

Thank you for assisting in this important survey to help us understand and improve health and healthcare in your community. Participation in this survey is voluntary and confidential. Please have someone in your household complete the survey and return it in the postage paid envelope by **September 15th 2006**. If you are under the age of 18 do not complete this survey.

1. In general would you say your health is: ***Please check one.***

☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

2. Do you have any health problems? ☐ No ☐ Yes, Please list the main ones here: _____

3. During the past 6 months how often did you feel sad or depressed? ***Please check one.***

☐ All of the time ☐ Most of the time ☐ Some of the time ☐ A little of the time ☐ None of the time

4. Within the past 12 months, were you able to get the healthcare (including mental healthcare) you needed?

☐ Healthcare not needed ☐ Yes ☐ No → If No, please explain why _____

5. Within the past 12 months, were you able to get your child(ren) the healthcare (including mental healthcare) they needed?

☐ Healthcare not needed ☐ Yes ☐ No → If No, please explain why _____
☐ Not applicable (no children)

6. What types of health insurance do you have? ***Please check all that apply.***

☐ None ☐ MediCare ☐ Other government plans such as: Healthy Families,
☐ Private insurance through work ☐ MediCal Family Planning Access Care and Treatment (PACT),
☐ Private insurance, not through work County Medical Service Program (CMSP).
☐ Other (please explain) _____

7. If you **DO NOT** have any type of health insurance, what is the **ONE MAIN** reason why? _____

8. Where do you go for health care? ***Please fill in all that apply.***

	Please check all that apply	What town?	How long does it usually take to get there from your home?	In the past year how many times did you go there?
Doctor's Office/Clinic	<input type="checkbox"/>			
Emergency Room	<input type="checkbox"/>			
Urgent Care Center	<input type="checkbox"/>			
Tribal Health Clinic	<input type="checkbox"/>			
Other: explain	<input type="checkbox"/>			
Do not seek healthcare	<input type="checkbox"/>			

9. If you **DO NOT** seek healthcare, what is the **ONE MAIN** reason why? _____

10. During the past 12 months, did you visit a hospital emergency room **for your own health?**

☐ No ☐ Yes → If Yes, how many times _____ What was it for? _____

Did you visit a hospital emergency room for your **child (s) health?**

☐ No ☐ Yes → If Yes, how many times _____ What was it for? _____

☐ Not applicable (no children)

11. How long has it been since you last visited a doctor or healthcare provider for a routine check-up? _____

A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition.

12. Do you regularly go outside your county for health services?

☐ No → **If No skip to question #13**

☐ Yes → **If Yes, Please check all that apply below**

- ☐ Needed services not available in my county. What services? _____
- ☐ Quality better elsewhere ☐ Nearer to my place of work
- ☐ When I moved I kept my old doctor(s) ☐ Too hard to get appointment with local doctor
- ☐ My insurance plan does not cover the local doctors ☐ Local doctors don't speak my language
- ☐ Local doctors don't accept my insurance ☐ Other (please explain) _____

13. During the past 12 months have you seen any of the following types of practitioners for your health?

Please check all that apply.

- ☐ Medical Doctor or Osteopathic Doctor ☐ Curandero/Curandera ☐ Dentist
- ☐ Nurse Practitioner or Physician Assistant ☐ Massage Therapist ☐ Acupuncturist
- ☐ Naturopathic Doctor/ Herbalist ☐ Physical Therapist ☐ Midwife
- ☐ Traditional Indian Healer/Native Healer ☐ Occupational Therapist ☐ Other _____
- ☐ Medicine Man/Woman ☐ Chiropractor ☐ None

14. To the best of your knowledge when did you have the following? **Please check one box for each item**

	1-12 months ago	1-2 years ago	2-5 years ago	5-10 years ago	10 or more years ago	Don't know	Never
Blood Pressure checked							
Blood Sugar checked (diabetes test)							
Blood Cholesterol checked							
Colonoscopy or Sigmoidoscopy (tube inserted through rectum to look for signs of cancer or other problems)							
Fecal blood test (feces/poop is put on cards and sent to lab to look for blood)							
Teeth cleaned at Dentist's office							
Tetanus vaccination							
Flu vaccination							
TB test (tuberculosis skin test)							
PSA (men only) (A blood test to screen for prostate cancer)							
Mammogram (women only)							
Thermography (women only)							
Pap Smear (women only)							

15. What is the greatest difficulty you encounter in meeting the health needs of you and your family?

16. Do you currently have mold in your home on an area greater than the size of a dollar bill? **Please check one.**

- ☐ No ☐ Yes ☐ Don't Know

17. Do you have a source of electricity/power in your home?

- ☐ No ☐ Yes → Please list your sources of electricity/power _____

18. How long have you lived in the local area? _____ Years

19. What county do you live in?

- ☐ Del Norte ☐ Humboldt ☐ Trinity ☐ Mendocino ☐ Other _____

20. How do you **usually** learn about health?

Please check the 3 main sources.

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Native Healer | <input type="checkbox"/> Television | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Family | <input type="checkbox"/> Health Department | <input type="checkbox"/> Radio | <input type="checkbox"/> None |
| <input type="checkbox"/> Doctor/Healthcare provider/Nurse | <input type="checkbox"/> School | <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Curandero/Curandera | <input type="checkbox"/> Church | <input type="checkbox"/> Newspaper | |
| <input type="checkbox"/> Alternative Health Care Provider | <input type="checkbox"/> Health Classes | <input type="checkbox"/> Books, magazines | |

21. Are you satisfied with the ways you learn about health? ☐ Yes ☐ No → Please list other ways you would like to learn about health _____

22. Do you live in a: **Please check one.**

- ☐ House ☐ Duplex ☐ Mobile home/trailer ☐ Building with 3 or more units ☐ Other _____

23. In what year were you born? _____

24. What is your gender? ☐ Male ☐ Female ☐ Other _____

25. How would you describe your ethnicity? **Please check one.** If you are multi-racial, please describe your ethnic background.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Latino/Latina | <input type="checkbox"/> Native American | <input type="checkbox"/> Multi-racial _____ |
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ | |

26. What languages do you speak at home? **Please check all that apply.**

- | | | | |
|------------------------------------|-----------------------------------|---|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Native American Languages |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Hmong languages | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Tagalog | <input type="checkbox"/> Asian Indian languages | |

27. Which of the following best describes your current employment situation? **Please check one.**

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Employed by a company/business | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Laid-off, but looking for work | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Retired | |

28. How many **total hours per week** do you usually work at **all jobs or businesses**? _____ hours per week

29. What is your best estimate of your household's total income per year before taxes in dollars? _____

30. Including yourself, how many people living in your household are supported by your total household income?

Number of people _____

31. In the last 12 months were you or people living in your household ever hungry because you couldn't afford enough food?

- ☐ Yes ☐ No ☐ Don't Know

32. How do you feel about your household's total income per year? **Please check one**

- ☐ It is **not** enough to meet basic needs (housing, heat, food, clothing, transportation)
- ☐ It is barely enough to meet basic needs
- ☐ It is enough to meet basic needs
- ☐ It is enough to meet basic needs and have some extra
- ☐ It is more than enough to meet basic needs and afford luxuries

33. How many people total (including yourself) currently live in your household? _____ People

34. In the past 6 months, how many children age 0-5 years have lived in your household? _____ Children

35. In the past 6 months, how many children age 6-17 years have lived in your household? _____ Children

36. What is the highest level of education that you have completed? **Please check one.**

- | | | |
|---|--|---|
| <input type="checkbox"/> Did not complete high school | <input type="checkbox"/> Vocational training | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> GED/ High School certificate | <input type="checkbox"/> Some college | <input type="checkbox"/> Graduate or professional training beyond college degree. |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Other _____ | |

37. **In your home** do you have: A phone? ☐ Yes ☐ No
A computer? ☐ Yes ☐ No
Internet access? ☐ Yes ☐ No

38. How often do you smoke cigarettes? **Please check one.**

- ☐ Daily ☐ A few times a week ☐ A few times a month ☐ A few times a year ☐ Never

39. How often do you drink four or more alcoholic beverages on one occasion? **Please check one.**

- ☐ Daily ☐ A few times a week ☐ A few times a month ☐ A few times a year ☐ Never

40. In a usual week, how many days do you participate in **moderate** activity for **at least 30 minutes per day**?

(Examples include but not limited to: brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate) **Please circle one.**

Number of days per week: 0 1 2 3 4 5 6 7

41. In a usual week, how many days do you participate in **vigorous** activity for **at least 20 minutes per day**?

(Examples include but not limited to: running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate) **Please circle one.**

Number of days per week: 0 1 2 3 4 5 6 7

42. How far do you live from the post office where you get your mail? _____ Miles

43. How far away from your home is the store where you normally buy food? _____ Miles

44. Within 5 miles, what is the closest major road intersection to your home? _____ and _____

45. How far do you live from your nearest neighbor? **Please check one.**

- ☐ Just next door ☐ Less than a 10 minute walk ☐ A 10-20 minute walk ☐ More than a 20 minute walk

46. What is your **primary** mode of transportation? **Please check one.**

- ☐ Walk ☐ Bicycle ☐ Public transportation ☐ Car/Truck ☐ Other _____

47. Do you or someone in your household have a vehicle?

- ☐ Yes ☐ No

48. In an **average day**, how much time do you spend driving or in a vehicle? _____ Hours _____ Minutes

49. Is transportation a problem in meeting the health needs of you or your family?

- ☐ No ☐ Yes → If Yes, please explain why _____

50. Do you have training in any of the following? **Please check all that apply.**

- ☐ First aid ☐ CPR ☐ First Responder ☐ EMT ☐ Other health related training _____
☐ None of the above

51. In your community, does anyone (aside from yourself) have training in any of the following? **Please check all that apply.**

- ☐ First aid ☐ CPR ☐ First Responder ☐ EMT ☐ Other health related training _____
☐ None of the above ☐ Don't know

Thank you for your time.

This survey is sponsored by the California Center for Rural Policy (CCRP) at Humboldt State University.
Please contact Dr. Jessica Van Arsdale, (707) 826-3401, jva@humboldt.edu, if you have any questions or comments regarding this survey.