



# SHAPE

# 2006

## A Survey of Residents of Hennepin County

Study By:



Hennepin County  
Human Services and  
Public Health Department

Conducted By:



University of Minnesota  
School of Public Health

- If you want to complete the survey on the phone, please call us at 612-624-9635.
- Si desea completar esta encuesta por teléfono, por favor llame al 612-624-0671.
- Yog hais tias koj xav nrog ib tug tham ua qhov kev kawm tshawb fawb no kom tiav, thov koj hu tus xov tooj no 621-624-0670.
- Nếu bạn muốn làm cuộc trắc nghiệm qua phone, xin gọi 612-624-0388.
- Hadii add rabtid in add kajawaabtid Suaalaha kor ku xusan dhaman tood af Soomaali fadlan soo wac Telefon: 612-624-0610.

## Who should fill out this survey

We ask that the questionnaire be completed by a household member age 18 years and older, and who will have the next birthday.

Thank you for helping with this survey. Your answers are important.

Please take the time to read and answer each question carefully.

## How to fill out this survey

### EXAMPLE 1:

For some questions, you will **PUT AN X OR ✓ IN THE BOX** that goes with your answer, like this:

1. Are you? 1  Male 2  Female or 1  Male 2  Female

### EXAMPLE 2:

You will sometimes be told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

A5. Have you ever ...?

1  Yes  
2  No → **Go to A10, next page**

→ A6. Do you ...?

1  Yes

2  No

## Section A: General Health

A01 A1. In general, would you say your health is:

- 1  Excellent
- 2  Very good
- 3  Good
- 4  Fair
- 5  Poor

A02 A2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days

A03 A3. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days

A04 A4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as work, recreation, and taking care of yourself?

Number of days

A05 A5. Have you ever been told by a doctor or other health care professional that you had asthma?

- 1  Yes
- 2  No → **Go to A10, next page**

A06 A6. Do you still have asthma?

- 1  Yes
- 2  No

A07 A7. During the past 12 months, have you had an asthma attack or episode of asthma?

- 1  Yes
- 2  No



A15 A15. When was the last time you had an eye exam in which the pupils were dilated? This would have made your eyes temporarily sensitive to bright light.

- 1  Within the past month
- 2  Within the past year
- 3  Within the past 2 years
- 4  2 or more years ago
- 5  I have never had my pupils dilated

A16 A16. Have you ever been told by a doctor or other health care professional that you have heart trouble or angina?

- 1  Yes
- 2  No

A17 A17. Have you ever been told by a doctor or other health care professional that your blood pressure is borderline high or you have pre-hypertension?

- 1  Yes
- 2  Yes, but only during pregnancy
- 3  No

A18 A18. Have you ever been told by a doctor other health care professional that you have hypertension, also called high blood pressure?

- 1  Yes
  - 2  Yes, but only during pregnancy
  - 3  No
- **Go to A20, next page**

A19 A19. Are you currently under the care of a doctor or other health care professional, or taking medication to control your high blood pressure?

- 1  Yes
- 2  No

A20 A20. Have you ever been told by a doctor or other health care professional that your blood cholesterol is high?

- 1  Yes  
2  No → **Go to A22 below**

A21 A21. Are you currently under the care of a doctor or other health care professional, or taking medication to control your blood cholesterol?

- 1  Yes  
2  No

A22. How tall are you without shoes?

Feet     Inches    **or**     Centimeters  
 A22\_Feet     A22\_Inches     A22\_Cent

A23. How much do you weigh without shoes?

*(If you are a female and are currently pregnant, please provide your weight before you were pregnant)*

Pounds    **or**     Kilograms  
 A23\_Pounds     A23\_Kilos

A24 A24. Has a doctor or other health care professional ever told you that you should lose weight?

- 1  Yes, within the past year  
2  Yes, more than one year ago  
3  No

A25 A25. Have you ever been told by a doctor or other health care professional that you have arthritis, or rheumatism?

- 1  Yes  
2  No

A26 A26. Have you ever been told by a doctor or other health care professional that you have depression?

1  Yes

2  No → **Go to A30 below**

A27 A27. Are you currently under the care of a doctor or other health care professional such as a psychiatrist, a psychologist, a therapist, or a counselor for your depression?

1  Yes

2  No

A28 A28. Are you currently taking any medication that was prescribed for you to treat depression?

1  Yes

2  No

A29 A29. Do you still have depression?

1  Yes

2  No

A30 A30. Have you ever been told by a doctor or other health care professional that you have had anxiety or panic attacks?

1  Yes

2  No → **Go to A32, next page**

A31 A31. Do you still have anxiety or panic attacks?

1  Yes

2  No

The following questions ask about how you have been feeling during the past 30 days. For each question, please check the answer that best describes how often you had this feeling.

A32. During the past 30 days, about how often did you feel ...

		NONE OF THE TIME	A LITTLE OF THE TIME	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
A32a	a. So sad that nothing could cheer you up	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A32b	b. Nervous	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A32c	c. So restless or fidgety that you could not sit still	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A32d	d. Hopeless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A32e	e. That everything was an effort	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
A32f	f. Worthless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

A33. Because of any impairment or health problem, do you need help from another person with personal care needs such as eating, bathing, dressing, or getting around your home?

1  Yes

2  No

A34. Because of any impairment or health problem, do you need help from another person in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

1  Yes

2  No



A35 A35. During the past 12 months, have you provided assistance with personal needs or household chores to anyone who is chronically ill, disabled, or elderly for which you were not paid?

1  Yes

2  No —————> **Go to B1, next page**

For the next questions, please tell us about the person you provided assistance to in the past 12 months. (If more than one person please choose the person that you provided the most care to in the past 12 months.)

A36 A36. How old was this person?

Age in years

A37 A37. Were you the primary caregiver for this person?

1  Yes

2  No

A38. Approximately how many hours per week total, on average, did you assist this person?

Hours/week      or       Hours/month

A38\_Week

A38\_Month

A39 A39. Does this person still need assistance?

1  Yes

2  No —————> **Go to B1, next page**

A40 A40. In the next 12 months, how likely will this person need more assistance and services from an outside agency or group? Would you say...

1  Very likely

2  Somewhat likely

3  Not very likely

4  Not at all likely

## Section B: Access to Health Care

B1. Do you have any of the following types of health coverage? (*Check all that apply*)

Checked = 1      Not Checked = 0

- B01\_1 1  Health insurance through your employer or union; or someone else's employer or union
- B01\_2 2  Health insurance bought directly by you or someone else
- B01\_3 3  Medicare or railroad retirement plan
- B01\_4 4  Veterans Affairs, Military Health, TRICARE or CHAMPUS
- B01\_5 5  MinnesotaCare
- B01\_6 6  Medicaid, MA, GAMC, or PMAP
- B01\_7 7  Indian Health Services
- B01\_8 8  I have no insurance
- B01\_9 9  Other, please specify:

[Notes: MA- Medical Assistance, GAMC- General Assistance Medical Care, MinnesotaCare- a State sponsored health insurance program, PMAP-Prepaid Medical Assistance Program]

B02 B2. During the past 12 months, did you have health insurance for the entire year, only part of the year, or were you uninsured for the entire year?

- 1  Insured the entire year
- 2  Insured only part of the year
- 3  Uninsured for the entire year

B03 B3. During the past 12 months, how difficult has it been for you and your family to pay for health insurance premiums, co-pays, and deductibles?

- 1  Very difficult
- 2  Somewhat difficult
- 3  Not too difficult
- 4  Not at all difficult

**B04** B4. Do you take any prescription medication, on a regular basis, other than birth control pills?

1  Yes

2  No → **Go to B7, next page**

**B05** → B5. How difficult is it to pay for your prescription medications each month?

1  Very difficult

2  Somewhat difficult

3  Not too difficult

4  Not at all difficult

**B06** B6. During the past 12 months, was there any time you skipped doses, took smaller amounts of your prescription, or did not fill a prescription because you could not afford it?

1  Yes

2  No

**B07** B7. Do you have a personal doctor or health care provider?  
(A personal doctor or personal health care provider is a health professional who knows you well and is familiar with your health history. This can be a general doctor, a specialist doctor, a nurse practitioner, or a physician assistant.)

1  Yes

2  No

**B08** B8. When you are sick or need medical care, to which of the following places do you usually go?  
(Please check only one. If you go to more than one place, please check the one where you go most often.)

1  A Veterans Affairs clinic or hospital

2  A doctor's office, clinic, public health or community clinic

3  A hospital emergency room

4  An urgent care center

5  A clinic located in a drug or grocery store

6  Some other kind of place; please specify: 

B08_6a	HC_Code
--------	---------

 \_\_\_\_\_

7  No usual place

B9. What languages do you speak at home?

1  English

2  Other, please list all languages you speak:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Checked = 1	Not Checked = 0
B09_1	EN
B09_2	SP
B09_3	Hmong
B09_4	Oromifa
B09_5	Viet
B09_6	Russian
B09_7	Other
B09_8	Somalia

**B10** B10. Some medical clinics provide language interpreter services. When you go to a clinic, do you need a language interpreter to help you?

- 1  Yes
  - 2  No
  - 3  My provider speaks my language
- **Go to B13 below**

**B11** B11. When you go to a clinic, how often are interpreters available to help you, either in person or on the phone?

- 1  Always
  - 2  Usually
  - 3  Sometimes
  - 4  Rarely
  - 5  Never
- **Go to B13 below**

**B12** B12. Last time an interpreter helped you, how satisfied were you with the interpreter? Would you say that you were...

- 1  Very satisfied
- 2  Somewhat satisfied
- 3  Not very satisfied
- 4  Not at all satisfied

**B13** B13. During the past 12 months, was there a time when you needed medical care?

- 1  Yes
  - 2  No
- **Go to B16, next page**

**B14** B14. Did you delay or not get the care you thought you needed?

- 1  Yes
  - 2  No
- **Go to B16, next page**

**B15** B15. Was that because of cost or lack of insurance?

- 1  Yes
- 2  No

**B16** B16. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about stress, depression, a problem with emotions, excessive worrying or troubling thoughts? (*A health professional here could be a doctor, a psychiatrist, a psychologist, a therapist, or a counselor.*)

- 1  Yes
- 2  No → **Go to B19 below**

**B17** → B17. Did you delay or not get the care you thought you needed?

- 1  Yes
- 2  No → **Go to B19 below**

**B18** → B18. Was that because of cost or lack of insurance?

- 1  Yes
- 2  No

**B19** B19. How long has it been since you last visited a dentist or dental clinic for any reason?

- 1  Within the past year
- 2  Within the past 2 years
- 3  Within the past 5 years
- 4  5 or more years ago
- 5  Never

**B20** B20. Do you currently have insurance that pays for all or part of your dental care?

- 1  Yes
- 2  No

B21. During the past 12 months, have you done any of the following regarding your own health?  
Have you... (Check all that apply)

Checked = 1      Not Checked = 0

- B21\_a a.  Seen a doctor or physician, nurse practitioner or physician's assistant
- B21\_b b.  Seen a psychiatrist, psychologist, therapist, counselor or other mental health professional
- B21\_c c.  Seen a chiropractor
- B21\_d d.  Seen an acupuncturist
- B21\_e e.  Seen a traditional or spiritual healer, such as a medicine man/woman, shaman, doula
- B21\_f f.  Seen a massage therapist
- B21\_g g.  Used meditation or other relaxation therapies
- B21\_h h.  Attended a self-help or support group
- B21\_i i.  Seen a homeopathist
- B21\_j j.  Used herbal medicines or remedies

B22. Have you and your doctor talked about your use of homeopathy, herbal medicines or remedies?

1  Yes

2  No

**Go to B23 below**

B23. How long has it been since your last complete physical exam?

1  Within the past year

2  Within the past 2 years

3  Within the past 5 years

4  5 or more years ago

5  Never

B24. Blood cholesterol is a fatty substance found in the blood. About how long ago has it been since you last had your blood cholesterol checked?

1  Within the past year

2  Within the past 2 years

3  Within the past 5 years

4  5 or more years ago

5  Never

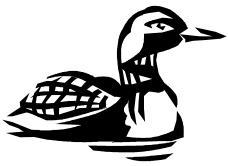
B25 B25. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since you had your last blood stool test using a home kit?

- 1  Within the past year
- 2  Within the past 2 years
- 3  Within the past 5 years
- 4  5 or more years ago
- 5  Never

B26 B26. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. How long has it been since you had your last sigmoidoscopy or colonoscopy?

- 1  Within the past year
- 2  Within the past 2 years
- 3  Within the past 5 years
- 4  Within the past 10 years
- 5  10 or more years ago
- 6  Never





**If male —→ Go to C1, next page**

**If female, continue with B27 below**

**B27** B27. A Pap smear is a test for cancer of the cervix. About how long has it been since you had your last Pap smear?

- 1  Within the past year
- 2  Within the past 2 years
- 3  Within the past 3 years
- 4  Within the past 5 years
- 5  5 or more years ago
- 6  Never

**B28** B28. Have you had a hysterectomy? (*A hysterectomy is an operation to remove the uterus (womb).*)

- 1  Yes
- 2  No

**B29** B29. A mammogram is an x-ray of each breast to look for breast cancer. About how long has it been since you had your last mammogram?

- 1  Within the past year
- 2  Within the past 2 years
- 3  Within the past 3 years
- 4  Within the past 5 years
- 5  5 or more years ago
- 6  Never

## Section C: Lifestyles, Nutrition and Exercise

C01 C1. Not including French fries, a serving of vegetables is a cup of salad greens, or a half cup of any vegetables. Yesterday, how many servings of vegetables did you eat?

Number of servings

C02 C2. A serving of fruit is one medium sized piece of fruit, ½ cup of chopped, cut or canned fruit, or 6 ounces of 100% fruit juice. Yesterday, how many servings of fruit did you eat, including 100% fruit juice?

Number of servings

C03 C3. Yesterday, how many meals did you eat out?

Number of meals **If 0, Go to C5 below**

C04 C4. How many were at fast food restaurants?

Number of meals

For the next questions, consider a drink of alcohol to be a can or bottle of beer or malt beverage, a glass of wine or a wine cooler, a shot glass of liquor or a mixed drink.

C05 C5. During the past 30 days, have you had at least one drink of any alcoholic beverage?

1  Yes

2  No → **Go to C9, next page**

C6. During the past 30 days, how many days per week did you have at least one drink of any alcoholic beverage?

Days per week **or**   Days per month

C006\_Week

C06\_Month

C07 C7. During the past 30 days, on the days when you drank, about how many drinks did you have on average?

Number of drinks

C08 C8. Considering all types of alcoholic beverages, how many times during the past 30 days did you have five or more drinks on one occasion?

Number of times

C09 C9. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

1  Yes

2  No

C10 C10. During an average week, thinking about your activities at work, at home and anywhere else, how many days do you get at least 30 minutes of moderate physical activities? (*Moderate activities cause only light sweating and a small increase in breathing or heart rate*)

Days in average week **If 0, Go to C12 below**

C11 C11. Would you say you get most of this activity...

1  At work

2  Outside of work

C12 C12. During an average week, thinking about your activities at work, at home and anywhere else, how many days do you get at least 20 minutes of vigorous physical activities? (*Vigorous activities cause heavy sweating and a large increase in breathing and heart rate*)

Days in average week **If 0, Go to C14, next page**

C13 C13. Would you say you get most of this activity...

1  At work

2  Outside of work

C14 C14. How often do you walk or bike to do errands when the weather permits?

1  Always when the weather permits → **Go to C16, below**

2  Usually

3  Sometimes

4  Rarely

5  Never

C15. What keeps you from walking or biking, more often, to do errands? (*Check all that apply*)

Checked = 1      Not Checked = 0

C15\_a a.  There are no sidewalks, paths or trails

C15\_b b.  Sidewalks, paths, or trails are not in good condition

C15\_c c.  Traffic conditions are unsafe

C15\_d d.  The neighborhood is unsafe

C15\_e e.  The destination is too far

C15\_f f.  I don't have time

C15\_g g.  My health does not permit me to walk or bike that far

C16 C16. When a child under age 5 rides in your vehicle, how often does the child ride in a child car seat? Would you say he or she rides in a child car seat... (*Note: car seat includes- infant seat, toddler seat, or booster*)

1  All of the time

2  Most of the time

3  Some of the time

4  Rarely

5  Never

6  Never drive with a child

7  Don't drive

C17 C17. Do you consider yourself ...

1  Over-weight

2  Under-weight

3  About right

C18 C18. Does anyone, including yourself, smoke regularly inside your home?

1  Yes

2  No

C19 C19. Have you smoked at least 100 cigarettes in your entire life? (Five packs = 100 cigarettes)

1  Yes

2  No → **Go to D1, next page**

C20 C20. Do you now smoke cigarettes everyday, some days or not at all?

1  Everyday

2  Some days

3  Not at all

C21

C21. On the average, about how many cigarettes a day do you now smoke?

Number of cigarettes

C22

C22. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

1  Yes

2  No

**Go to D1, next page**

C23 C23. How long ago did you quit?

a.  Within the past year

b.  Within the past 2 years

c.  Within the past 5 years

d.  Within the past 10 years

e.  10 or more years ago

f.  Never

## Section D: About Your Community

D01 D1. Please rate your agreement with the following statement. This is a good community to raise children in. Would you say you...

- 1  Strongly agree
- 2  Somewhat agree
- 3  Somewhat disagree
- 4  Strongly disagree

D02 D2. How often are you involved in school, community or neighborhood activities?

- 1  Weekly
- 2  Monthly
- 3  Several times a year
- 4  About once a year
- 5  Less often than that
- 6  Never

D03 D3. How often do you go to a church, temple, synagogue, mosque or other place for worship or other activities?

- 1  Daily
- 2  Weekly
- 3  Monthly
- 4  Less often than that
- 5  Never

D04 D4. How often do you get together or talk with friends or neighbors? (*Including on the telephone or online*)

- 1  Daily
- 2  Weekly
- 3  Monthly
- 4  Less often than that
- 5  Never

The next questions are about where you live, and your neighborhood.

D5. Please rate each of the following statements with strongly agree, somewhat agree, somewhat disagree, or strongly disagree.

		<b>STRONGLY AGREE</b>	<b>SOMEWHAT AGREE</b>	<b>SOMEWHAT DISAGREE</b>	<b>STRONGLY DISAGREE</b>
D05a	a. People in this neighborhood know each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
D05b	b. People in this neighborhood are willing to help one another	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
D05c	c. People in this neighborhood can be trusted	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
D05d	d. People in this neighborhood are afraid to go out at night due to violence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
D05e	e. Gangs are a serious issue in this neighborhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
D05f	f. Children are safe in this neighborhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
D05g	g. People in this neighborhood generally get along with each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

D6. During the past 12 months have you experienced any of the following? If yes, have you felt you were discriminated against?

	Experienced the situation	Felt discriminated against
a. Applied for a job?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
b. Worked at a job?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
c. Received medical care?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
d. Looked for a different house or apartment?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
e. Applied for a credit card, bank loan or a mortgage?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
f. Shopped at a store or eaten at a restaurant?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
g. Applied for social services or public assistance?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
h. Dealt with the police?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
i. Appeared in court?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

D7. If you felt discriminated against in any of the above, what were the reasons? (Check all that apply)

Checked = 1      Not Checked = 0

D07\_1 1  Race, color, ethnicity, or country of origin

D07\_2 2  Age

D07\_3 3  Gender

D07\_4 4  Sexual orientation

D07\_5 5  Disability

D07\_6 6  Religion

D07\_7 7  Being overweight or obese

D07\_8 8  Other, please specify: \_\_\_\_\_ D07\_8a      HC\_Code

D08 D8. How often are you in situations where you feel unaccepted because of your race, ethnicity or culture?

- 1  At least once a week
- 2  Once or twice a month
- 3  A few times a year
- 4  Less often than that
- 5  Never



D9. During the past 12 months, have you or anyone in your household received any of the following services? (*Check all that apply*)

Checked = 1      Not Checked = 0

- D09\_a a.  SSI – disability benefits
- D09\_b b.  MFIP (Minnesota Family Investment Program), General Assistance or other cash assistance
- D09\_c c.  Subsidized or sliding fee child care
- D09\_d d.  Child support
- D09\_e e.  Child protection or foster care
- D09\_f f.  Low income housing assistance, Section 8, Public Housing
- D09\_g g.  Employment services or job training
- D09\_h h.  None of the above

D10. During the past 12 months, have you or anyone in your household received any of the following services? (*Check all that apply*)

Checked = 1      Not Checked = 0

- D10\_a a.  WIC (Women, Infants & Children)
- D10\_b b.  Food support or food stamps
- D10\_c c.  Food from food shelves
- D10\_d d.  Free or reduced-price school lunches
- D10\_e e.  None of the above

D11 D11. During the past 12 months, how often did you worry that your food would run out before you had money to buy more? Would you say...

- 1  Often
- 2  Sometimes
- 3  Rarely
- 4  Never

D12 D12. How many times have you moved in the past 2 years?

Number of times

D13 D13. During the past 12 months, did you miss a rent or mortgage payment because you didn't have enough money?

- 1  Yes
- 2  No

D14 D14. Are any firearms kept in or around your home? Include those kept in the garage, outdoor storage area, or motor vehicle. *(Please include weapons such as pistols, shotguns, and rifles, but not BB guns, pellet guns, starter pistols, or guns that can't fire.)*

1  Yes

2  No → **Go to E1, next page**

D15 D15. Are any of these firearms now loaded?

1  Yes

2  No → **Go to E1, next page**

D16 D16. Are any of these loaded firearms also unlocked? By unlocked, we mean you do not need a key or combination to get the gun or to fire it.

1  Yes

2  No

## Section E: About You

E01 E1. Are you...

1  Male

2  Female

E02 E2. What is your age?

Years

E03 E3. Were you born in the United States?

1  Yes → **Go to E6, next page**

2  No



E04 E4. What country were you born in?

HC\_Code

---

E05 E5. How many years have you lived in the United States?

Years

E6. Do you consider yourself to be Hispanic or Latino?

E06

1  No, not Hispanic/Latino

2  Yes, Hispanic/Latino

Are you...  Checked = 1  Not Checked = 0

E06a\_1 a.  Mexican-American E06a\_2 b.  Ecuadorian

E06a\_3 c.  Mexican E06a\_4 d.  Puerto Rican

E06a\_5 e.  Other, please specify: \_\_\_\_\_ E06a\_ea HC\_Code \_\_\_\_\_

E7. Which of the following do you consider yourself? (*Check all that apply*)

E07\_1

1  Asian

Are you...  Checked = 1  Not Checked = 0

E07a\_11 a.  Cambodian E07a\_12 b.  Hmong

E07a\_13 c.  Laotian E07a\_14 d.  Vietnamese

E07a\_15 e.  Other, please specify: \_\_\_\_\_ E07a\_ea HC\_Code \_\_\_\_\_

E07\_2

2  Black or African American

Are you...  Checked = 1  Not Checked = 0

E07b\_21 a.  Somali E07b\_22 b.  Oromo

E07b\_23 c.  Amharic E07b\_24 d.  Liberian

E07b\_25 e.  Nigerian E07b\_26 f.  U.S.-born

E07b\_27 g.  Other, please specify: \_\_\_\_\_ E07b\_ga HC\_Code \_\_\_\_\_

E07\_3

3  White

E07\_4

4  American Indian or Alaskan Native

E07\_5

5  Native Hawaiian or other Pacific Islander

E07\_6

6  Other, please specify: \_\_\_\_\_ E07\_6a HC\_Code \_\_\_\_\_

E08 E8. If you checked more than one in the previous question, with which do you identify the most?  
(*Check only one*)

1  Asian

2  Black or African American

3  White

4  American Indian or Alaskan Native

5  Native Hawaiian or other Pacific Islander

6  Multi-racial

7  Other

E9. Do you think of yourself as... (Check all that apply)

Checked = 1      Not Checked = 0

E09\_1 1  Heterosexual or straight

E09\_2 2  Gay, lesbian, or homosexual

E09\_3 3  Bisexual

E09\_a 4  Transgender

E10 E10. Are you currently...

1  Married

2  Living together in a marriage-like relationship

3  Separated, or divorced

4  Widowed

5  Never been married

E11 E11. What is the highest grade or year of school you have completed?

1  8<sup>th</sup> grade or less

2  Some high school

3  High school graduate or GED

4  Trade school (Vocational, Technical, or Business School)

5  Some college or Associate's degree (including Community College)

6  Bachelor's degree

7  Graduate or professional degree

8  Other, please specify: \_\_\_\_\_ E11\_8a    HC\_Code \_\_\_\_\_

E12. Which of the following best describes you? (Check all that apply)

E12\_1 1  A homemaker

E12\_2 2  A student

E13 E13. Are you full time or part time?

1  Full time

2  Part time

E12\_3 3  Retired

E12\_4 4  Unable to work

E12\_5 5  Out of work

E12\_6 6  Working one or more jobs

E14 E14. How many jobs do you have?

Jobs

E15 E15. About how many hours per week do you work?

Hrs/Wk

E16 E16. Are you currently looking for work?

1  Yes

2  No

E17 E17. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard, or military reserve unit?

1  Yes

2  No

E18 E18. Which of the following best describes the telephone service in your home?

1  Land-based telephone line only (traditional phone line)

2  Cell phone only

3  Both land-line and cell phone

E19 E19. Including yourself, how many people currently live in your household?

People

E20. How many of those are...

E20a a. Children under 6

E20b b. Children age 6 – 11

E20c c. Persons age 12 – 17

E20d d. Persons age 18 – 24

E20e e. Persons age 25 – 64

E20f f. Persons age 65 and older

In studies like this, households are often grouped according to income.

**E21** E21. Approximately what was your household's income from all sources last year before taxes?

\$    ,

**E22** E22. If you would rather provide a range, please answer using the grid below.

- **First, find the number of persons in your household including yourself.**
- **Second, check the box that matches your total household income. Please check only one.**

Was your total household income last year...

Number of people in household	Less than = 1			Between = 2			More than = 3		
	Less than			Between			More than		
1	<input type="checkbox"/>	←	\$10,000	<input type="checkbox"/>	\$19,000	→	<input type="checkbox"/>		
2	<input type="checkbox"/>	←	\$13,000	<input type="checkbox"/>	\$26,000	→	<input type="checkbox"/>		
3	<input type="checkbox"/>	←	\$16,000	<input type="checkbox"/>	\$32,000	→	<input type="checkbox"/>		
4	<input type="checkbox"/>	←	\$19,000	<input type="checkbox"/>	\$39,000	→	<input type="checkbox"/>		
5	<input type="checkbox"/>	←	\$23,000	<input type="checkbox"/>	\$45,000	→	<input type="checkbox"/>		
6	<input type="checkbox"/>	←	\$26,000	<input type="checkbox"/>	\$52,000	→	<input type="checkbox"/>		
7	<input type="checkbox"/>	←	\$29,000	<input type="checkbox"/>	\$58,000	→	<input type="checkbox"/>		
8	<input type="checkbox"/>	←	\$32,000	<input type="checkbox"/>	\$65,000	→	<input type="checkbox"/>		
9	<input type="checkbox"/>	←	\$36,000	<input type="checkbox"/>	\$71,000	→	<input type="checkbox"/>		
10	<input type="checkbox"/>	←	\$39,000	<input type="checkbox"/>	\$78,000	→	<input type="checkbox"/>		
11	<input type="checkbox"/>	←	\$42,000	<input type="checkbox"/>	\$84,000	→	<input type="checkbox"/>		
12	<input type="checkbox"/>	←	\$45,000	<input type="checkbox"/>	\$91,000	→	<input type="checkbox"/>		
13	<input type="checkbox"/>	←	\$49,000	<input type="checkbox"/>	\$97,000	→	<input type="checkbox"/>		
14	<input type="checkbox"/>	←	\$52,000	<input type="checkbox"/>	\$104,000	→	<input type="checkbox"/>		
15	<input type="checkbox"/>	←	\$55,000	<input type="checkbox"/>	\$110,000	→	<input type="checkbox"/>		
16	<input type="checkbox"/>	←	\$58,000	<input type="checkbox"/>	\$117,000	→	<input type="checkbox"/>		

As part of this research we will be selecting some households to contact by telephone for additional information about others in the household. If you would indicate the best time and phone number to call, we would appreciate it.

Not collected

Morning                       Afternoon                       Evening

Not collected

Phone number: (    )    -

**Thank you for participating in this study.**

