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 tis koj xav nrog ib tug tham ua qhov kev kawm tshawb fawb no kom tiav, thov koj huts xov tooj no 621-624-0670.
- Nếu bạn muốn làm cuộc trắc nghiệm qua phone, xin gọi 612-624-0388.
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
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
A8. During the past 12 months, how many times did you visit an emergency room or urgent care center because of your asthma?

☐ Number of visits

A9. Has a doctor or other health care professional ever given you an asthma action plan?

(An asthma action plan is a printed form that tells when to change the amount or type of medicine, when to call a doctor for advice, and when to go to the emergency room.)

1 ☐ Yes
2 ☐ No
7 ☐ Don't know

A10. Have you ever been told by a doctor or other health care professional that you had border-line diabetes, pre-diabetes or high blood sugar?

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

A11. Have you ever been told by a doctor or other health care professional that you have diabetes or sugar disease?

1 ☐ Yes  ➔ Go to A12 below
2 ☐ Yes, but only during pregnancy  ➔ Go to A15, next page
3 ☐ No

A12. About how many times in the past 12 months have you seen a doctor, nurse, diabetes educator, or other health care professional for your diabetes or sugar disease?

☐ Number of times

A13. A test for “A1C” (A one C) measures the average level of blood sugar over the past three months. About how many times in the past 12 months have you had your “A1C” checked?

☐ Number of times

A14. About how many times in the past 12 months has a doctor, nurse or other health care professional checked your feet for any sores or irritations?

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

1  Yes  
2  No
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. 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. Are you currently taking any medication that was prescribed for you to treat depression?

1  Yes
2  No

A29. Do you still have depression?

1  Yes
2  No

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. 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 …

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a. So sad that nothing could cheer you up</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>b. Nervous</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>c. So restless or fidgety that you could not sit still</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>d. Hopeless</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>e. That everything was an effort</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
<tr>
<td>f. Worthless</td>
<td>1 □</td>
<td>2 □</td>
<td>3 □</td>
<td>4 □</td>
<td>5 □</td>
</tr>
</tbody>
</table>

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. 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. How old was this person?

[ ] [ ] [ ] Age in years

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

A39. Does this person still need assistance?

1  Yes
2  No  → Go to B1, next page

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

1. Health insurance through your employer or union; or someone else’s employer or union
2. Health insurance bought directly by you or someone else
3. Medicare or railroad retirement plan
4. Veterans Affairs, Military Health, TRICARE or CHAMPUS
5. MinnesotaCare
6. Medicaid, MA, GAMC, or PMAP
7. Indian Health Services
8. I have no insurance
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]

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

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
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

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

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
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

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

1  Yes
2  No → Go to B16, next page

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

1  Yes
2  No → Go to B16, next page

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

1  Yes
2  No
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. Did you delay or not get the care you thought you needed?

1  Yes  
2  No  ➔ Go to B19 below

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

1  Yes  
2  No

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. 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? (Check all that apply)

- b21_a. □ Seen a doctor or physician, nurse practitioner or physician’s assistant
- b21_b. □ Seen a psychiatrist, psychologist, therapist, counselor or other mental health professional
- b21_c. □ Seen a chiropractor
- b21_d. □ Seen an acupuncturist
- b21_e. □ Seen a traditional or spiritual healer, such as a medicine man/woman, shaman, doula
- b21_f. □ Seen a massage therapist
- b21_g. □ Used meditation or other relaxation therapies
- b21_h. □ Attended a self-help or support group
- b21_i. □ Seen a homeopathist
- b21_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. 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. 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.** 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.** Have you had a hysterectomy? *(A hysterectomy is an operation to remove the uterus (womb).)*

1  □ Yes
2  □ No

**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
C01. 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. 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. Yesterday, how many meals did you eat out?

Number of meals  If 0, Go to C5 below

C04. 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. 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

C06. 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

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

Number of drinks

C08. 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
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. 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. Would you say you get most of this activity...

1 □ At work
2 □ Outside of work

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

1 □ At work
2 □ Outside of work
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)

- [ ] There are no sidewalks, paths or trails
- [ ] Sidewalks, paths, or trails are not in good condition
- [ ] Traffic conditions are unsafe
- [ ] The neighborhood is unsafe
- [ ] The destination is too far
- [ ] I don’t have time
- [ ] My health does not permit me to walk or bike that far

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. Do you consider yourself …

1. Over-weight
2. Under-weight
3. About right
C18. Does anyone, including yourself, smoke regularly inside your home?

1 □ Yes
2 □ No

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

1 □ Everyday
2 □ Some days
3 □ Not at all

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

□□□ Number of cigarettes

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. 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.

<table>
<thead>
<tr>
<th>Statement</th>
<th>STRONGLY AGREE</th>
<th>SOMEWHAT AGREE</th>
<th>SOMEWHAT DISAGREE</th>
<th>STRONGLY DISAGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. People in this neighborhood know each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. People in this neighborhood are willing to help one another</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. People in this neighborhood can be trusted</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. People in this neighborhood are afraid to go out at night due to violence</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>e. Gangs are a serious issue in this neighborhood</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>f. Children are safe in this neighborhood</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>g. People in this neighborhood generally get along with each other</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
D6. During the past 12 months have you experienced any of the following? If yes, have you felt you were discriminated against?

<table>
<thead>
<tr>
<th>Situation</th>
<th>Experienced the situation</th>
<th>Felt discriminated against</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Applied for a job?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>b. Worked at a job?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>c. Received medical care?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>d. Looked for a different house or apartment?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>e. Applied for a credit card, bank loan or a mortgage?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>f. Shopped at a store or eaten at a restaurant?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>g. Applied for social services or public assistance?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>h. Dealt with the police?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
<tr>
<td>i. Appeared in court?</td>
<td>1 □ Yes</td>
<td>1 □ Yes</td>
</tr>
</tbody>
</table>

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

- 1 □ Race, color, ethnicity, or country of origin
- 2 □ Age
- 3 □ Gender
- 4 □ Sexual orientation
- 5 □ Disability
- 6 □ Religion
- 7 □ Being overweight or obese
- 8 □ Other, please specify: ____________________________

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)

- [ ] a. SSI – disability benefits
- [ ] b. MFIP (Minnesota Family Investment Program), General Assistance or other cash assistance
- [ ] c. Subsidized or sliding fee child care
- [ ] d. Child support
- [ ] e. Child protection or foster care
- [ ] f. Low income housing assistance, Section 8, Public Housing
- [ ] g. Employment services or job training
- [ ] 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)

- [ ] a. WIC (Women, Infants & Children)
- [ ] b. Food support or food stamps
- [ ] c. Food from food shelves
- [ ] d. Free or reduced-price school lunches
- [ ] e. None of the above

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

[ ] [ ] Number of times

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. 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. Are any of these firearms now loaded?

1. Yes
2. No → Go to E1, next page

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. Are you…

1 □ Male
2 □ Female

E02. What is your age?

□ □ □ Years

E03. Were you born in the United States?

1 □ Yes → Go to E6, next page
2 □ No

E04. What country were you born in?

HC_Code

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

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

1 □ No, not Hispanic/Latino
2 □ Yes, Hispanic/Latino

Are you…

- a. □ Mexican-American
- b. □ Ecuadorian
- c. □ Mexican
- d. □ Puerto Rican
- e. □ Other, please specify: ____________________

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

1 □ Asian

Are you…

- a. □ Cambodian
- b. □ Hmong
- c. □ Laotian
- d. □ Vietnamese
- e. □ Other, please specify: ____________________

2 □ Black or African American

Are you…

- a. □ Somali
- b. □ Oromo
- c. □ Amharic
- d. □ Liberian
- e. □ Nigerian
- f. □ U.S.-born
- g. □ Other, please specify: ____________________

3 □ White
4 □ American Indian or Alaskan Native
5 □ Native Hawaiian or other Pacific Islander
6 □ Other, please specify: ____________________

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)

1  Heterosexual or straight
2  Gay, lesbian, or homosexual
3  Bisexual
4  Transgender

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

1  8th 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:_____________________________________

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

1  A homemaker
2  A student
3  Retired
4  Unable to work
5  Out of work
6  Working one or more jobs

E13. Are you full time or part time?

1  Full time
2  Part time

E14. How many jobs do you have?  

E15. About how many hours per week do you work?
E16. Are you currently looking for work?

1  Yes
2  No

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

People

E20. How many of those are…

a. Children under 6
b. Children age 6 – 11
c. Persons age 12 – 17
d. Persons age 18 – 24
e. Persons age 25 – 64
f. Persons age 65 and older
In studies like this, households are often grouped according to income.

E21. Approximately what was your household’s income from all sources last year before taxes?
$                    ,

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…

<table>
<thead>
<tr>
<th>Number of people in household</th>
<th>Less than 1</th>
<th>Between 2</th>
<th>More than 3</th>
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<tbody>
<tr>
<td>1</td>
<td>□ $10,000</td>
<td>□ $19,000</td>
<td>□</td>
</tr>
<tr>
<td>2</td>
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<tr>
<td>3</td>
<td>□ $16,000</td>
<td>□ $32,000</td>
<td>□</td>
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<tr>
<td>4</td>
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<td>□ $39,000</td>
<td>□</td>
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<td>16</td>
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<td>□ $117,000</td>
<td>□</td>
</tr>
</tbody>
</table>

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

Phone number: (                    )                      -

Thank you for participating in this study.
If you have any additional comments that you would like to make you can use the space provided below.

Not collected

Please return the completed survey in the pre-paid postage return envelope to the address below. If you have any questions or comments about this study you can contact Sally Peterson at 612-624-9635.

Sally Peterson
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