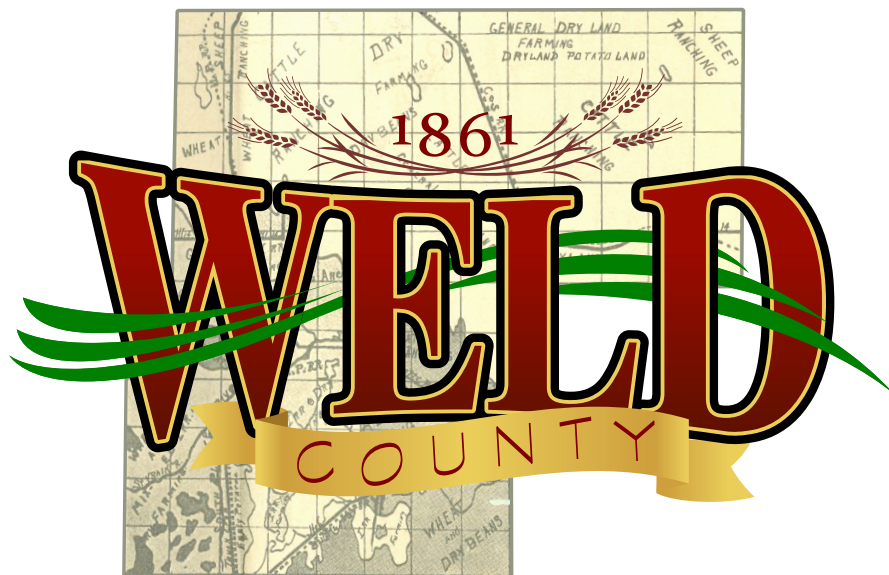


Weld County

2016

Community Health Survey



Department of Public Health & Environment

Survey Instructions

This survey needs to be filled out by the **adult 18 years or older** in the household **who will have the next birthday**. Please complete the survey within the next 7 days to avoid additional mailings.

This survey is important.
Your responses along with others will be grouped together to identify issues and concerns in Weld County related to health.
We want to hear from you!

Your participation is voluntary. Your individual answers are kept confidential.
Thank you for completing this survey!

Please answer the questions only as they **apply to you**. Do not answer questions on behalf of other family members, unless the question asks for that. You may be asked to skip questions. If you are not sure how to answer a question, please give the best answer and write any comment you wish next to the question.

Answer the questions with clear markings. Use an ✖ or ✓.

Otherwise, write in the answer as requested.

Please make sure written comments are easy to read.

Si desea llenar la encuesta en español, favor de llamar al 970-400-2125 para recibir una encuesta por correo o vaya a www.healthyweld2020.com para llenarla en línea.

If you have questions or need assistance with the survey in any language call our survey help line at **970-400-2125**.

GENERAL HEALTH, HEALTH CARE ACCESS, AND HEALTH INSURANCE

- | | Excellent | Very Good | Good | Fair | Poor |
|--|---------------------------|-----------------------|-----------------------|-----------------------|--------------------------|
| 1. In general, would you say your health is: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Please tell us a little more about your current health: | <i>Number of days</i> | | | | |
| How many days during the <u>past 30 days</u> was your physical health (including physical illness or injuries) not good ? | _____ (0-30) | | | | |
| How many days during the <u>past 30 days</u> was your mental health (including stress, depression, or other emotional problems) not good ? | _____ (0-30) | | | | |
| <u>During the past 30 days</u> , how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? | _____ (0-30) | | | | |
| 3. Do you <u>currently</u> have any kind of health care coverage including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? | | | | | |
| | <input type="radio"/> Yes | | | | <input type="radio"/> No |
| 4. Is there a doctor, nurse, physician assistant, or nurse practitioner that you consider to be your <u>regular</u> health care provider? | | | | | |
| | <input type="radio"/> Yes | | | | <input type="radio"/> No |

5. **During the past 12 months, did you delay or go without needed health care (include all medical care, dental care, mental health care, physical or occupational therapies)?**
- Yes No → *If no, go to Question 6.*

5a. **If yes above, why did you not get all the health care you needed?**

(Mark an **x** or **✓** next to all that apply.)

- Cost too much
- No insurance
- Health problem not covered by insurance
- Couldn't find a provider who accepts my insurance (including Medicaid or Medicare)
- Provider not available in my area/ too far away
- Transportation problems
- No convenient time/could not get appointment
- Could not take off work

Other: (Explain: _____)

6. **What type(s) of health insurance do you have?** (Mark all that apply.) Do not include insurance plans that cover only ONE type of service like dental, vision, or prescription drug plans.

- I do not have health insurance of any kind → *Go to Question 6a*
- Health insurance through current or former employer (including Cobra) or union including a partner's or parent's plan (including retiree benefit)
- Health insurance plan that I, my parents, partner or spouse purchase directly from an insurance company (privately or through Colorado's marketplace/exchange)
- Medicare (for persons 65 years and older or with certain disabilities)
- Veteran's Affairs, Military Health, TRICARE or CHAMPUS
- Medicaid, also called Health First Colorado

Other: (Please list: _____)

6a. **If you do not have health insurance currently, what are the reasons?** (Please explain.)

7. **Did you sign-up for your current health insurance through My Health Connections or Connect for Health Colorado, Colorado's health insurance marketplace/exchange?**

- Yes No Don't know

8. **Did you get financial assistance or a subsidy to help with the cost of your insurance premium?**

- Yes No Don't know

9. **What is the one place you usually go when you are sick or need to see a medical professional?**

(Mark an **x** or **✓** next to the one place you usually go.)

- I do not have a regular place for health care. → *Go to Question 10*
- Doctor's office, medical practice, or private clinic
- Community health clinic that offers a discounted fee (Sunrise, Salud, etc.)
- 24/7 Emergency room (Hospital-based or free-standing)
- Urgent care center or clinic that is inside a retail store

Other place: (Describe: _____)

9a. What county is this place (from question 9) located? (Mark only one.)

- Weld Boulder Adams
 Larimer Broomfield Not sure Other: (List: _____)

10. In the past 12 months: (If none or not applicable, enter "0".) Number of times

How many times did you receive care from your regular health care provider? _____

How many times did you receive care in a 24/7 emergency room? _____

→ If no ER care in the past year, go to Question 11.

10a. **If you received ER care in the past year, think of the most recent visit and indicate whether or not it was for a condition that you thought could have been treated by a regular doctor if he/she had been available.**

- Yes No Not sure

10b. **Were any of the following important reasons for your last 24/7 emergency room care?**

(Please mark yes or no answer for each.)

	Yes	No
Could not schedule doctor/clinic appointment (hours did not work, available appointments too far in future)	<input type="radio"/>	<input type="radio"/>
Needed care but doctor/clinic office was closed (after hours)	<input type="radio"/>	<input type="radio"/>
Health care provider told me to go to ER	<input type="radio"/>	<input type="radio"/>
The problem was too serious for the doctor's office/clinic	<input type="radio"/>	<input type="radio"/>
I do not have dependable transportation to get to the doctor/clinic office	<input type="radio"/>	<input type="radio"/>
I do not like going to the doctor/clinic	<input type="radio"/>	<input type="radio"/>
I prefer going to the ER	<input type="radio"/>	<input type="radio"/>
The ambulance/emergency vehicle took me there	<input type="radio"/>	<input type="radio"/>
Other: (Describe: _____)		

YOUR HEALTH CONDITIONS AND BEHAVIORS

11. **Has a doctor, nurse, physician assistant, or nurse practitioner ever told you that you had any of the following health conditions?** (Mark yes or no answer for each.)

	Yes	No
High blood pressure (also called hypertension)	<input type="radio"/>	<input type="radio"/>
<i>If yes, are you currently taking blood pressure medication?</i>	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
Heart attack (also called myocardial infarction)	<input type="radio"/>	<input type="radio"/>
Congestive heart failure	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>
Cancer (excluding skin cancer)	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Anxiety or PTSD	<input type="radio"/>	<input type="radio"/>
Alcohol or drug dependence	<input type="radio"/>	<input type="radio"/>
Diabetes (high blood sugar). <i>For women: If you were told you had diabetes only during pregnancy, answer "No".</i>	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>
Arthritis or rheumatism	<input type="radio"/>	<input type="radio"/>

Other chronic condition: (Describe: _____)

12. Do you now have any of the following conditions? (Mark yes or no answer for each.)

	Yes	No
Chronic pain (ongoing or re-occurring pain that persisted or progressed for more than 12 weeks)	<input type="radio"/>	<input type="radio"/>
<i>If yes, are you currently taking prescription pain medications?</i>	<input type="radio"/>	<input type="radio"/>
Depression, anxiety or other mental health problem	<input type="radio"/>	<input type="radio"/>
Toothache or problems with teeth or gums	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>
<i>If yes, at your most recent visit, did a doctor, nurse, or health practitioner advise you to lose weight?</i>	<input type="radio"/>	<input type="radio"/>
Alcohol or drug dependence	<input type="radio"/>	<input type="radio"/>

13. In the past 30 days, have you used or consumed:

	Yes, some days	Yes, every day	No
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew/spit tobacco or other smokeless products such as snus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, cigarillos, or pipes including hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes, personal vaporizer, or other e-systems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana for medicinal purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana for recreational purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. **Current marijuana users only:** During the past 30 days, about how many times did you use marijuana?
(Print numbers in boxes. If none, enter "0".)

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(0-999) Number of times

15. Which of the following best applies to you? (Select one.)

- Never smoked cigarettes (or smoked fewer than 100 cigarettes in my entire life)
- Former smoker and have been smoke free for less than six months
- Former smoker and have been smoke free for longer than six months
- Current smoker and do not intend to stop smoking within the next six months
- Current smoker but thinking about quitting within the next six months
- Current smoker but seriously plan to quit smoking within the next 30 days

16. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks (for women) OR 5 or more drinks (for men) on one occasion? A drink is one 12-ounce can or bottle of beer, one 5-ounce glass of wine, or one shot of liquor. (If none, enter "0".)

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(0-999) Number of times (you had 4 or more drinks as a woman or 5 or more drinks as a man in one sitting)

PREVENTIVE HEALTH BEHAVIORS AND SCREENINGS

17. Did you get a seasonal flu shot or nasal mist during the last flu season (September 2015 -April 2016)?

- Yes No Not sure

18. When was the last time you had the following?

	In the past year	Between 1 and 2 years ago	Between 2 and 3 years ago	Between 3 and 5 years ago	Between 5 and 10 years ago	10 years ago or longer	Never
Routine checkup by a doctor, nurse practitioner, or physician assistant (not for a specific illness, injury, or condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam and/or teeth cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye exam or vision test(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood cholesterol test (by drawing blood or pricking your finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood sugar test (diabetes screening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood stool test using a home test kit (to test for colon cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy (complete inspection of the rectum and colon for cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN ONLY: Pap smear (a test for cervical cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WOMEN ONLY: Check here if you have had a hysterectomy.

19. How often do you do the following when driving a car?

	Always	Usually	Sometimes	Rarely	Never	Don't Drive
Use your seatbelt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read/send email or text	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive after using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive after drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTH SEEKING HABITS

20. Not counting juice, on average, how many servings of fruit do you eat each day? (A serving is ½ cup of chopped, cooked, canned, frozen fruit, or one small (tennis ball size) piece of fruit or ¼ cup of dried fruit.)

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Average number of servings per day (If none, enter "0".)

21. On average, how many servings of vegetables do you eat each day? (A serving is ½ cup of chopped raw, cooked, canned, or frozen vegetables or one cup raw, leafy vegetables, or 4 ounces of 100% vegetable juice.)

Average number of servings per day (If none, enter "0".)

22. How often do you drink sugar sweetened beverages? These are drinks with added sugar, flavored syrups or other sweeteners, such as regular soda pop, fruit punches or fruit drinks, sweetened or flavored tea, sweetened or flavored coffee drinks, sports drinks, energy drinks and flavored or sweet milks. Do not include diet or sugar free drinks or 100% juice.

Never or rarely (weekly or monthly, but not every day) Four to five times per day
 Once per day Six or more times per day
 Two to three times per day

23. When you drink sugar sweetened beverages, what is your typical serving size?

Small (about one cup, 8 ounces or less) Not applicable, I don't drink sugar sweetened beverages
 Medium (a can, small bottle, medium-sized soft drink cup, 12 – 16 ounces)
 Large (large bottle, super size cup, more than 16 ounces)

24. During the past month, other than your regular job, did you participate in any physical activities or exercise such as running, biking, golfing, gardening, or walking for exercise?

Yes No Not sure

The next 3 questions ask about the time you spent being physically active in the last 7 days. This includes activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport. Please answer each question even if you do not consider yourself to be an active person.

25. During the last 7 days, how many days did you do vigorous physical activity that took hard physical effort and made you breathe much harder than normal, such as heavy lifting, digging, jogging, aerobics, or fast bicycling? Think only about those activities you did for at least 10 minutes at a time.

Check here if no vigorous activity then go to question 26.

Days per week → How much time in total did you usually spend on one of those days doing vigorous physical activities?

Hours Minutes Not sure

26. During the last 7 days, how many days did you do moderate physical activity that made you breathe somewhat harder than normal, such as carrying light loads, bicycling at a regular pace, or gardening? Think only about those activities you did for at least 10 minutes at a time. Do not include walking.

Check here if no moderate activity then go to question 27.

Days per week → How much time in total did you usually spend on one of those days doing moderate physical activities?

Hours Minutes Not sure

27. During the last 7 days, how many days did you walk for at least 10 minutes at a time, such as walking at work or at home, traveling from place to place, or any other walking for recreation, sport, exercise, or leisure?

Check here if no walking then go to question 28.

Days per week → How much time in total did you usually spend walking on one of those days?

Hours Minutes Not sure

ENVIRONMENTAL HEALTH ISSUES

28. How much of a problem are the following environmental health issues in the particular city, town, or rural area where you live?

	Major problem	Minor problem	No problem	Don't know
Polluted outdoor air (brown cloud, dust, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unclean indoor air (mold, radon, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from cars, trucks, and other road vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to secondhand tobacco smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe or unclean water for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from agricultural operations (manure, chemicals, crop waste, agricultural burning, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from industry (manufacturing, oil and gas drilling, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough options to recycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unused/uneaten household food that ends up in the landfill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough sidewalks or trails for walking or biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many mosquitoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many flies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How often have you used health department restaurant inspection information (Weld County or other health department website) or consumer review websites (Yelp, etc.) before (or after) dining out at a restaurant to judge food safety?

	Often	Occasionally	Never
Health department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consumer review websites like Yelp	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29a. Regardless of how often you review food safety information, how would you prefer restaurant inspection information be posted on the internet? (Choose one.)

- Full inspection reports as written by the inspector
 - Summary of inspection reports with letter grades (e.g. A, B, C, D, F), symbols such as 😊 🙅 ⭐ 📸 or another method that makes it easy to understand
 - Full inspection reports plus summaries using letters or symbols or another easy to understand method
 - Not sure
- Other: (Describe: _____)

30. What is your level of agreement with the following statements about the city, town, or rural area where you live?

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't Know
It is easy to walk in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to bike in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is possible to get to many places I need to go by walking or bicycling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNITY CONCERNS AND SERVICE NEEDS

31. How concerned are you about each of the following possible community health issues in the particular city, town, or rural area where you live?

	Very	Moderately	Slightly	Not at all	Don't know
West Nile virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zika virus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to parks, trails, recreation centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to affordable fresh foods	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen marijuana use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teen sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gun violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Youth crime or gangs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighborhood safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bike or pedestrian safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many distracted drivers on the roads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. In the past 12 months, did you or any member of your household need and/or use any of the community services listed below?

	Did not need	Needed and used	Needed but did not use	Don't know
Services for children/youth with emotional problems or delinquent behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment or counseling for alcohol or drug addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low or no cost dental/oral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services to stop using tobacco (including Quitline)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for the disabled	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for an older adult/senior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Home healthcare or homemaker services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting information, training, or classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Childcare/daycare financial assistance (including CCCAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-related/employment services (help finding work or job training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance (unemployment, Colorado Works/TANF, Social Security disability-SSI, Old Age Pension, Aid to Needy & Disabled)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food or meal assistance (Food Bank, Food Stamps/SNAP, WIC, Meals on Wheels)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing services (rental/utility bill assistance, LEAP, or shelters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation assistance services (vouchers, reimbursements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. In the past 12 months, did you think you needed mental health care or counseling services?

- Yes No → If no, go to Question 34

33a. If yes, did you seek counseling or treatment?

- Yes → If yes, where? → Private counselor or therapist (psychiatrist/psychologist)
 No Primary care doctor or nurse
 North Range Behavioral Health
 Church, temple or other place of worship
 Other: _____

34. Mark your level of agreement with the following statements:

	Strongly Agree	Slightly Agree	Slightly Disagree	Strongly Disagree
Treatment can help people with mental illness lead normal lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are generally caring and sympathetic to people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INDIVIDUAL AND HOUSEHOLD INFORMATION

35. Do you have access to the Internet by computer, mobile phone, iPad, Blackberry, or other device?

- Yes No

36. In the last 12 months, has anyone (family, friend, or other non-relative) stayed at your home on a temporary basis because of loss of housing, financial hardship, or similar reasons? (Mark yes or no answer for each.)

	Yes	No
Health problem	<input type="radio"/>	<input type="radio"/>
Loss of housing	<input type="radio"/>	<input type="radio"/>
Financial hardship	<input type="radio"/>	<input type="radio"/>
Other: (Describe: _____)		

37. In the last 12 months, did you have to quit a job, not take a job, or greatly change your job because of problems with any of the following: (Mark yes or no answer for each.)

	Yes	No
Own illness, injury, or medical problem	<input type="radio"/>	<input type="radio"/>
Taking care of a family member (partner, parent, child, etc.)	<input type="radio"/>	<input type="radio"/>
Child care problems	<input type="radio"/>	<input type="radio"/>
Getting laid off work	<input type="radio"/>	<input type="radio"/>
Not enough pay or hours to work	<input type="radio"/>	<input type="radio"/>
Own car, van, truck broke down	<input type="radio"/>	<input type="radio"/>
Insufficient public transportation	<input type="radio"/>	<input type="radio"/>
Other: (Describe: _____)		

38. How often in the past 12 months were you worried or stressed about:

	Always	Usually	Sometimes	Rarely	Never
Having enough money to buy nutritious meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your rent/mortgage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INDIVIDUAL AND HOUSEHOLD INFORMATION

This information is important to get an overall picture of the community, not to find out about you personally. Thanks for completing!

39. What type of house do you live in currently?

- House
- Duplex or two-unit building
- Building/apartment with 3 or more units
- Mobile or manufactured home

40. Do you own or rent your residence?

- Own
- Rent
- Other arrangement

Explain:

41. How long have you lived in Weld County?

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Number of years

42. Including yourself, how many people (adults and children) live in your household?

Number of adults

Number of children

43. Do you or anyone in your household prefer to use a language other than English in the home?

No

Yes → What language?

44. Does a disability, handicap, or chronic disease keep you from participating fully in work, housework, or other daily activities?

- Yes
- No

45. What is your current employment status?

(Mark all that apply.)

- Employed full-time for wages
- Employed part-time for wages
- Self-employed
- Laid off or unemployed
- Disabled or unable to work
- Full-time homemaker
- Full-time student
- Part-time student
- Retired
- Military

46. What year were you born?

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47. Are you: Female Male

48. What is the highest level of education you have completed?

- Less than 9th grade
- 9th to 12th grade, no diploma
- High school diploma or GED
- Some college, no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Graduate or professional degree

49. What was your household's total income before taxes in 2015? (Include income from all sources such as jobs, social security, public assistance, and retirement income for yourself and all other persons living in your household.)

- \$12,000 or less
- \$12,001 - \$16,000
- \$16,001 - \$20,000
- \$20,001 - \$22,000
- \$22,001 - \$24,000
- \$24,001 - \$28,000
- \$28,001 - \$32,000
- \$32,001 - \$36,000
- \$36,001 - \$40,000
- \$40,001 - \$44,000
- \$44,001 - \$48,000
- \$48,001 - \$56,000
- \$56,001 - \$65,000
- \$65,001 - \$80,000
- \$80,001 - \$100,000
- \$101,001 - \$115,000
- \$115,001 - \$130,000
- \$130,001 - \$145,000
- \$145,001 - \$160,000
- \$160,001 or more

50. How many people, including you, are supported by this income?

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Total people

51. How much of your 2015 income was from public or governmental assistance in the form of cash or vouchers (Colorado Works/TANF, LEAP, Old Age Pension, Food Stamps/SNAP, etc.)?

- None
- Some
- All

52. Which of the following best describes your racial and ethnic background? (Please choose one.)

- White, Non-Hispanic
- Hispanic, Latino, or Spanish (any race/ethnicity)
- Alaska Native or American Indian
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Other: _____

53. How much do you weigh in pounds (without shoes)?

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Women: Check here if pregnant

54. What is your height (without shoes)?

feet

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inches

55. What suggestions do you have on ways to make Weld County a healthier place to live, work, and play?

Thank you for filling out this survey!