

## Community Health Survey: English

## For Office Use Only

Date \_\_\_\_\_

Initials \_\_\_\_\_

Team# \_\_\_\_\_

Survey # \_\_\_\_\_

## ROCKINGHAM COUNTY



Rockingham County  
Department of  
Public Health



United Way  
of Rockingham County

## Rockingham County Community Assessment Survey

Rockingham County is interested in your opinion on how we can make the community a healthier place to live. We want to learn more about the health and quality of life of citizens in Rockingham County. We will use this information to address the top health problems in Rockingham County and to highlight our strengths. This survey is confidential. Please do not put your name on it. Thank you in advance for helping us in this process.

*The next three questions deal with specific issues of a social, health, and environmental nature. Please look at each question carefully. Choose the top three important health issues for Rockingham County. These questions are not asking about you and your family, but which three of these issues most affect our community as a whole. Remember, your answers will not be linked to you in any way. If you think of an issue that is not on the list, let me know and we can add it in. Also, if you prefer me to read the list to you, I can do that as well.*

## QUESTION 1

Please check the top **THREE** health concerns in Rockingham County.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Access to Healthcare                 | <input type="checkbox"/> Teenage Pregnancy                       | <input type="checkbox"/> Obesity/Overweight                              |
| <input type="checkbox"/> Alzheimer's/Dementia                 | <input type="checkbox"/> HIV/AIDS                                | <input type="checkbox"/> Respiratory Disease (Bronchitis)                |
| <input type="checkbox"/> Asthma                               | <input type="checkbox"/> Infant Mortality                        | <input type="checkbox"/> Sexual Assault/Rape                             |
| <input type="checkbox"/> Cancer (Type _____)                  | <input type="checkbox"/> Lack of Basic Needs (Food, Water, Home) | <input type="checkbox"/> Sickness From Animals (Rabies, West Nile Virus) |
| <input type="checkbox"/> Dental Health Problems               | <input type="checkbox"/> Liver Disease (Hepatitis, Cirrhosis)    | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> Diabetes                             | <input type="checkbox"/> Low-Birth Weight                        | <input type="checkbox"/> Suicide   |
| <input type="checkbox"/> Environmental Pollution (Air, Water) | <input type="checkbox"/> Lung Disease                            | <input type="checkbox"/> Unintentional Injuries (Drowning, Burns)        |
| <input type="checkbox"/> Flu/Pneumonia                        | <input type="checkbox"/> Mental Illness/Depression               | <input type="checkbox"/> Other _____                                     |
| <input type="checkbox"/> Heart Disease                        | <input type="checkbox"/> Motor Vehicle Injuries                  |  |
| <input type="checkbox"/> High Blood Pressure                  |  |  |

**QUESTION 2**

Please check the top **THREE** health behaviors that keep people in Rockingham County from being healthy.

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol Abuse                | <input type="checkbox"/> Poor Eating Habits                                    |
| <input type="checkbox"/> Child Abuse                  | <input type="checkbox"/> Poor Oral Care (Brushing, Flossing, Dental Cleanings) |
| <input type="checkbox"/> Domestic Violence            | <input type="checkbox"/> Reckless Driving                                      |
| <input type="checkbox"/> Drinking and Driving         | <input type="checkbox"/> Tobacco Use   |
| <input type="checkbox"/> Drug Abuse                   | <input type="checkbox"/> Unsafe Sex  |
| <input type="checkbox"/> Elder Abuse                  | <input type="checkbox"/> Violent Behavior                                      |
| <input type="checkbox"/> Lack of Exercise             | <input type="checkbox"/> Youth Violence/Gangs                                  |
| <input type="checkbox"/> Not Getting Doctor Checkups  | <input type="checkbox"/> Not Using Seatbelts                                   |
| <input type="checkbox"/> Not Getting Immunizations    | <input type="checkbox"/> Racism/Intolerance                                    |
| <input type="checkbox"/> Not Using Child Safety Seats | <input type="checkbox"/> Other _____   |

**QUESTION 3**

Please check **THREE** of the following services that need the most improvement in Rockingham County.

- |  |   |
|--|---|
| <input type="checkbox"/> Animal Control                          | <input type="checkbox"/> Services for the Homeless  |
| <input type="checkbox"/> Child Care Options                      | <input type="checkbox"/> Better/More Recreational Facilities (Parks, Trails, Community Centers, etc.) |
| <input type="checkbox"/> Elder Care Options                      | <input type="checkbox"/> Healthy Family Activities  |
| <input type="checkbox"/> Services for Disabled People            | <input type="checkbox"/> Positive Teen Activities   |
| <input type="checkbox"/> More Affordable Health Services         | <input type="checkbox"/> Public Transportation  |
| <input type="checkbox"/> Better/More Healthy Food Choices        | <input type="checkbox"/> Availability of Employment   |
| <input type="checkbox"/> More Affordable/Better Housing          | <input type="checkbox"/> Higher Paying Employment   |
| <input type="checkbox"/> Number of Health Care Providers         | <input type="checkbox"/> Road Maintenance   |
| What Kind? _____   | <input type="checkbox"/> Road Safety  |
| <input type="checkbox"/> Culturally Appropriate Health Services  | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Counseling/Mental Health/Support Groups | <input type="checkbox"/> None   |
| <input type="checkbox"/> Access to Legal System                  |   |

**QUESTION 4**

Have you or anyone in your household ever found it difficult to receive any services in Rockingham County other than health services? (If No, skip to question 6)

1. \_\_\_ Yes
2. \_\_\_ No

**QUESTION 5**

**How serious was the difficulty that you or someone in your household experienced while receiving services in Rockingham County?**

<u>Type of Difficulty</u>	<u>Not Serious</u>	<u>Somewhat Serious</u>	<u>Moderately Serious</u>	<u>Very Serious</u>	<u>Don't Know</u>
1. Did not like the services	1	2	3	4	5
2. Was not eligible for help	1	2	3	4	5
3. Could not afford fees or costs	1	2	3	4	5
4. Lacked information on available services	1	2	3	4	5
5. Had problems with transportation to services	1	2	3	4	5
6. Services were too far away	1	2	3	4	5
7. Lacked child care	1	2	3	4	5
8. Had difficulty with English	1	2	3	4	5
9. Thought service would cost too much	1	2	3	4	5
10. Hours of services were not convenient	1	2	3	4	5
11. Concerned that the agency would tell others about the problem	1	2	3	4	5

**QUESTION 6**

**Is food readily accessible in your household? (If Yes, skip to question 8)**

1. \_\_\_ Yes
2. \_\_\_ No

**QUESTION 7**

**If No, what are the contributing factors? Please only choose one.**

1. \_\_\_ Hunger, Appetite, and Taste (Biological determinants)
2. \_\_\_ Cost, Income, Availability (Economic determinants)
3. \_\_\_ Access, Education, Skills (e.g. cooking) and Time (Physical determinants)
4. \_\_\_ Culture, Family, Peers and Meal Patterns (Social determinants)
5. \_\_\_ Mood, Stress and Guilt (Psychological determinants)
6. \_\_\_ Attitudes, Beliefs and Knowledge About Food

**QUESTION 8**

Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions? (DK = Don't know/ Not Sure; R = Refuse to answer)

1. Asthma
2. Depression or Anxiety
3. High Blood Pressure
4. High Cholesterol
5. Diabetes (not during pregnancy)
6. Osteoporosis
7. Overweight/Obesity
8. Angina/Heart Disease
9. Cancer
10. Respiratory Disease
11. Stroke

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> R

**QUESTION 9**

**Do you have a disability that has been diagnosed by a doctor?**

1. \_\_\_ Yes
2. \_\_\_ No

**QUESTION 10**

**Do you require assistance with daily activities of living? (If No, skip to question 12)**

1. \_\_\_ Yes
2. \_\_\_ No

**QUESTION 11**

**Does the person who cares for you live in your home?**

1. \_\_\_ Yes
2. \_\_\_ No

**QUESTION 12**

**During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (If No or Don't know/Not sure, skip to question 15)**

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ Don't know/ Not sure

**QUESTION 13**

**How many times do you exercise or engage in physical activity during a normal week? \_\_\_\_\_**  
(Write number)

**QUESTION 14**

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

1. \_\_\_ YMCA
2. \_\_\_ Park
3. \_\_\_ Public Recreation Center
4. \_\_\_ Private gym
5. \_\_\_ Home
6. \_\_\_ Other \_\_\_\_\_

**QUESTION 15**

**Do you consume the recommended daily amount of fruits and vegetables? (3-5 servings of vegetables and 2-4 servings of fruit daily). (If Yes, skip to question 17)**

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ Don't Know/Not Sure

**QUESTION 16**

**How many servings of fruits and vegetables do you consume daily?**

1. \_\_\_ 2 or less servings of vegetables daily
2. \_\_\_ 1 servings of fruit daily
3. \_\_\_ No fruits or vegetables daily

**QUESTION 17**

**Do you currently use tobacco products? (If No, skip to question 20)**

1. \_\_\_ Yes
2. \_\_\_ No

**QUESTION 18**

**What type? \_\_\_\_\_ (Write in type of tobacco product you use)**

**QUESTION 19**

**Where would you go for help if you wanted to quit tobacco use?**

1. \_\_\_ Quit Line NC
2. \_\_\_ Doctor
3. \_\_\_ Church
4. \_\_\_ Pharmacy
5. \_\_\_ Private counselor/therapist
6. \_\_\_ Health Department
7. \_\_\_ I don't know
8. \_\_\_ Other \_\_\_\_\_
9. \_\_\_ Not applicable; I don't want to quit

**QUESTION 20**

**Where do you go most often when you are sick? (Please only choose one)**

1. \_\_\_ Doctor's office
2. \_\_\_ Health Department
3. \_\_\_ Hospital
4. \_\_\_ Medical Clinic (e.g. Free Clinic of Rockingham County)
5. \_\_\_ Urgent Care Center
6. \_\_\_ Other \_\_\_\_\_

**QUESTION 21**

**In the past 12 months, did you have a problem getting the health care you needed for yourself or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (If No or Don't know/Not sure, skip to question 24)**

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ Don't know/ Not sure
4. \_\_\_ Refused to answer

**QUESTION 22**

**What type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to. If there was a provider that you tried to see but it's not listed, please tell me and I will write it in.**

- |                                |   |
|--------------------------------|---|
| 1. ___ Dentist                 | 7. ___ Eye care/ optometrist/ ophthalmologist |
| 2. ___ Pharmacy/ prescriptions | 8. ___ Pediatrician                           |
| 3. ___ OB/GYN                  | 9. ___ Health department                      |
| 4. ___ Hospital                | 10. ___ Urgent Care Center                    |
| 5. ___ Medical Clinic          | 11. ___ Other (What type) _____               |
| 6. ___ General practitioner    |   |

**QUESTION 23**

**Which of these problems prevented you or your family member from getting the necessary health care? (You may choose more than one)**

1. \_\_\_ No health insurance
2. \_\_\_ Insurance didn't cover what I/we needed
3. \_\_\_ My/our share of the cost (deductible/co-pay) was too high
4. \_\_\_ Doctor would not take my/our insurance or Medicaid
5. \_\_\_ Hospital would not take my/our insurance
6. \_\_\_ Pharmacy would not take my/our insurance or Medicaid
7. \_\_\_ Dentist would not take my/our insurance or Medicaid
8. \_\_\_ No way to get there
9. \_\_\_ Didn't know where to go
10. \_\_\_ Couldn't get an appointment
11. \_\_\_ The wait was too long
12. \_\_\_ Other

**QUESTION 24**

**If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (Please only choose one)**

- |   |                    |
|---|--------------------|
| 1. ___ Private counselor or therapist         | 5. ___ Doctor      |
| 2. ___ Support group (AA or Al-Anon, NA, etc) | 6. ___ Don't know  |
| 3. ___ School counselor                       | 7. ___ Other _____ |
| 4. ___ Minister/religious official            |                    |



**QUESTION 25**

**Does your household have working smoke and carbon monoxide detectors?**

1. \_\_\_ Yes, smoke detectors only
2. \_\_\_ Yes, both
3. \_\_\_ Yes, carbon monoxide detectors only
4. \_\_\_ Don't know/ Not sure
5. \_\_\_ No

**QUESTION 26**

**Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.) (If No or Don't know/Not sure, skip to question 28)**

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ Don't know/Not sure

**QUESTION 27**

**How many days do you have supplies for? \_\_\_\_\_ (Write number of days)**

**QUESTION 28**

**What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Please only choose one.)**

1. \_\_\_ Television
2. \_\_\_ Radio
3. \_\_\_ Internet
4. \_\_\_ Print media (ex: newspaper)
5. \_\_\_ Social networking site
6. \_\_\_ Neighbors
7. \_\_\_ Text message (emergency alert system)
8. \_\_\_ Other (describe)
9. \_\_\_ Don't know/Not sure

**QUESTION 29**

**If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (If Yes, skip to question 31)**

1. \_\_\_ Yes
2. \_\_\_ No
3. \_\_\_ Don't know/ Not sure

**QUESTION 30**

**What would be the main reason you might not evacuate if asked to do so? (Please only choose one)**

- |  |   |
|--|---|
| 1. ___ Lack of transportation                              | 6. ___ Lack of trust in public officials    |
| 2. ___ Concern about leaving property behind               | 7. ___ Concern about personal safety        |
| 3. ___ Concern about family safety                         | 8. ___ Concern about leaving pets           |
| 4. ___ Concern about traffic jams and inability to get out | 9. ___ Health problems (could not be moved) |
| 5. ___ Other (describe) _____                              | 10. ___ Don't know/ Not sure                |

**QUESTION 31**

**How much of your paycheck do you pay for housing?**

- \_\_\_ More than half  
\_\_\_ Half  
\_\_\_ About a third  
\_\_\_ About a quarter  
\_\_\_ Less than a quarter  
\_\_\_ None

**QUESTION 32**

**Do you rent or own?**

- \_\_\_ Rent      \_\_\_ Own

Thank you for participating in our survey. Please take the time to tell us a little bit about yourself. We will use this information to make sure everyone in the community is represented in the survey. Please do not write your name on the survey. We want to ensure confidentiality.

### **DEMOGRAPHIC QUESTIONS**

#### **1. What is your age range?**

1. \_\_\_ less than 18
2. \_\_\_ 18-24
3. \_\_\_ 25-34
4. \_\_\_ 35-44
5. \_\_\_ 45-54
6. \_\_\_ 55- 64
7. \_\_\_ 65 or older

#### **2. Are you?**

1. \_\_\_ Male
2. \_\_\_ Female

#### **3. What is your race?**

1. \_\_\_ White/Caucasian
2. \_\_\_ Black/African American
3. \_\_\_ Native American
4. \_\_\_ Asian/Pacific Islander
5. \_\_\_ Other (please list \_\_\_\_\_)

#### **4. Are you of Hispanic origin?**

1. \_\_\_ No
2. \_\_\_ Yes

#### **5. What is the highest level of schooling you have completed?**

1. \_\_\_ Less than high school graduate
2. \_\_\_ High school graduate or GED
3. \_\_\_ Some college
4. \_\_\_ Associate degree
5. \_\_\_ Four year degree (Bachelors)
6. \_\_\_ Advanced degree in college (MS, PhD)

#### **6. What is your job field?**

1. \_\_\_ Agricultural (farmer, rancher)
2. \_\_\_ Business (retailer, attorney)
3. \_\_\_ Industry (factories, textiles, manufacturer)
4. \_\_\_ Government (city manager, county employee)
5. \_\_\_ Education (school principal, teacher)
6. \_\_\_ Healthcare (nurse, doctor, administrator)
7. \_\_\_ Student
8. \_\_\_ Homemaker
9. \_\_\_ Unemployed
10. \_\_\_ Other (please list \_\_\_\_\_)

#### **7. What is your annual household income?**

1. \_\_\_ Less than \$20,000
2. \_\_\_ \$20,000 - \$39,000
3. \_\_\_ \$40,000 - \$59,000
4. \_\_\_ \$60,000 - \$79,000
5. \_\_\_ \$80,000 or greater

#### **8. Do you have Health insurance?**

1. \_\_\_ Medicare
2. \_\_\_ Medicaid
3. \_\_\_ Private Insurance
4. \_\_\_ Other (Please list \_\_\_\_\_)
5. \_\_\_ None

#### **9. Do you have access to the internet?**

1. \_\_\_ Yes
2. \_\_\_ No

**10. Do you commute out of Rockingham County for work? (If no, skip to question 12)**

- 1. \_\_\_ Yes
- 2. \_\_\_ No

**11. Where do you commute to?**

- |                         |                        |
|-------------------------|------------------------|
| 1. ___ Greensboro       | 6. ___ High Point      |
| 2. ___ Guilford County  | 7. ___ Winston-Salem   |
| 3. ___ Forsyth County   | 8. ___ Alamance County |
| 4. ___ Stokes County    | 9. ___ Danville, VA    |
| 5. ___ Martinsville, VA | 10. ___ Other _____    |

**12. Does anyone in your household receive public assistance such as Aid to Families with Dependent Children (AFDC)/Temporary Assistance for Needy Families (TANF), food stamps, or Supplemental Security Income (SSI)?**

- 1. \_\_\_ Yes
- 2. \_\_\_ No

**13. What is your Zip Code? \_\_\_\_\_**