COMMUNITY HEALTH ASSESSMENT

I. Demographic Guide

1. Gender:
   ___ Male ___ Female

2. Age: (RECORD IN YEARS)
   ______________

3. What is your racial or ethnic identity?
   ___ White
   ___ African American
   ___ Native American
   ___ Asian, Pacific Islander
   ___ Two or more races
   ___ Hispanic
   Other: __________ (please specify)

4. What is your level of education?
   ___ High School diploma or GED
   ___ Technical/ Junior college
   ___ Some undergraduate
   ___ Four year degree
   ___ Professional or Graduate School

5. What is your current employment status?
   ___ Employed full-time
   ___ Employed part-time
   ___ Retired
   ___ Unemployed- looking for work
   ___ Unemployed for health or disability reason
   ___ Caring for other family at home
   ___ Student or Full-time homemaker
   ___ Never worked/don’t want to work
   Other __________ (please specify)

6. What is your marital status?
   ___ Never married
   ___ Married/spouse living
   ___ Separated/divorced
   ___ Widowed
   ___ Single with partner/companion in household
   Other __________ (please specify)
II. Individual Assessment of One’s Health & Health Related Quality of Life

1. Would you say that in general your health is:
   ____ Excellent     ____ Very good     ____ Good      ____ Fair     ____ Poor

2. How many days during the past 30 days was your physical health not good?
   ________________ days

3. How many days during the past 30 days was your mental health not good?
   ________________ days

4. During the past 30 days for about how many days did poor physical or mental health keep you from
   doing your usual activities, such as self-care, work, school, or recreation?
   ________________ days

5. How would you rate the overall physical health of other members in the household?
   ____ Excellent      ____ Good      ____ Average      ____ Fair      ____ Poor

III. Utilization of Health Care Services

Most Recent Physician Visit

1. On the average, how often do you visit the doctor, HMO, or clinic?
   ____ Less than once a year
   ____ Yearly
   ____ More than once a year, less than once a month
   ____ Monthly
   ____ More than once a month, less than once a week
   ____ Weekly
   ____ More than once a week

2. About how often do you visit the dentist?
   ____ Less than once a year
   ____ Yearly
   ____ More than once a year, less than once a month
   ____ Monthly
   ____ More than once a month, less than once a week
   ____ Weekly
   ____ More than once a week

3. Do you have a doctor or a nurse who you see regularly?
   ____ Yes (ASK #5)
   ____ No (ASK #4)
   ____ Not sure/ Don’t know: skip to #4

4. IF NO, where would you go to get care if you were to get sick? (Check all that apply)
   ____ Private Doctor’s office
   ____ HMO
   ____ Hospital emergency room
   ____ Hospital outpatient health center
5. If you are currently receiving care from a doctor or nurse, where do you go to receive care?
   ___ Private Doctor’s office
   ___ HMO
   ___ Hospital emergency room
   ___ Hospital outpatient health center
   ___ Company/industrial health center
   ___ Public health center
   ___ Neighborhood health center
   ___ Ambulatory surgery center
   ___ Urgent Care Center
   ___ Chiropractor
   ___ School-based center
   ___ Other __________________ (please specify)

6. Were you or any other person in your household hospitalized during the past 12 months?
   ___ Yes       ___ No       ___ Don’t know

7. Did you or any other member of your household require outpatient surgery during the past 12 months?
   ___ Yes       ___ No       ___ Don’t know

8. Did you or any member of your household use the services of a hospital emergency room or a neighborhood emergency center during the past 12 months?
   ___ Yes       ___ No       ___ Don’t know

9. Did you or any member of your household have to be admitted to a nursing home for any period of time during the past 12 months?
   ___ Yes       ___ No       ___ Don’t know

10. Did you or any member of your household have to use the services of a home health care provider during the past 12 months?
    ___ Yes       ___ No       ___ Don’t know

IV. Access and Barriers to Care

1. In general, how would you rate the health care services that you and the members of your household have received in this community?
   ___ Superior
2. In the past year, have you, or any member of your family, had difficulty obtaining the services of a doctor? Which person?
   ____ Yes  ____ No (SKIP TO #4)  ____ Don’t know

3. If yes, what difficulties? (CHECK ALL THAT APPLY)
   ____ No doctor in area
   ____ Lack of money
   ____ Insurance does not cover
   ____ No transportation
   ____ Appointment not available/doctor won’t take new appointments
   ____ Doctor won’t take Medicare
   ____ Doctor won’t take Medicaid
   ____ Language barrier
   ____ No child care
   ____ Have to wait too long
   Other ______________ (please specify)

4. In your neighborhood, what are the biggest problems that keep people from getting health care?
   (Check all that apply)
   ____ No transportation available
   ____ No health insurance
   ____ Inadequate health insurance
   ____ Lack of regular family doctor
   ____ Providers do not accept Medicaid
   ____ Providers are too far away
   ____ No “good” doctors
   ____ Parents can’t take time off from work to take children to providers
   ____ People do not know where to go for primary care services
   ____ Waiting times for appointments are too long
   ____ Parents do not think primary care for their children is important
   ____ Provider hours are inconvenient for parents
   ____ Parents fear of child abuse or neglect allegations by providers
   ____ Non-English speaking or hearing impaired parents communications needs are not met by providers.
   Other ______________ (please specify)

V. Housing

1. What type of housing do you live in?
   ____ House/home (single family detached)
   ____ Condominium
   ____ Apartment/duplex
1. The neighborhood where I live is a good neighborhood to live in.
   ___ Agree strongly
   ___ Agree
   ___ Undecided
   ___ Disagree
   ___ Disagree strongly

2. I feel safe in my neighborhood when I am out in the daytime
   ___ Agree strongly
   ___ Agree
   ___ Undecided
   ___ Disagree
   ___ Disagree strongly

3. I feel safe in my neighborhood when I am out at night
   ___ Agree strongly
   ___ Agree
   ___ Undecided
   ___ Disagree
   ___ Disagree strongly

4. My house/apartment/trailer needs a lot of repair work
   ___ Agree strongly
   ___ Agree
   ___ Undecided
   ___ Disagree
   ___ Disagree strongly

5. In winter I am able to keep my home comfortably warm.
   ___ Agree strongly
   ___ Agree
   ___ Undecided
   ___ Disagree
   ___ Disagree strongly

6. Does your home contain any of the following household aids?
   (Check all that apply)
____ Bathtub bars  
____ Telephone amplifier  
____ Safety plugs for electrical sockets  
____ Enlarged shower door  
____ Locks for cabinets with household chemicals or medicines  
____ Specialized hospital bed  
____ Chair lift for stairs  
____ TDY/TTY telephone assistance  
____ Fire extinguisher  
____ Lifeline emergency response system  
____ Smoke detector  
____ Carbon monoxide detector  
____ Fire escape  
____ Ramps

7. Have you or anyone in your household done any of the following things to make you feel safer in your home?  
   (Check all that apply)
   ___ Bought dog for protection
   ___ Installed strong locks on door
   ___ Installed bars on windows
   ___ Keep a weapon other than a gun/firearm
   ___ Keep a gun or firearm
   ___ Joined a neighborhood crime watch
   ___ Installed a security/alarm system

VI. Transportation
1. Does lack of transportation prevent you or any other household member from doing any of the following things?  (Check all that apply)

<table>
<thead>
<tr>
<th>Going grocery shopping</th>
<th>Getting medical care</th>
<th>Getting to social service agency (i.e. social security)</th>
<th>Getting to work, school, or volunteer activities</th>
<th>Getting to meal sites</th>
<th>Visiting family/friends</th>
</tr>
</thead>
</table>

VII. Risk Factors and Health Status Indicators Smoking
2. What is your smoking status?
   ___ Smoker
   ___ Ex-Smoker
   ___ Never smoked

   (IF YOU ANSWERED A OR B)
    How many cigarettes per day ____
    How many pipes/cigars per day ____
    How old were you when you first started smoking cigarettes regularly? _______ age
Non-Seat Belt Use

3. How often do you use seatbelts when you drive or ride in a car?
   Would you say?
   _____ Always   _____ Nearly always   _____ Sometimes   _____ Seldom   _____ Never

(IF HOUSEHOLD HAS CHILDREN 17 OR YOUNGER)

A. How often do your children use seatbelts or car safety seats when they ride in a car?
   (Car safety seats for children under 5 years old)
   Would you say
   _____ Always   _____ Nearly always   _____ Sometimes   _____ Seldom   _____ Never

Sedentary Lifestyle

B. How often do you exercise or participate in an active physical sport such as running, jogging,
   swimming, bicycling, power walking, etc.?
   _____ One or more times each week
   _____ Less than one time per week
   _____ Not at all

C. Which of the following best describes the level of physical effort in your work or daily activities?
   _____ Light – such as office work, driving, sitting
   _____ Moderate – such as housework, carpentry, walking
   _____ Heavy – such as pushing or carrying heavy objects

Hypertension

D. Have you ever been told by a doctor, nurse, or someone else that you/they have high blood
   pressure?
   _____ Yes
   _____ No
   _____ Don’t know/not sure

Alcohol Use

E. Have you had any alcoholic beverages during the past 12 months?
   _____ Yes
   _____ No
   _____ Don’t know/not sure

F. IF YES, how often did you drink any alcoholic beverages in the past 12 months, on the average?
   _____ Once a week or less
   _____ Two to five times a week
   _____ More than five times a week
   _____ Never

Drug Use

G. Have you or any member of you household ever complained or worried that anyone in your
   household might have a problem with: (Check all that apply)
   _____ Alcohol (beer, wine or liquor)
   _____ Marijuana
___ Hallucinogens
___ Cocaine/Crack
___ Methamphetamine
___ Heroin
___ Prescription drugs

Driving

H. On the average, how close to the speed limit do you usually drive?
   ___ Within 5 mph of limit
   ___ 6-10 mph over limit
   ___ 11-15 mph over limit
   ___ More than 15 mph over limit

Driving While Impaired

I. How many times in the last month did you drive or ride when the driver had perhaps too much to drink, or was under the influence of drugs?
   _____________ number of times last month

Nutrition and Diet

J. During the last six months, have you had difficulty getting enough food to eat for any reason?
   ___ Yes   ___ No

K. (Check all that apply)

   a. Trouble in preparing meals
   b. Not enough money
   c. Trouble getting to and from the store
   d. Refusal to eat
   e. Other

IX. Disabilities

1. Are there any members of your household that need assistance in daily activities? (i.e. getting dressed, bathing feeding self, toileting, or getting in/out bed.)
   ___ Individual is 18 or older
   ___ No (IF NO, SKIP TO QUESTION 4)
   ___ Individual is 17 or younger

(IF YOU ANSWERED A OR C)

2. Is formal help used? (Formal help is considered any assistance which is paid for.)
   ___ Yes   ___ No   ___ Don’t know

3. Do you or any other person in this household have a physical, mental or other health condition that has lasted for 6 or more months and which:
   Limits the kind or amount of work this person can do at a job or at school?
   ___ Yes   ___ No

   Prevents this person from working at a job or attending school?
4. Because of a health condition that has lasted for 6 or more months, do you or any other person in this household have any difficulty:

Going outside the home alone, for example, to shop or visit a doctor’s office?
_____ Yes  _____ No

Taking care of his or her own personal needs, such as bathing, dressing, or getting around inside of the home?
_____ Yes  _____ No

X. Mental Health

1. Right now, how do you feel about your life as a whole?

_____ Very satisfied  _____ Satisfied  _____ Sometimes satisfied, sometimes dissatisfied  _____ Dissatisfied  _____ Very dissatisfied

2. During the past few weeks, did you have any problems with:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Often</th>
<th>Sometimes</th>
<th>Rarely</th>
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</thead>
<tbody>
<tr>
<td>a. Falling asleep or staying asleep</td>
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<td>b. Feeling afraid</td>
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<td>c. Having a poor appetite</td>
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<td>d. Feeling like crying</td>
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<td>e. Feeling depressed or lonely</td>
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<td>f. Getting upset with people around you</td>
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</table>

3. Have you suffered a serious personal loss or misfortune in the past year?
   (For example, a job loss, disability, divorce, separation, jail term or death of a close person)
_____ Yes, one serious loss  _____ Yes, two or more serious losses  _____ No

4. Do any household members have any of the following problems: (Check all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Mental Retardation</td>
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<tr>
<td>Serious Emotion Disturbances</td>
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<tr>
<td>Developmental disabilities</td>
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<tr>
<td>Autism</td>
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</tbody>
</table>

XI. Violence/Victimization

1. During the past year, have you or any member of your household experienced any of the following problems?
   _____ Yes  _____ No  _____ Don’t know

(Check all that apply)
XII. Health Insurance

1. Do you have any medical insurance coverage if any health problems arise?
   ____ Yes  ____ No

What kind?
   ____ Provided by employer
   ____ Privately purchased plan
   ____ Covered under spouse or parent’s insurance
   ____ Medicare
   ____ Medicare Supplemental (Medigap)
   ____ Medicaid
   ____ Long term care
   Other __________ (please specify)

XIII. Household Income

1. Considering all sources of income for everyone in your household, what is your before tax monthly income? (REFER TO MONTHLY FIGURES.)

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<thead>
<tr>
<th></th>
<th>Annual (monthly)</th>
<th>Annual (monthly)</th>
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<th>Annual (monthly)</th>
<th>Annual (monthly)</th>
<th>Annual (monthly)</th>
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<tbody>
<tr>
<td>#1</td>
<td>5,585 (465)</td>
<td>7,565 (630)</td>
<td>9,545 (795)</td>
<td>11,525 (960)</td>
<td>13,505 (1,125)</td>
<td>15,485 (1,290)</td>
<td>17,465 (1,455)</td>
<td>19,445 (1,620)</td>
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<td>#2</td>
<td>8,378 (698)</td>
<td>11,348 (946)</td>
<td>14,318 (1,193)</td>
<td>17,288 (1,441)</td>
<td>20,258 (1,688)</td>
<td>23,288 (1,936)</td>
<td>26,198 (2,183)</td>
<td>29,168 (2,431)</td>
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<td>#3</td>
<td>11,170 (931)</td>
<td>15,130 (1,261)</td>
<td>19,090 (1,591)</td>
<td>23,050 (1,921)</td>
<td>27,010 (2,251)</td>
<td>30,970 (2,581)</td>
<td>34,930 (2,911)</td>
<td>38,890 (3,241)</td>
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<td>#4</td>
<td>13,963 (1,164)</td>
<td>18,913 (1,576)</td>
<td>23,863 (1,989)</td>
<td>28,813 (2,401)</td>
<td>33,763 (2,814)</td>
<td>38,713 (3,226)</td>
<td>43,663 (3,639)</td>
<td>48,613 (4,051)</td>
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<td>#5</td>
<td>16,755 (1,396)</td>
<td>22,695 (1,891)</td>
<td>28,635 (2,386)</td>
<td>34,575 (2,881)</td>
<td>40,515 (3,376)</td>
<td>46,455 (3,871)</td>
<td>52,395 (4,366)</td>
<td>58,335 (4,861)</td>
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</table>
| A) Family Size ______ persons  B) Income Category ____________
   (Choose #1, #2, #3, #4 or #5)

Are any household members receiving unemployment or disability?
   ____ Yes  ____ No
XIV. Children’s ADLs

The following items are about activities your child or youth might do during a typical day. Please check if any of your children physical health limits his/her ability to do these activities compared to other children their age?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Child 1</th>
<th>Child 2</th>
<th>Child 3</th>
<th>Child 4</th>
<th>Child 5</th>
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</thead>
<tbody>
<tr>
<td>Bathing or dressing himself</td>
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<tr>
<td>Going to school</td>
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<td>Completing schoolwork</td>
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<tr>
<td>Walking one block</td>
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<td>Walking several blocks</td>
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<td>Vigorous activities, such as playing sports</td>
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XV. Ending:

Now that I have completed all the questions. I need to record your street address and zip code to help us organize the report.

______________________________Street Address

______________Zip Code

IF YOU DO NOT WISH TO GIVE YOUR ADDRESS, CAN YOU GIVE TWO MAJOR STREETS NEAR YOUR HOME?

_______________________________ AND ________________________________