**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
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 ¼ 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**

<table>
<thead>
<tr>
<th>Statements</th>
<th>Circle the number that best represents the person’s opinion of each statement below.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> 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.</td>
<td>Strongly Disagree Disagree Neutral Agree Strongly Agree</td>
</tr>
<tr>
<td><strong>2.</strong> 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.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>3.</strong> 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.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>4.</strong> 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.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>5.</strong> 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.</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td><strong>6.</strong> 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.</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>
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.)

   ___ Pollution (air, water, land) ___ Neglect and abuse (Specify type)
   ___ Dropping out of school ___ Elder abuse ___ Child Abuse
   ___ Low income/poverty ___ Domestic Violence
   ___ Homelessness ___ Teen Pregnancy
   ___ Lack of/ inadequate health insurance ___ Violent crime (murder, assault, etc.)
   ___ Hopelessness ___ Theft
   ___ Discrimination/ racism ___ Rape/sexual assault
   ___ Lack of community support ___ Other: __________________
   ___ Drug and Alcohol Abuse ___ 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.)

   ___ Animal control ___ Drug and Alcohol Abuse Prevention
   ___ Child care options ___ Counseling/ mental health/ support groups
   ___ Elder care options ___ Drug and Alcohol Abuse Treatment
   ___ Services for disabled people ___ Better/ more recreational facilities
   ___ More affordable health services (parks, trails, community centers, etc.)
   ___ Better/ more healthy food choices ___ Healthy family activities
   ___ More affordable/better housing ___ Positive teen activities
   ___ Availability of employment ___ Transportation options
   ___ Higher paying employment ___ Road maintenance
   ___ Number of health care providers ___ Road safety
       What kind? __________________
       ___ Other: __________________
   ___ Culturally appropriate health services ___ None
Part 3. Health Information

   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.

   ___ Eating well/ nutrition  ___ Going to a dentist for check-ups / preventive care
   ___ Exercising/ fitness  ___ Going to the doctor for yearly check-ups and screenings
   ___ Managing weight  ___ Getting prenatal care during pregnancy
   ___ Using child safety seats  ___ Getting flu shots and other vaccines
   ___ Using seat belts  ___ Quitting smoking / Tobacco use prevention
   ___ Driving safely  ___ Domestic violence prevention
   ___ Child care/ parenting  ___ Rape/ sexual abuse prevention
   ___ Elder care  ___ Caring for family members with special needs/ disabilities
   ___ Suicide prevention  ___ Preventing pregnancy /sexually transmitted disease (safe sex)
   ___ Stress management  ___ Substance abuse prevention (ex: drugs and alcohol)
   ___ Anger management  ___ Preparing for an emergency/ disaster
   ___ Crime prevention  ___ Other: ________________
   ___ 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.)

   ___ Friends and family  ___ Hospital
   ___ Doctor/nurse  ___ Health department
   ___ Pharmacist  ___ Help lines
   ___ Church  ___ Books/magazines
   ___ Internet  ___ Other _____
   ___ 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)
   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
   _____ (Do not read.) 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.____ YMCA  
   b.____ Park  
   c.____ Public Recreation Center  
   d.____ Private gym  
   e.____ Home  
   f.____ 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
- b. Exercise is not important to me.
- c. I don’t have access to a facility that has the things I need, like a pool, golf course, or a track.
- d. I don’t have enough time to exercise.
- e. I would need child care & I don’t have it.
- f. I don’t know how to find exercise partners.
- g. I don’t like to exercise.
- h. It costs too much to exercise.
- i. There is no safe place to exercise.
- j. I’m too tired to exercise.
- k. I’m physically disabled.
- 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 ______
- b. Number of cups of vegetables ______
- e. Number of cups 100% fruit juice ______
- c. Never eat fruit
- d. Never eat vegetables
- 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  
b. _____ Workplace  
c. _____ Hospitals  
d. _____ Restaurants  
e. _____ School  
f. _____ Other: ________________________

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  
b. _____ Doctor  
c. _____ Church  
d. _____ Pharmacy  
e. _____ Private counselor/therapist  
f. _____ Health Department  
g. _____ I don’t know  
h. _____ Other: ________________________  
i. _____ NA; I don’t want to quit

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.)

_____ Doctor’s office
_____ Medical Clinic
_____ Health department
_____ Urgent Care Center
_____ Hospital
Other:____________
_____ 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
- b.____ Support group (e.g., AA, Al-Anon)
- c.____ School counselor
- d.____ Don’t know
- e.____ Doctor
- f.____ Minister/religious official
- g.____ Mental Health Agency
- 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
- ___ b. Cell phone
- ___ c. Email
- ___ d. Pager
- ___ e. 2-way radio
- ___ g. Other (describe) __________________
- ___ h. Don’t know/ Not sure

___ i. (Do not read.) Refused to answer
Survey number ______

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.)**

_____ 18 - 19  ____ 35 - 39  ____ 55 - 59  ____ 75 - 79
_____ 20 - 24  ____ 40 - 44  ____ 60 - 64  ____ 80 - 84
_____ 25 - 29  ____ 45 - 49  ____ 65 - 69  ____ 85 or older
_____ 30 - 34  ____ 50 - 54  ____ 70 - 74
_____ *(Do not read.)* Refused to answer
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”).*

_____ Never Married/Single              _____ Divorced
_____ Married                            _____ Widowed
_____ Unmarried partner                  _____ Separated
_____ Other                               _____ *(Do not read.)* 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.)*

_____ Less than $10,000              _____ $35,000 to $49,999
_____ $10,000 to $14,999            _____ $50,000 to $74,999
_____ $15,000 to $24,999            _____ $75,000 to $99,999
_____ $25,000 to $34,999            _____ $100,000 or more
_____ *(Do not read.)* 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
g._____ Disabled
- b.____ Employed part-time
h._____ Student
- c.____ Retired
i._____ Homemaker
- d.____ Armed forces
j._____ Self-employed
- e.____ Unemployed for more than 1 year
k._____ Unemployed for 1 year or less
- f._____ *(Do not read.)* Refused to answer

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.]*

<table>
<thead>
<tr>
<th>Persons in family</th>
<th>Poverty guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$10,830</td>
</tr>
<tr>
<td>2</td>
<td>14,570</td>
</tr>
<tr>
<td>3</td>
<td>18,310</td>
</tr>
<tr>
<td>4</td>
<td>22,050</td>
</tr>
<tr>
<td>5</td>
<td>25,790</td>
</tr>
<tr>
<td>6</td>
<td>29,530</td>
</tr>
<tr>
<td>7</td>
<td>33,270</td>
</tr>
<tr>
<td>8</td>
<td>37,010</td>
</tr>
</tbody>
</table>

For families with more than 8 persons, add $3,740 for each additional person.