
COMMUNITY HEALTH OPINION SURVEY



<p>2014 Community Health Opinion Survey</p>
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The purpose of this survey is to learn more about the health and quality of life in Warren County, North Carolina. The Warren County Health Department, Healthy Carolinians of Warren County various county agencies and citizens will use the results of this survey to help them to develop plans for addressing the major health and community issues in Warren County. All the information you give us will be completely confidential and remember this is your opinion and your choices will not be linked to you in any way.

The survey is completely voluntary. It should take no longer than 20 minutes to complete. If you have already completed this survey, or if you don't live in Warren County, please tell me now.

Would you be willing to participate?

Warren County Community Health Survey

PART 1: Quality of Life Statements

The first questions are about how you feel about certain parts of Warren County life. Please tell us whether you “strongly disagree”, “disagree”, “agree” or “strongly agree” with each of the next 6 statements.

Statements	Choose a number for each statement below.			
	Strongly Disagree	Disagree	Agree	Strongly Agree
1. “There is a good healthcare system in Warren County?”	1	2	3	4
2. “Warren County is a good place to live?”	1	2	3	4
3. “There is plenty of economic opportunity in Warren County?”	1	2	3	4
4. “Warren County is a safe place to live?”	1	2	3	4
5. “There is plenty of help for individuals and families during times of need in Warren County?”	1	2	3	4

PART 2: Community Problems and Issues

Unhealthy Behaviors

6. Please Pick 5 top unhealthy behaviors that you believe is a problem in Warren County.

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol abuse
<input type="checkbox"/> Drug abuse
<input type="checkbox"/> Having unsafe sex
<input type="checkbox"/> Lack of exercise
<input type="checkbox"/> Not getting immunizations (“shots”) to prevent disease
<input type="checkbox"/> Not using child safety seats | <input type="checkbox"/> Not using seat belts
<input type="checkbox"/> Not going to a dentist for preventive check-ups / care
<input type="checkbox"/> Not going to the doctor for yearly check-ups and screenings
<input type="checkbox"/> Not getting prenatal (pregnancy) care. | <input type="checkbox"/> Poor eating habits
<input type="checkbox"/> Reckless/drunk driving
<input type="checkbox"/> Smoking/tobacco use
<input type="checkbox"/> Suicide
<input type="checkbox"/> Violent behavior
<input type="checkbox"/> Other: _____ |
|--|---|--|

Health Problems

7. These next 3 questions are about health problems that have the largest impact on the community as a whole. I would like for you to pick 5 of the most important health problems in Warren County.

- | | | |
|---|---|---|
| <input type="checkbox"/> Aging problems
(Alzheimer's, arthritis,
hearing or vision loss,
etc.) | <input type="checkbox"/> Infant death | <input type="checkbox"/> Other injuries (drowning,
choking, home or work
related) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Infectious/Contagious
diseases (TB, salmonella,
pneumonia, flu, etc.) | <input type="checkbox"/> Obesity/overweight |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Lung disease
(emphysema, etc.) |
| <input type="checkbox"/> Cancer
What kind? _____ | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Sexually transmitted
diseases (STDs) |
| <input type="checkbox"/> Dental health | <input type="checkbox"/> Mental health (depression,
schizophrenia, suicide etc.) | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Motor vehicle accidents | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Gun-related injuries | <input type="checkbox"/> Neurological disorders
(Multiple Sclerosis,
muscular dystrophy,
A.L.S.) | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Heart disease/heart
attacks | | <input type="checkbox"/> Drugs & alcohol abuse |
| <input type="checkbox"/> Autism | | <input type="checkbox"/> Other _____ |

Community Issues

8. These next questions are about community-wide issues that have the largest impact on the overall quality of life in Warren County. Please pick 5 from this list of community issues.

- | | |
|--|--|
| <input type="checkbox"/> Animal control issues | <input type="checkbox"/> Availability of healthy family activities |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Availability of positive teen activities |
| <input type="checkbox"/> Affordability of health services | <input type="checkbox"/> Neglect and abuse (Specify type) |
| <input type="checkbox"/> Availability of healthy food choices | <input type="checkbox"/> Elder abuse |
| <input type="checkbox"/> Bioterrorism | <input type="checkbox"/> Child abuse |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Pollution (air, water, land) |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Low income/poverty |
| <input type="checkbox"/> Inadequate/unaffordable housing | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Lack of transportation options |
| <input type="checkbox"/> Lack of culturally appropriate health
services. | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Lack of health care providers
What kind? _____ | <input type="checkbox"/> Unsafe, un-maintained roads |
| <input type="checkbox"/> Lack of recreational facilities (parks,
trails, community centers, etc.) | <input type="checkbox"/> Violent crime (murder, assault, etc.) |
| <input type="checkbox"/> Drug & alcohol abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> No hospital | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> other: _____ | <input type="checkbox"/> Gangs |
| | <input type="checkbox"/> No health insurance |
| | <input type="checkbox"/> No urgent care center |

Warren County Health Department

9. Are you aware of the services that the Health Department Provides?

_____ yes _____ no

If so, how do you know about these services?

____ Newspaper _____ County Website

____ Radio _____ Community Presentations

____ Other _____

10. Would you come to Warren County Health Department for any services?

_____ yes _____ no _____ I don't know

11. Are you aware of Warren County Health Department's hours of operation?

_____ yes _____ no _____ I don't know

12. Do you feel that the hours of operation meet your needs?

_____ yes _____ no _____ I don't know

13. Would you recommend Warren County Health Department to family/friends?

_____ yes _____ no _____ I don't know

PART 3: Personal Health

Now I am going to ask you some questions about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

14. How would you rate your own health? Please choose only one of the following:

_____ Very healthy _____ Unhealthy
_____ Healthy _____ Very unhealthy
_____ Somewhat healthy

15. Where do you get most of your health-related information? Please choose only one.

- | | | |
|--|--|--------------------------------------|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Hospital | <input type="checkbox"/> School |
| <input type="checkbox"/> Doctor/nurse/pharmacist | <input type="checkbox"/> Help lines | <input type="checkbox"/> Church |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Books/magazines | <input type="checkbox"/> Other _____ |

16. Where do you go most often when you are sick or need advice about your health? Please choose only 1. Choose the one that you usually go to.

- | | |
|--|---|
| <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: _____ |

17. In the past 12 months, did you ever have a problem getting the health care, dental care or filling a prescription? If yes, please indicate reasons below.

yes no I don't know

- a. I didn't have health insurance.
- b. I didn't have dental insurance.
- c. My insurance didn't cover what I needed.
- d. My share of the cost (deductible/co-pay) was too high.
- e. Doctor/Pharmacy, Dentist would not take my insurance or Medicaid.
- f. I couldn't afford the cost.
- g. I didn't have a way to get there.
- h. I didn't know where to go.
- i. I couldn't get an appointment.
- j. Other: _____

18. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who would you tell them to call or talk to? You can choose as many as you want.

- | | |
|---|---|
| a. <input type="checkbox"/> Private counselor or therapist | e. <input type="checkbox"/> Doctor |
| b. <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | f. <input type="checkbox"/> Minister/religious official |
| c. <input type="checkbox"/> School counselor | g. <input type="checkbox"/> Mental Health Agency |
| d. <input type="checkbox"/> Don't know | i. <input type="checkbox"/> other: _____ |

19. 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 If yes, skip to question 21

20. During a normal week, other than in your regular job, do you engage in any exercise activity that lasts at least a half an hour?

____ Yes ____ No

If no why? Please select 3 choices from the list below

- a. ____ Exercise is not important to me.
- b ____ I don't have enough time to exercise
- c ____ I would need child care and I don't have it.
- d ____ I'm physically disabled .
- e. ____ It cost too much to exercise (equipment, shoes, gym cost
- f. ____ Other _____

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

- a. ____ Park
- b. ____ Recreation Complex
- c. ____ Gym
- d. ____ Home
- e. ____ Facility other than in Warren County

22. How many hours per day do you watch TV, play video games, or use the computer for recreation?

____ 0-1 hour ____ 2-3 hours ____ 4-5 hours ____ 6+ hours

23. Not counting juice, lettuce salad, or potato products, think about how often you eat fruits and vegetables in an average week.

**How many cups per week of fruits and vegetables would you say you eat?
One apple or 12 baby carrots equal one cup.**

- a. Number of cups of fruit _____
- b. Number of cups of vegetables _____
- c. Never eat fruit _____
- d. Never eat vegetables _____

24. Are you exposed to secondhand smoke in any of the following places (Check all that apply)?

- a. Home
- b. Workplace
- c. Recreation Complex
- d. I am not exposed to secondhand smoke.
- e. Other: _____

25. Do you currently smoke?

- Yes No

26. If yes, where would you go for help if you wanted to quit?

Mark all that apply.

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

27. Have you ever been told by a doctor, nurse, or other health professional that you have any of the conditions?

- a. Asthma Yes No
- b. Depression or anxiety disorder Yes No
- c. High blood pressure Yes No
- d. High cholesterol Yes No
- e. Diabetes (not during pregnancy) Yes No
- f. Osteoporosis Yes No
- g. Overweight/Obesity Yes No

28. Do you think your child between the age of 9 -19 is engaging in any of the following high risk behaviors?

(PLEASE ANSWER ALL THAT APPLY FOR EACH BEHAVIOR.)

- a. ___ Alcohol Use c. ___ Eating Disorders e. ___ Drug Abuse
b. ___ Tobacco Use d. ___ Sexual intercourse f. ___ Reckless driving/speeding
g. ___ I don't think my child is engaging in any high risk behaviors.

29. Are you comfortable talking to your child about the risky behaviors we just asked about?

___ Yes ___ No

30. Do you think your child or children need more information about the following problems: (Check all that apply.)

- a. ___ Alcohol e. ___ Eating Disorders h. ___ Drug Abuse
b. ___ Tobacco f. ___ Sexual intercourse i. ___ Reckless driving/speeding
c. ___ HIV g. ___ STDs j. ___ Mental health issues
d. ___ Other _____

Part 4. Emergency Preparedness

31. 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 ___

32. Does your household have a Family Emergency Plan?

_____ Yes _____ No

33. Does your family have a basic emergency supply kit? If yes, how many days do you have supplies for?

___ No ___ 3 days ___ 1 week ___ 2 weeks ___ More than 2 weeks

Part 5. 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.

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

- 15 - 19 25 - 34 45 - 54 65 - 74
 20 - 24 35 - 44 55 - 64 75 or older

35. Are you Male or Female?

- Male Female

36. What is your race?

(Please check one and choose “other” if you do not identify with only one of the categories.)

- Black or African American American Indian or Alaskan Native
 White Asian or Pacific Islander
 Hispanic Other: _____

37. What is your marital status? (**Mark only one.**)

- Never Married/Single Divorced Separated
 Married Widowed Other

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

- Some high school, no diploma
 High school diploma or GED
 Associate’s Degree or Vocational Training
 Some college (no degree)
 Bachelor’s degree
 Graduate or professional degree
 Other: _____

**39. What was your total household income last year, before taxes?
(Mark only one.)**

- | | |
|---|---|
| <input type="checkbox"/> Less than \$14,999 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> Over \$75,000 |
| <input type="checkbox"/> I prefer not to answer | |

**40. What is your employment status?
(Check all that apply.)**

- | | |
|--|---|
| a. <input type="checkbox"/> Employed full-time | f. <input type="checkbox"/> Disabled |
| b. <input type="checkbox"/> Employed part-time | g. <input type="checkbox"/> Student |
| c. <input type="checkbox"/> Retired | h. <input type="checkbox"/> Homemaker |
| d. <input type="checkbox"/> Military | i. <input type="checkbox"/> Self-employed |
| e. <input type="checkbox"/> Unemployed | |

41. What is your zip code (required)?

(Write only the first 5 digits.) _____

Thank You for your participation.

For further information or questions please contact

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