema, etc.)
47.9 Sexually transmitted diseases (STDs)
32.3 HIV/AIDS
15.0 Stroke
42.4 Teenage pregnancy
0.4 Other
_____

Unhealthy Behaviors

8. These next questions are about unhealthy behaviors that some individuals do that have the largest impact on the community as a whole. Please look at this list of unhealthy behaviors. Pick top unhealthy behaviors in Wilson County. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see an unhealthy behavior that you consider one of the most important, please add in other.

57.6 Alcohol abuse
69.3 Drug abuse
64.1 Having unsafe sex
25.8 Lack of exercise
5.3 Not getting immunizations ("shots") to prevent disease
9.6 Not using child safety seats

15.6 Not using seat belts
37.7 Not going to a dentist for preventive check-ups / care
53.5 Not going to the doctor for yearly check-ups and screenings
9.8 Not getting prenatal (pregnancy) care.

39.6 Poor eating habits
24.6 Reckless/drunk driving
43.0 Smoking/tobacco use
4.5 Suicide
20.9 Violent behavior
0.4 Other:
_____

Community Issues

9. These next questions are about community-wide issues that have the largest impact on the overall quality of life in Wilson County. Please look at this list of community issues. Pick the community issues that have the greatest effect on quality of life in Wilson County. Please choose up to 5. Remember this is your opinion and your choices will not be linked to you in any way. If you do not see a community problem you consider one of the most important, please add in other.

9.2 Animal control issues
16.8 Availability of child care
33.0 Affordability of health services
0.0 Availability of healthy food choices
0.4 Bioterrorism
40.2 Dropping out of school
12.5 Homelessness
35.0 Inadequate/unaffordable housing
39.3 Lack of/inadequate health insurance
27.7 Lack of culturally appropriate health services.
16.6 Lack of health care providers
What kind? _____
17.0 Lack of recreational facilities (parks, trails, community centers, etc.)
21.7 Availability of healthy family activities
27.0 Availability of positive teen activities
6.4 Neglect and abuse (Specify type)
6.4 Elder abuse
9.0 Child abuse
4.1 Pollution (air, water, land)
4.7 Low income/poverty
14.1 Racism
17.6 Lack of transportation options
67.2 Unemployment
3.3 Unsafe, un-maintained roads
14.8 Violent crime (murder, assault, etc.)
6.8 Rape/sexual assault
0.0 Domestic Violence
1.4 Other: _____

PART 3: Personal Health

These questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

10. How would you rate your own health? Please choose only one of the following:

24.4 Very healthy
50.2 Healthy
19.7 Somewhat healthy
2.4 Unhealthy
3.3 Very unhealthy

11. Where do you get most of your health-related information? Please choose only one.

8.4 Friends and family
74.2 Doctor/nurse/pharmacist
8.0 Internet
2.9 Hospital
0.2 Help lines
2.9 Books/magazines
0.8 School
0.8 Church
1.8 Other ___

12. Where do you go <u>most often</u> when you are sick or need advice about your health? . . Choose the one that you usually go to.)

78.8 Doctor's office
6.6 Health department
2.7 Hospital
4.7 Medical Clinic
5.3 Urgent Care Center
2.1 Other: _____

13. In the past 12 months, did you ever have a problem getting the health care you needed from any type of health care provider or facility?

15.7 Yes 84.3 No (*now skip to question #15*)

14. Since you said "yes", which of these problems did you have? You can choose as many of these as you need to. If there was a problem you had that we do not have here, please tell us and I will write it in. 35.4 I didn't have health insurance.

a. 19.5 My insurance didn't cover what I needed.
b. 15.9 My share of the cost (deductible/co-pay) was too high.
c. 4.9 Doctor would not take my insurance or Medicaid.
d. 0.0 Hospital would not take my insurance.
e. 8.5 I didn't have a way to get there.
f. 7.3 I didn't know where to go.
g. 9.8 I couldn't get an appointment.
h. 14.6 Other: _____

15. In the past 12 months, did you have a problem filling a medically necessary prescription?

13.3 Yes 86.7 No (*now skip to question #17*)

16. Since you said "yes", which of these problems did you have? You can choose as many of these as you need to.

a. 22.4 I didn't have health insurance.
b. 41.8 My insurance didn't cover what I needed.
c. 28.4 My share of the cost (deductible/co-pay) was too high.
d. 4.5 Pharmacy would not take my insurance or Medicaid.
e. 6.0 I didn't have a way to get there.
f. 1.5 I didn't know where to go.
g. 13.4 Other: _____

17. Was there a time during the past 12 months when you needed to get dental care, but could not?

20.2 Yes 79.8 No (*now skip to question #19*)

18. Since you said "yes", why could you not get dental care? You can choose as many of these as you need to.

a.74.8 I didn't have dental insurance.
b. 5.8 My insurance didn't cover what I needed.
c.31.1 I couldn't afford the cost.
d. 1.9 Dentist would not take my insurance or Medicaid.
e. 7.8 My share of the cost (deductible/co-pay) was too high.
f. 2.9 I didn't have a way to get there.
g. 1.9 I didn't know where to go.
h. 1.0 I couldn't get an appointment.
i. 1.9 Other: _____

19. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to? Here are some possibilities. Which do you think you would choose?)

a.27.7 Private counselor or therapist
b.18.6 Support group (e.g., AA. Al-Anon)
c. 1.4 School counselor
d. 6.6 Don't know
e. 31.1 Doctor
f. 18.4 Minister/religious official
g. 1.9 Other: _____

20. During a normal week, other than in your regular job, do you engage in any exercise activity that lasts at least a half an hour?

59.9 Yes 40.1 No

21. Since you said yes, how many times would you say you engage in this activity during a normal week? 4.12

22. Where do you go to exercise or engage in physical activity? Check all that apply.

a. 5.0 ABC Family YMCA
b. 29.4 Park
c. 17.2 Public Recreation Center
d. 18.8 Private gym
e. 63.8 Home
f. 27.2 Other:_____

23. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

a. 8.2 My job is physical or hard labor
b. 5.6 Exercise is not important to me.
c._2.6 I don't have access to a facility that has the things I need, like a pool, golf course, or a track.
d.22.4 I don't have enough time to exercise.
e.11.2 I would need child care and I don't have it.
f. 5.1 I don't know how to find exercise partners or teams.
g.16.8 I don't like to exercise.
h. 7.7 It costs too much to exercise (equipment, shoes, gym costs)
i. 3.6There is no safe place to exercise.
j. 13.3 I'm too tired to exercise.
k.10.7 I'm physically disabled.
l. 10.2 I don't know
m._4.6 Other _____

24. How many hours per day do you watch TV, play video games, or use the computer for recreation?

22.5 0-1 hour 54.7 2-3 hours 16.6 4-5 hours 6.3 6+ hours

25. During the past 30 days, have you had any physical pain or health problems that made it hard for you to do your usual activities such as driving, working around the house, or going to work?

13.3 Yes 86.7 No

26. How often do you eat fruits and vegetables on an average day? Not counting juice, lettuce salad, or potato products.
(Example) One apple or 12 baby carrots equal one cup.

a. Number of cups of fruit 1.67

b. Number of cups of vegetables 2.24

c. Never eat fruit 1.50

d. Never eat vegetables 2.0

e. Don't know 1.07

27. Are you exposed to secondhand smoke in any of the following places *(Check all that apply)?*

a. 9.3 Home

b. 4.5 Workplace

c. 0.8 Hospitals

d. 2.2 Restaurants

e. 0.2 School

f. 7.7 Other: _____

g.79.1 I am not exposed to secondhand smoke.

28. Do you currently smoke? 6.0 Yes 94 No

29. If yes, where would you go for help if you wanted to quit?

a. 14.0 Quit Now NC

b. 39.5 Doctor

c. 7.0 Church

d. 4.7 Pharmacy

e. 4.7 Private counselor/therapist

f. 9.3 Health Department

g.16.3 I don't know

h. 7.0 Other: _____

i. 18.6 Not applicable; I don't want to quit

30. Have you ever been told by a <u>doctor, nurse, or other health professional</u> that you have any of the conditions I am about to read?

a.	Asthma	24.8 Yes	____ No
b.	Depression or anxiety disorder	13.9 Yes	____ No
c.	High blood pressure	48.2 Yes	____ No
d.	High cholesterol	33.6 Yes	____ No
e.	Diabetes (not during pregnancy)	13.3 Yes	____ No
f.	Osteoporosis	6.7 Yes	____ No
g.	Overweight/Obesity	42.7 Yes	____ No

31. Do you have children between the ages of 9 and 19?

35.4 Yes 64.6 No *(now skip to question #35)*

32. Do you think your young adult child is engaging in any of the following high risk behaviors I /You are about to read?

a._5.8 Alcohol Use c. 3.5 Eating Disorders e. 6.4 Drug Abuse

b. 5.2 Tobacco Use d. 11.0Sexual intercourse f. 4.0 Reckless driving/speeding

g. 81.5 I don't think my child is engaging in any high risk behaviors.

We are aware that there are other risky behaviors. For the purposes of this survey, however, we are only requesting information about these 6 behaviors or none at all.)

33. Are you comfortable talking to your child about the risky behaviors we just asked about?

80.5 Yes 19.5 No

34. Do you think your adults need more information about the following problems: Check all that apply.

a. 38.2 Alcohol e. 22.4 Eating Disorders h. 60.5 Drug Abuse

b. 27.0 Tobacco f. 69.1 Sexual intercourse i . 40.8 Reckless driving/speeding

c. 32.9 HIV g. 44.7 STDs j. 18.4 Mental health issues

d. 3.9 Other _____

Part 4. Emergency Preparedness

35. Does your household have working smoke and carbon monoxide detectors? *(Mark only one.)*

Yes, smoke detectors only 54.4 Yes, carbon monoxide detectors only 3.7

Yes, both 25.8 No 16.0

36. Does your household have a Fire Plan?

59.1 Yes 40.9 No

37. Does your family have a basic emergency supply kit? If yes, how many days do you have supplies for?

58.9 No 19.0 3 days 18.0 1 week 1.4 2 weeks 2.7 More than 2 weeks

38. Has anyone in your household or you been trained in CPR or First Aid.?
53.6 yes 46.4 no

Part 5. Demographic Questions

The next set of questions are <u>general</u> questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

39. How old are you? (Mark age category.)

9.2	15 - 19	15.1	25 – 34	22.5	45 - 54	7.2	65 -74
6.7	20 – 24	18.0	35 - 44	19.0	55 - 64	2.3	75 or older

40. Are you Male or Female?

30.1 Male 69.9 Female

41. Are you of Hispanic origin?

10.8 Yes 89.2 No

42. What is your race?
(Please check one and choose "other" if you do not identify with only one of the categories.

48.3	Black or African American	0.4	American Indian or Alaskan Native
0.4	Asian or Pacific Islander	48.5	White
2.4	Other: _____		

43. A. Do you speak a language other than English at home?

11.3 Yes 88.7 No

B. If yes, what language do you speak at home? _____

44. What is your marital status?

28.8	Never Married/Single	7.6	Divorced	3.7 Separated
50.1	Married	7.6	Widowed	2.2 Other

45. What is the highest level of school, college or vocational training that you have finished?

13.9	Some high school, no diploma
25.7	High school diploma or GED
12.6	Associate's Degree or Vocational Training
23.4	Some college (no degree)
16.7	Bachelor's degree
5.7	Graduate or professional degree
2.0	Other: _____

46. What was your total household income last year, before taxes?

17.8	Less than $14,999	24.5	$35,000 to $49,999
13.7	$15,000 to $24,999	22.3	$50,000 to $74,999
14.7	$25,000 to $34,999	7.0	Over $75,000

47. How many people does this income support? 62.88

If you are paying child support but your child is not living with you, this still counts as someone living on your income.)

48. What is your employment status?

a.	57.2	Employed full-time	f.	6.1	Disabled
b.	5.3	Employed part-time	g.	9.7	Student
c.	9.1	Retired	h.	5.1	Homemaker
d.	0.0	Military	i.	0.6	Self-employed
e.	6.9	Unemployed			

49. Do you have access to the Internet? 78.5 Yes 21.5 No

50. What is your zip code? (Write only the first 5 digits.) _____

Additional Comments_____