

Instructions to Survey interviewers/ CHA Team:

- You may change this survey in any way. You may add or remove questions. It is just a guide for you. All questions have been pretested and reviewed for accuracy. So, before changing the wording of the questions, we encourage you to seek professional advice on questionnaire design.
- You must have demographic questions in your survey to be able to tell how representative your survey sample is. Use these questions to compare your sample population to your county's population (from the US Census estimates for that year). The demographic categories in this survey match the categories from the 2010 Census questions to make your comparisons easier.
- Instructions for the interviewers are in **red** type. Do not read these instructions out loud when administering the surveys. If these surveys will be self-administered, you may want to simplify the directions.
- Questions similar to or exactly like those from the Behavioral Risk Factor Surveillance System (BRFSS) 2010 are in **blue** type. You may take these questions out of your CHA survey if you have recent county-level BRFSS data for these questions. Recent data includes data from the year before your Community Health Assessment is due. Ex: If your CHA is due in December 2011 and you have BRFSS 2010 data for your county, do not include these questions in your community survey.
- This survey explores all of the Healthy Carolinians 2020 focus areas. Questions that gather information about one or more of the focus areas are noted with **HC2020: Focus Area**. **If these surveys will be self-administered, you may want to remove this notation.**

Key to Focus Area Abbreviations:

C	Cross-cutting
CD	Chronic Disease
EH	Environmental Health
I	Injury
ID/FI	Infectious Disease/Foodborne Illnesses
MH	Mental Health
MIH	Maternal and Infant Health
OH	Oral Health
PAN	Physical Activity and Nutrition
SA	Substance Abuse
SDH	Social Determinants of Health
STD/UP	STDs/Unintended Pregnancy
T	Tobacco

Granville-Vance District
Health Department



Keeping You
In Healthy Balance

2011 Granville-Vance District Community Health Survey

Read the following section to each potential participant:

(Show badges.) Hello, I am _____ and this is _____ representing the Granville-Vance District Health Department. We are conducting a survey of our county to learn more about the health and quality of life in Vance County. The Health Department and the Granville-Vance Community Health Assessment Partners will use the results of this survey to help address the major health and community issues in our county.

May I come forward to talk to you more about it?

Your address was one of many randomly selected from our county. The survey is completely voluntary, and it should take about 20 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way. If you complete this survey, we will enter your name into a drawing for gift cards and other prizes in early July, and give you a small bag of helpful information and a few handy items today. Here is an information card for you to look at while you think about it. (Give the person the 1/4 page information card)

Would you like to participate? Yes No

(If no, stop the survey here and thank the person for his or her time.)

Eligibility

Do you live in Vance County? Yes No

(If no, stop the survey here and thank the person for his or her time.)

Have you participated in this year's survey already?

Yes No Not sure

(If yes or not sure, stop the survey here and thank the person for his or her time.)

If they are able to do the survey, SAY: If there is anything that we ask or say that you do not understand, or you would like further explanation about any item, please **do not hesitate** to ask.

Vance County Community Health Survey

PART 1: Quality of Life Statements

Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 6 statements.

HC2020: SDH

Statements	<i>Circle the number that best represents the person’s opinion of each statement below.</i>				
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<p>1. How do you feel about this statement, “There is good healthcare in Vance County”? Consider the cost and quality, number of options, and availability of healthcare in the county.</p>	1	2	3	4	5
<p>2. How do you feel about this statement, “Vance 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	5
<p>3. How do you feel about this statement, “Vance County is a good place to grow old”? Consider the county’s elder-friendly housing, transportation to medical services, recreation, and services for the elderly.</p>	1	2	3	4	5
<p>4. How do you feel about this statement, “There is plenty of economic opportunity in Vance County”? Consider the number and quality of jobs, job training/higher education opportunities, and availability of affordable housing in the county.</p>	1	2	3	4	5
<p>5. How do you feel about this statement, “Vance 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 the county.</p>	1	2	3	4	5
<p>6. How do you feel about this statement, “There is plenty of help for people during times of need in Vance County”? Consider social support in this county: neighbors, support groups, faith community outreach, community organizations, and emergency monetary assistance.</p>	1	2	3	4	5

PART 2: Community Improvement

Read: The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

7. HC2020: EH, SDH, I, MH

Please look at this list of community issues. *(Give person the sheet of community issues.)* **In your opinion, which one issue most affects the quality of life in Vance County?** (Please choose only one.) If there is a community problem that you consider the most important and it is not on this list, please let me know and I will write it in. If you would like, I can read these out loud as you think about them. *(Read health problems if they prefer to have them read.)*

- | | |
|--|--|
| <input type="checkbox"/> Pollution (air, water, land)
<input type="checkbox"/> Dropping out of school
<input type="checkbox"/> Low income/poverty
<input type="checkbox"/> Homelessness
<input type="checkbox"/> Lack of/ inadequate health insurance
<input type="checkbox"/> Hopelessness
<input type="checkbox"/> Discrimination/ racism
<input type="checkbox"/> Lack of community support
<input type="checkbox"/> Drug and Alcohol Abuse | <input type="checkbox"/> Neglect and abuse (<i>Specify type</i>)
<input type="checkbox"/> Elder abuse <input type="checkbox"/> Child Abuse
<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Teen Pregnancy
<input type="checkbox"/> Violent crime (murder, assault, etc.)
<input type="checkbox"/> Theft
<input type="checkbox"/> Rape/sexual assault
<input type="checkbox"/> Other: _____
<input type="checkbox"/> No opinion |
|--|--|

8. HC2020: PAN, SDH, I, MH

(Give the person a list of services.) **In your opinion, which one of the following services needs the most improvement in your neighborhood or community?** (Please choose only one.) If there is a service that you think needs improvement that is not on this list, please let me know and I will write it in. If you would like, I can read these out loud as you think about them. *(Read health problems aloud.)*

- | | |
|---|---|
| <input type="checkbox"/> Animal control
<input type="checkbox"/> Child care options
<input type="checkbox"/> Elder care options
<input type="checkbox"/> Services for disabled people
<input type="checkbox"/> More affordable health services
<input type="checkbox"/> Better/ more healthy food choices
<input type="checkbox"/> More affordable/better housing
<input type="checkbox"/> Availability of employment
<input type="checkbox"/> Higher paying employment
<input type="checkbox"/> Number of health care providers
<i>What kind?</i> _____
<input type="checkbox"/> Culturally appropriate health services | <input type="checkbox"/> Drug and Alcohol Abuse Prevention
<input type="checkbox"/> Counseling/ mental health/ support groups
<input type="checkbox"/> Drug and Alcohol Abuse Treatment
<input type="checkbox"/> Better/ more recreational facilities
(parks, trails, community centers, etc.)
<input type="checkbox"/> Healthy family activities
<input type="checkbox"/> Positive teen activities
<input type="checkbox"/> Transportation options
<input type="checkbox"/> Road maintenance
<input type="checkbox"/> Road safety
<input type="checkbox"/> Other: _____
<input type="checkbox"/> None |
|---|---|

Part 3. Health Information

9. HC2020: PAN, SA, I, MH, MIH, OH, STD/UP, ID/FI, T

In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.) *(DO NOT read the options. Mark only the one they say. IF they cannot think of one, give them the list and offer to read the choices; explain we can write in other answers.*

- | | |
|---|--|
| <input type="checkbox"/> Eating well/ nutrition | <input type="checkbox"/> Going to a dentist for check-ups / preventive care |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Going to the doctor for yearly check-ups and screenings |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Getting prenatal care during pregnancy |
| <input type="checkbox"/> Using child safety seats | <input type="checkbox"/> Getting flu shots and other vaccines |
| <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Quitting smoking / Tobacco use prevention |
| <input type="checkbox"/> Driving safely | <input type="checkbox"/> Domestic violence prevention |
| <input type="checkbox"/> Child care/ parenting | <input type="checkbox"/> Rape/ sexual abuse prevention |
| <input type="checkbox"/> Elder care | <input type="checkbox"/> Caring for family members with special needs/ disabilities |
| <input type="checkbox"/> Suicide prevention | <input type="checkbox"/> Preventing pregnancy /sexually transmitted disease (safe sex) |
| <input type="checkbox"/> Stress management | <input type="checkbox"/> Substance abuse prevention (ex: drugs and alcohol) |
| <input type="checkbox"/> Anger management | <input type="checkbox"/> Preparing for an emergency/ disaster |
| <input type="checkbox"/> Crime prevention | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> None |

10. Where do you get most of your health-related information? Please choose only one. *(DO NOT read the options. Mark only the one they say. IF they cannot think of one, give them the list, offer to read the choices; explain we can write in others.*

Choose only one please.)

- | | |
|---|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> Health department |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> My child's school | |

11. What health topic(s)/ disease(s) would you like to learn more about?
(Write in all suggestions.)

12. Do you have children between the ages of 9 and 19 for which you are the caretaker? (Includes step-children, grandchildren, or other relatives.)

- Yes No *(skip to question #14)*
 (Do not read.) Refused to answer *(skip to question #14)*

13. HC2020: PAN, SA, I, MH, OH, STD/UP, CD, T

Which of the following health topics do you think your child/children need(s) more information about? *(Read list. Allow time for a yes or no following each item. Check all that apply.)*

- | | | |
|----------------------------|-------------------|----------------------------------|
| a. ___ Dental hygiene | f. ___ Tobacco | k. ___ Reckless driving/speeding |
| b. ___ Sexual intercourse | g. ___ STDs | l. ___ Mental health issues |
| c. ___ Eating Disorders | h. ___ Nutrition | m. ___ Suicide prevention |
| d. ___ Asthma management | i. ___ Alcohol | n. Other _____ |
| e. ___ Diabetes management | j. ___ Drug Abuse | o. ___ None of the above |

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

14. HC2020: C

Would you say that, in general, your health is...
(Read choices and ask them to choose only one.)

- | | |
|---|-------------------------|
| ___ Excellent | ___ Fair |
| ___ Very good | ___ Poor |
| ___ Good | ___ Don't know/Not sure |
| ___ <i>(Do not read.)</i> Refused to answer | |

If the person being interviewed starts talking about a family member's health problems... I am sorry to hear about that. Maybe some of the answers you give today will help us and our community leaders address some of these types of issues. Right now we'd like to focus just on your own health.

15. HC2020: CD, PAN, MH

Have you ever been told by a doctor, nurse, or other health professional that you have any of the health conditions I am going to read?

(DK= Don't know/ Not sure; R= Refuse to answer)

- | | | | | |
|------------------------------------|---------|--------|--------|-------|
| a. Asthma | ___ Yes | ___ No | ___ DK | ___ R |
| b. Depression or anxiety | ___ Yes | ___ No | ___ DK | ___ R |
| c. High blood pressure | ___ Yes | ___ No | ___ DK | ___ R |
| d. High cholesterol | ___ Yes | ___ No | ___ DK | ___ R |
| e. Diabetes (not during pregnancy) | ___ Yes | ___ No | ___ DK | ___ R |
| f. Osteoporosis | ___ Yes | ___ No | ___ DK | ___ R |
| g. Overweight/Obesity | ___ Yes | ___ No | ___ DK | ___ R |
| h. Angina/ heart disease | ___ Yes | ___ No | ___ DK | ___ R |
| i. Cancer | ___ Yes | ___ No | ___ DK | ___ R |

16. HC2020: MH

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
 Don't know/ Not sure *(Do not read.) Refused to answer*

17. HC2020: I, CD

In 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
 Don't know/ Not sure *(Do not read.) Refused to answer*

18. HC2020: PAN

Now I will ask about your fitness. 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?

- Yes No *(Skip to question #21)*
 Don't know/ Not sure *(Do not read.) Refused to answer*

(Skip to question #21 for Don't know or Refused to answer)

19. HC2020: PAN

Since you said yes, how many times do you exercise or engage in physical activity during a normal week? _____ *(Write number)*

(If you exercise more than once a day, count each separate physical activity that lasts for at least a half hour to be one "time.")

20. HC2020: PAN

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

- | | |
|--|--|
| a. <input type="checkbox"/> YMCA | d. <input type="checkbox"/> Private gym |
| b. <input type="checkbox"/> Park | e. <input type="checkbox"/> Home |
| c. <input type="checkbox"/> Public Recreation Center | f. <input type="checkbox"/> Other: _____ |

Skip to question #22

21. HC2020: PAN 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. *(DO NOT read the options. Mark only the ones they say. If they really can't think of one, then mark I don't know.)*

- | | |
|--|--|
| 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 |
| 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 & I don't have it. | k. ___ I'm physically disabled. |
| f. ___ I don't know how to find exercise partners. | l. ___ I don't know |
| | m. ___ Other _____ |

22. HC2020: PAN

Not counting lettuce salad or potato products, think about how often you eat fruits and vegetables in an average week... (It is easier for most people to work up to the amount in a week. Start with 1) Do you eat fruit? 2) How often? 3) If an apple represents a serving, how many in a typical day do you have? This should get you to how many in a week. Then do the same for veggies. Then ask: Do you drink juice? If yes, Is it 100% fruit juice?... BE SURE to check how much at 1 time)

► **How many cups per week of fruits and vegetables would you say you eat? ◀**
(One apple or 12 baby carrots equal one cup) **(Write # of cups in the space provided.)**

- | | |
|--|-------------------------------------|
| a. Number of cups of fruit _____ | c. ___ Never eat fruit |
| b. Number of cups of vegetables _____ | d. ___ Never eat vegetables |
| e. Number of cups 100% fruit juice _____ | f. ___ Never drink 100% fruit juice |

If you get questions about lettuce salad: Lettuce salad is the typical “house salad” with iceberg lettuce, or the salad mixes you get at the store or fast food restaurants, even with meat on top.

If you get questions about potato products: Potato products are French fries, baked potatoes, hash browns, mashed potatoes ~ anything made from white potatoes.

In case you get this question:

For the purposes of this study, ketchup is not considered a vegetable.

23. HC2020: T

Have you been exposed to secondhand smoke in the past year?

- ___ Yes ___ *(Do not read.) Refused to answer (Skip to question #25)*
 ___ No *(Skip to question #25)* ___ Don't know/ Not sure *(Skip to question #25)*

24. HC2020: T

If yes, where do you think you are exposed to secondhand smoke most often?
(Check only one place)(Wait for the answer and if they don't know what to say, read the list).

- | | |
|--------------------|---------------------|
| a. ___ Home | e. ___ School |
| b. ___ Workplace | f. ___ Other: _____ |
| c. ___ Hospitals | . |
| d. ___ Restaurants | |

25. HC2020: T

Do you currently smoke? (Include regular smoking in social settings.)

- ___ Yes ___ No *(If no, skip to question #27)*
 ___ *(Do not read.)* Refused to answer

26. HC2020: T

If yes, where would you go for help if you wanted to quit?
(DO NOT read the options. Choose only one.
If they cannot think of one, mark I don't know)

- | | |
|------------------------------------|---------------------------------|
| a. ___ Quit Line NC | f. ___ Health Department |
| b. ___ Doctor | g. ___ I don't know |
| c. ___ Church | h. ___ Other: _____ |
| d. ___ Pharmacy | i. ___ NA; I don't want to quit |
| e. ___ Private counselor/therapist | |

27. HC2020: ID/FI

Now I will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose.

► During the past 12 months, have you had a seasonal flu vaccine? ◀

- ___ Yes, flu shot
 ___ Yes, flu spray
 ___ Yes, both
 ___ No
 ___ Don't know / Not sure
 ___ Refused to answer *(Do not read.)*

Part 5. Access to Care/ Family Health

28. Where do you go **most often** when you are sick? *(DO NOT read the options. Mark only the one they say. If they cannot think of one, read: Here are some possibilities. Read responses. Choose only one please.)*

- | | |
|--|---|
| <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: _____ |
| | <input type="checkbox"/> Refused to answer |

29. **HC2020: C**

Do you have health insurance? If yes, What is your primary health insurance plan? (This is the plan which pays the medical bills first, or pays most of the medical bills). **(Please choose only one.)**

[Note: The State Employee Health Plan is also called the “North Carolina Teacher’s and Employee Health Plan.”

Medicare is a federal health insurance program for people 65 and older, or some younger people with disabilities.

Medicaid is a state health insurance program for families and individuals with limited financial resources or special circumstances.]

- a. The State Employee Health Plan
- b. Blue Cross and Blue Shield of North Carolina
- c. Other private health insurance plan purchased from employer or workplace
- d. Other private health insurance plan purchased directly from an insurance company
- e. Medicare
- f. Medicaid or Carolina ACCESS or Health Choice 55
- g. The military, Tricare, CHAMPUS, or the Veteran’s Administration (VA)
- h. The Indian Health Service
- i. Other (government plan)
- j. No health plan of any kind

Do not read: k. Don't know/Not sure l. Refused to answer

30. **HC2020: C, OH**

In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility?

- Yes *(Do not read.)* Refused to answer *(Skip to question #33)*
 No *(Skip to question #33)* Don't know/ Not sure *(Skip to question #33)*

31. HC2020: C

Since you said “yes”... 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 we do not have listed here, please tell me and I will write it in. (Read Providers.)

- ___ Dentist
- ___ General practitioner
- ___ Eye care/ optometrist/ ophthalmologist
- ___ Pharmacy/ prescriptions
- ___ Pediatrician
- ___ OB/GYN
- ___ Health department
- ___ Hospital
- ___ Urgent Care Center
- ___ Medical Clinic
- ___ Specialist (*What type?*) _____

32. HC2020: C

Which of these problems prevented you or your family member from getting the necessary health care?

You can choose as many of these as you need to. If you had a problem that we do not have written here, please tell me and I will write it in. (Read Problems.)

- a. ___ No health insurance.
- b. ___ Insurance didn’t cover what I/we needed.
- c. ___ My/our share of the cost (deductible/co-pay) was too high.
- d. ___ Doctor would not take my/our insurance or Medicaid.
- e. ___ Hospital would not take my/our insurance.
- f. ___ Pharmacy would not take my/our insurance or Medicaid.
- g. ___ Dentist would not take my/our insurance or Medicaid.
- h. ___ No way to get there.
- i. ___ Didn’t know where to go.
- j. ___ Couldn’t get an appointment.
- k. ___ The wait was too long.
- l. ___ Other: _____

33. HC2020: MH

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?

(DO NOT read the options. If they can't think of anyone, say...

Here are some possibilities. Please choose only one. Read responses.)

- | | |
|---|------------------------------------|
| 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 | h. ___ Other: _____ |
| i. ___ (Do not read) Prefer not to respond | |

Part 6. Emergency Preparedness

34. 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 |
| ___ Don't know/ Not sure | ___ (Do not read.) Refused to answer |

35. 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.)

- | | |
|--|--|
| ___ Yes | ___ Don't know/Not sure (Skip to question 37) |
| ___ No (Skip to question 37) | |
| ___ (Do not read.) Refused to answer (Skip to question 37) | |

36. If yes, how many days do you have supplies for? _____ *(Write number of days)*

37. In a large-scale disaster or emergency, what would be your main way of communicating with family? (Check only one.) (Do not read choices)

- | | |
|---------------------------|--|
| ___ a. Regular home phone | ___ e. 2-way radio |
| ___ b. Cell phone | ___ g. Other (describe) _____ |
| ___ c. Email | ___ h. Don't know/ Not sure |
| ___ d. Pager | ___ i. (Do not read.) Refused to answer |

38. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.) (Do not read choices; if they can't answer, mark "Don't know").

- a. Television
- b. Radio
- c. Internet
- d. Print media (ex: newspaper)
- e. Social networking site
- f. Neighbors
- g. Text message (emergency alert system)
- h. Other (describe) _____
- i. Don't know/ Not sure
- j. *(Do not read.) Refused to answer*

39. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?

- Yes *(Skip to question #41)*
- No *(Go to question #40)*
- Don't know/ Not sure *(Go to question #40)*
- (Do not read.) Refused to answer (Go to question #40)*

40. What would be the main reason you might not evacuate if asked to do so? (Check only one.) (Do not read choices; if they can't answer, mark "Don't know").

- a. Lack of transportation
- b. Lack of trust in public officials
- c. Concern about leaving property behind
- d. Concern about personal safety
- e. Concern about family safety
- f. Concern about leaving pets
- g. Concern about traffic jams & inability to get out
- h. Health problems (could not be moved)
- i. Other (describe) _____
- j. Don't know/ Not sure
- k. *(Do not read.) Refused to answer*

Part 7. 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.

41. How old are you? (Mark age category.)

- | | | | |
|--|----------------------------------|----------------------------------|--------------------------------------|
| <input type="checkbox"/> 18 - 19 | <input type="checkbox"/> 35 - 39 | <input type="checkbox"/> 55 - 59 | <input type="checkbox"/> 75 - 79 |
| <input type="checkbox"/> 20 - 24 | <input type="checkbox"/> 40 - 44 | <input type="checkbox"/> 60 - 64 | <input type="checkbox"/> 80 - 84 |
| <input type="checkbox"/> 25 - 29 | <input type="checkbox"/> 45 - 49 | <input type="checkbox"/> 65 - 69 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 30 - 34 | <input type="checkbox"/> 50 - 54 | <input type="checkbox"/> 70 - 74 | |
| <input type="checkbox"/> <i>(Do not read.) Refused to answer</i> | | | |

42. Are you Male or Female? (In most cases, this question can be answered by the interviewer without asking.)

___ Male ___ Female ___ *(Do not read.)* Refused to answer

43. a) Are you of Hispanic, Latino, or Spanish origin?

___ Yes ___ No *(If no, skip to #43)*
___ *(Do not read.)* Refused to answer

b) If yes, are you: (Check all that apply)

- ___ Mexican, Mexican American, or Chicano
- ___ Puerto Rican
- ___ Cuban
- ___ Other Hispanic or Latino (please specify) _____
- ___ *(Do not read.)* Refused to answer

44. What is your race? (Please check all that apply.)

(If other, please write in the person's race.)

- ___ White
- ___ Black or African American
- ___ American Indian or Alaska Native *(List tribe(s) including Lumbee)* _____
- ___ Asian Indian
- ___ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a:
(write in race) _____
- ___ Pacific Islander including Native Hawaiian, Samoan, Guamanian/ Chamorro:
(write in race) _____
- ___ Other race not listed here: *(write in race)* _____
- ___ *(Do not read.)* Refused to answer

45. A. Do you speak a language other than English at home? (If no, skip to #46.)

___ Yes ___ No
___ *(Do not read.)* Refused to answer

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

46. What is your marital status? (*Read categories. Mark only one. No explanation needed for "other".*)

- | | |
|---|--|
| <input type="checkbox"/> Never Married/Single | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Unmarried partner | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Other | <input type="checkbox"/> (<i>Do not read.</i>) Refused to answer |

47. HC2020: SDH

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

- Less than 9th grade
- 9-12th grade, no diploma
- High school graduate (or GED/ equivalent)
- Associate's Degree or Vocational Training
- Some college (no degree)
- Bachelor's degree
- Graduate or professional degree
- Other: _____
- (*Do not read.*) Refused to answer

48. HC2020: SDH

What was your total household income last year, before taxes? Let me know which category you fall into. (*Read choices. Mark only one.*)

- | | |
|--|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> (<i>Do not read.</i>) Refused to answer | |

49. HC2020: SDH

Including yourself, how many people does this income support? _____

(If you are asked about child support, say: If you are paying child support but your child is not living with you, this still counts as someone living on your income.)

50. HC2020: SDH

What is your employment status? I will read a list of choices. Let me know which ones apply to you. *(Read choices. Check all that apply.)*

- a. _____ Employed full-time
- b. _____ Employed part-time
- c. _____ Retired
- d. _____ Armed forces
- e. _____ Unemployed for more than 1 year
- f. _____ *(Do not read.) Refused to answer*
- g. _____ Disabled
- h. _____ Student
- i. _____ Homemaker
- j. _____ Self-employed
- k. _____ Unemployed for 1 year or less

51. Do you have access to the Internet?

- _____ Yes
- _____ No
- _____ Don't know/ Not sure
- _____ *(Do not read.) Refused to answer*

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

(Read) These are all the questions that we have. Thank you so much for taking the time to complete this survey! **THE END.**

DO NOT READ, for administrative purposes only. Remove for self-administered surveys:
Based on total household income (#47) and number of people supported (#48).
*Percent of Federal Poverty Level = (Income/Guideline*100%) = _____%*
[Get conservative estimate by assuming the mean income level for each category in #47 and compare to guideline for number of persons in family.]

The 2010 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For families with more than 8 persons, add \$3,740 for each additional person.	