
COMMUNITY HEALTH OPINION SURVEY



<p>2010 Community Health Opinion Survey</p>
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The purpose of this survey is to learn more about the health and quality of life in Warren County, North Carolina. The Warren County Health Department, Healthy Carolinians of Warren County various county agencies and citizens will use the results of this survey to help them to develop plans for addressing the major health and community issues in Warren County. All the information you give us will be completely confidential and remember this is your opinion and your choices will not be linked to you in any way.

The survey is completely voluntary. It should take no longer than 20 minutes to complete. If you have already completed this survey, or if you don't live in Warren County, please tell me now.

Would you be willing to participate?

Warren County Community Health Survey

PART 1: Quality of Life Statements

The first questions are about how you see certain parts of Warren County 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
<p>1. How do you feel about this statement, “There is a good healthcare system in Warren County”? Consider the cost and quality, number of options, and availability of healthcare in Warren County.</p>	1	2	3	4
<p>2. How do you feel about this statement, “Warren 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.</p>	1	2	3	4
<p>3. How do you feel about this statement, “Warren 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.</p>	1	2	3	4
<p>4. How do you feel about this statement, “There is plenty of economic opportunity in Warren County”? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in Warren County.</p>	1	2	3	4
<p>5. How do you feel about this statement, “Warren 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 Warren County.</p>	1	2	3	4
<p>6. How do you feel about this statement, “There is plenty of help for individuals and families during times of need in Warren County”? Consider social support in Warren County: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.</p>	1	2	3	4

PART 2: Community Problems and Issues

Health Problems

7. **These next 3 questions are about health problems that have the largest impact on the community as a whole. I would like for you to pick 5 of the most important health problems in Warren County.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Aging problems
(Alzheimer’s, arthritis,
hearing or vision loss, etc.) | <input type="checkbox"/> Infant death | <input type="checkbox"/> Other injuries (drowning,
choking, home or work
related) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Infectious/Contagious
diseases (TB, salmonella,
pneumonia, flu, etc.) | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Lung disease
(emphysema, etc.) |
| <input type="checkbox"/> Cancer
What kind? _____ | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Sexually transmitted
diseases (STDs) |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Mental health (depression,
schizophrenia, suicide etc.) | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Gun-related injuries | <input type="checkbox"/> Neurological disorders
(Multiple Sclerosis, muscular
dystrophy, A.L.S.) | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Heart disease/heart attacks | | <input type="checkbox"/> drugs & alcohol abuse |
| <input type="checkbox"/> Autism | | <input type="checkbox"/> Other _____ |

Unhealthy Behaviors

8. **Please Pick 5 top unhealthy behaviors that you believe is a problem in Warren County.**

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Not using seat belts | <input type="checkbox"/> Poor eating habits |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not going to a dentist for
preventive check-ups / care | <input type="checkbox"/> Reckless/drunken driving |
| <input type="checkbox"/> Having unsafe sex | <input type="checkbox"/> Not going to the doctor for
yearly check-ups and
screenings | <input type="checkbox"/> Smoking/tobacco use |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Not getting prenatal
(pregnancy) care. | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Not getting immunizations
("shots") to prevent disease | | <input type="checkbox"/> Violent behavior |
| <input type="checkbox"/> Not using child safety seats | | <input type="checkbox"/> Other: _____ |

Community Issues

9. These next questions are about community-wide issues that have the largest impact on the overall quality of life in Warren County. **Please pick 5 from this list of community issues.**

- | | |
|---|--|
| <input type="checkbox"/> Animal control issues | <input type="checkbox"/> Availability of healthy family activities |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Availability of positive teen activities |
| <input type="checkbox"/> Affordability of health services | <input type="checkbox"/> Neglect and abuse (Specify type) |
| <input type="checkbox"/> Availability of healthy food choices | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Pollution (air, water, land) |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Low income/poverty |
| <input type="checkbox"/> Inadequate/unaffordable housing | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Lack of transportation options |
| <input type="checkbox"/> Lack of culturally appropriate health services. | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Lack of health care providers | <input type="checkbox"/> Unsafe, un-maintained roads |
| What kind? _____ | <input type="checkbox"/> Violent crime (murder, assault, etc.) |
| <input type="checkbox"/> Lack of recreational facilities (parks, trails, community centers, etc.) | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Drug & alcohol abuse | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> No hospital | <input type="checkbox"/> Gangs |
| | <input type="checkbox"/> No health insurance |
| | <input type="checkbox"/> No urgent care center |
|
<input type="checkbox"/> other: _____ | |

PART 3: Personal Health

Now I am going to ask you some questions 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:**

- | | |
|---|---|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Very unhealthy |
| <input type="checkbox"/> Somewhat healthy | |

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

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital | <input type="checkbox"/> School |
| <input type="checkbox"/> Doctor/nurse/pharmacist | <input type="checkbox"/> Help lines | <input type="checkbox"/> Church |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Other _____ |

12. **Where do you go most often when you are sick or need advice about your health? Please choose only 1. Choose the one that you usually go to.**

- | | |
|--|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> 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?**

- Yes 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 write it in.**

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

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

- Yes 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. If there was a problem you had that we do not have here, please write it in.**

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

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

___ Yes ___ 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.** If there was a problem you had that we do not have here, please write it in.

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

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? **You can choose as many as you want.**

- | | |
|--|------------------------------------|
| a. ___ Private counselor or therapist | e. ___ Doctor |
| b. ___ Support group (e.g., AA, Al-Anon) | f. ___ Minister/religious official |
| c. ___ School counselor | g. ___ Mental Health Agency |
| d. ___ Don't know | i. ___ other: _____ |

20. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal business?

___ Yes ___ No

21. 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?

___ Yes ___ No (*now skip to question #24*)

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

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

- | | |
|---------------------------------|---------------------|
| a. ___ Family YMCA | d. ___ Private gym |
| b. ___ Park | e. ___ Home |
| c. ___ Public Recreation Center | f. ___ Other: _____ |

24. 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. ___ My job is physical or hard labor | g. ___ I don't like to exercise. |
| b. ___ Exercise is not important to me. | h. ___ It costs too much to exercise
(equipment, shoes, gym costs) |
| c. ___ I don't have access to a facility that has
the things I need, like a pool, golf course,
or a track. | i. ___ There is no safe place to
exercise. |
| d. ___ I don't have enough time to exercise. | j. ___ I'm too tired to exercise. |
| e. ___ I would need child care and I don't have it. | k. ___ I'm physically disabled. |
| f. ___ I don't know how to find exercise partner
or teams. | l. ___ I don't know |
| | m. ___ Other _____ |

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

- ___ 0-1 hour ___ 2-3 hours ___ 4-5 hours ___ 6+ hours

26. 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?

- ___ Yes ___ No

27. Not counting juice, lettuce salad, or potato products, think about how often you eat fruits and vegetables in an average week.

**How many cups per week of fruits and vegetables would you say you eat?
One apple or 12 baby carrots equal one cup.**

- | | |
|---------------------------------------|-------------------------------|
| a. Number of cups of fruit _____ | c. Never eat fruit _____ |
| b. Number of cups of vegetables _____ | d. Never eat vegetables _____ |

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

- | | |
|--------------------|--|
| a. ___ Home | e. ___ School |
| b. ___ Workplace | f. ___ Other: _____ |
| c. ___ Hospitals | g. ___ I am not exposed to secondhand smoke. |
| d. ___ Restaurants | |

29. Do you currently smoke? Yes No (skip to question #31)

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

Mark all that apply.

- | | |
|---|---|
| a. <input type="checkbox"/> Quit Now NC | f. <input type="checkbox"/> Health Department |
| b. <input type="checkbox"/> Doctor | g. <input type="checkbox"/> I don't know |
| c. <input type="checkbox"/> Church | h. <input type="checkbox"/> Other: _____ |
| d. <input type="checkbox"/> Pharmacy | i. <input type="checkbox"/> Not applicable; I don't want to |
| e. <input type="checkbox"/> Private counselor/therapist | quit |

31. Have you ever been told by a **doctor, nurse, or other health professional** that you have any of the conditions?

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| a. Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Depression or anxiety disorder | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. High blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. High cholesterol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Diabetes (not during pregnancy) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Osteoporosis | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Overweight/Obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Yes (now go to question #33) No (now skip to question #36)

33. Do you think your child is engaging in any of the following high risk behaviors?

(PLEASE ANSWER YES OR NO AFTER EACH BEHAVIOR.)

- | | | |
|--|--|---|
| a. <input type="checkbox"/> Alcohol Use | c. <input type="checkbox"/> Eating Disorders | e. <input type="checkbox"/> Drug Abuse |
| b. <input type="checkbox"/> Tobacco Use | d. <input type="checkbox"/> Sexual intercourse | f. <input type="checkbox"/> Reckless driving/speeding |
| g. <input type="checkbox"/> I don't think my child is engaging in any high risk behaviors. | | |

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

Yes No

35. Do you think your child or children need more information about the following problems: (Check all that apply.)

- | | | |
|--------------------|---------------------------|----------------------------------|
| a. ___ Alcohol | e. ___ Eating Disorders | h. ___ Drug Abuse |
| b. ___ Tobacco | f. ___ Sexual intercourse | i. ___ Reckless driving/speeding |
| c. ___ HIV | g. ___ STDs | j. ___ Mental health issues |
| d. ___ Other _____ | | |

Part 4. Emergency Preparedness

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

- Yes, smoke detectors only ___ Yes, carbon monoxide detectors only ___
Yes, both ___ No ___

37. Does your household have a Family Emergency Plan?

- _____ Yes _____ No

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

- ___ No ___ 3 days ___ 1 week ___ 2 weeks ___ More than 2 weeks
-

Part 5. Demographic Questions

The next set of questions are general 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.)

- | | | | |
|---------------|---------------|---------------|-------------------|
| _____ 15 - 19 | _____ 25 - 34 | _____ 45 - 54 | _____ 65 -74 |
| _____ 20 - 24 | _____ 35 - 44 | _____ 55 - 64 | _____ 75 or older |

40. Are you Male or Female?

_____ Male _____ Female

41. Are you of Hispanic origin?

_____ Yes _____ No

42. What is your race?

(Please check one and choose "other" if you do not identify with only one of the categories.)

_____ Black or African American _____ American Indian or Alaskan Native
_____ Asian or Pacific Islander _____ White
_____ Other: _____

43. A. Do you speak a language other than English at home? *(If no, skip to #44.)*

_____ Yes _____ No

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

44. What is your marital status? **(Mark only one.)**

_____ Never Married/Single _____ Divorced _____ Separated
_____ Married _____ Widowed _____ Other

45. What is the highest level of school, college or vocational training that you have finished? **(Mark only one.)**

_____ Some high school, no diploma
_____ High school diploma or GED
_____ Associate's Degree or Vocational Training
_____ Some college (no degree)
_____ Bachelor's degree
_____ Graduate or professional degree
_____ Other: _____

46. What was your total household income last year, before taxes?
(Mark only one.)

- | | | | |
|-------|----------------------|-------|----------------------|
| _____ | Less than \$14,999 | _____ | \$35,000 to \$49,999 |
| _____ | \$15,000 to \$24,999 | _____ | \$50,000 to \$74,999 |
| _____ | \$25,000 to \$34,999 | _____ | Over \$75,000 |

47. How many people does this income support? _____

48. What is your employment status?
(Check all that apply.)

- | | | | |
|----------|--------------------|----------|---------------|
| a. _____ | Employed full-time | f. _____ | Disabled |
| b. _____ | Employed part-time | g. _____ | Student |
| c. _____ | Retired | h. _____ | Homemaker |
| d. _____ | Military | i. _____ | Self-employed |
| e. _____ | Unemployed | | |

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

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

Thank You for your participation.

For further information or questions please contact

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