



SHAPE 2010 – ADULT SURVEY

for an adult aged 18 or over

- ◆ Please have the *adult*, who will have the next birthday, answer the questions in this survey booklet, based on his or her own health.
- ◆ Please answer all of the questions in order, unless you are told to skip ahead.
- ◆ For more instructions, please see the inside cover.

HOW DO I FILL OUT THE SURVEY?

EXAMPLE 1:

Q1 How difficult is it to pay for your prescription medications each month?

- Very difficult
- Somewhat difficult
- Not too difficult
- Not at all difficult

Read all of the answers before making a choice.

Fill in the whole circle completely with dark ink.

EXAMPLE 2:

Q2 How many children are living in this home?

03

Number of children

Fill in all of the boxes from left to right.

Clearly print the number in the boxes provided.

EXAMPLE 3:

Q3 Yesterday, how many meals did you eat out?

- None → Go to Q5
- 1 meal
- 2 meals or more

Skip question **Q4** and go directly to **Q5** and leave question **Q4** blank.

EXAMPLE 4:

Q4 Do you have any of the following types of health coverage?

MARK ALL THAT APPLY

- Health insurance bought directly by you or someone else
- Medicare or railroad retirement plan
- Veterans Affairs, Military Health, TRICARE or CHAMPUS

Here, you may choose **one or more** of the answers that fit.



SHAPE 2010 – ADULT SURVEY

SECTION A – GENERAL HEALTH

A1 In general, would you say your health is ... ?

- Excellent
- Very good
- Good
- Fair
- Poor

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

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

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

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

- Yes
- No

→ Go to A7

A6 Do you still have asthma?

- Yes
- No

A7 Have you ever been told by a doctor or other health care professional that you have diabetes or sugar disease?

- Yes
- Yes, but only during pregnancy
- Pre-diabetes or borderline diabetes
- No

→ Go to A9

A8 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

A9 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.*

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

A10 Have you ever been told by a doctor or other health care professional that you had ... ?

MARK ALL THAT APPLY

- Heart attack, also called a myocardial infarction
- Angina or coronary heart disease
- Stroke
- None of the above

A11 Have you ever been told by a doctor or other health care professional that you have hypertension, also called high blood pressure?

- Yes
- Yes, but only during pregnancy
- Borderline high or pre-hypertensive
- No

A12 Have you ever been told by a doctor or other health care professional that your blood cholesterol is high?

- Yes
- No

A13 How tall are you without shoes?

Feet

Inches

–OR–

Centimeters

A14 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

A15 Has a doctor or other health care professional ever told you that you should lose weight?

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

A16 Have you ever been told by a doctor or other health care professional that you have arthritis or rheumatism?

- Yes
- No

A17 Are you limited in any activities because of physical, mental or emotional problems?

- Yes
- No

A18 Because of any impairment or health problem, do you have any difficulty in getting, keeping, or working at a job or business?

- Yes
- No

A19 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?

- Yes
- No

A20 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?

- Yes
- No

SECTION B – HOW YOU FEEL

Questions B1 to B6 ask about how you have been feeling DURING THE PAST 30 DAYS.

B1 About how often did you feel so sad that nothing could cheer you up?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

B2 About how often did you feel nervous?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

B3 About how often did you feel so restless or fidgety that you could not sit still?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

B4 About how often did you feel hopeless?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

B5 About how often did you feel that everything was an effort?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

B6 About how often did you feel worthless?

- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

B7 Have you ever been told by a doctor or other health care professional that you have depression?

- Yes
- No → Go to B11

B8 Are you currently under the care of a doctor or other health care professional such as a psychiatrist, psychologist, therapist, or counselor for your depression?

- Yes
- No

B9 Are you currently taking any medication that was prescribed for you to treat depression?

- Yes
- No

B10 Do you still have depression?

- Yes
- No

B11 Have you ever been told by a doctor or other health care professional that you have anxiety or panic attacks?

- Yes
- No → Go to SECTION C

B12 Do you still have anxiety or panic attacks?

- Yes
- No

SECTION C – ACCESS TO HEALTH CARE

C1 Do you have any of the following types of health coverage?

MARK ALL THAT APPLY

- Health insurance through your employer or union; or someone else's employer or union
- Health insurance bought directly by you or someone else
- Medicare or railroad retirement plan
- Veterans Affairs, Military Health, TRICARE or CHAMPUS
- MinnesotaCare
- Minnesota Comprehensive Health Association (MCHA)
- Medicaid, MA*, GAMC*, or PMAP*
- Indian Health Services
- I have no health insurance
- Other: _____

*Note: MA - Medical Assistance, GAMC - General Assistance MedicalCare, PMAP - Prepaid Medical Assistance Program

C2 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?

- Insured the entire year
- Insured only part of the year
- Uninsured for the entire year

C3 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?

- Very difficult
- Somewhat difficult
- Not too difficult
- Not at all difficult

C4 Do you take any prescription medication on a regular basis, other than birth control pills?

- Yes
- No → Go to C7

C5 How difficult is it to pay for your prescription medications each month?

- Very difficult
- Somewhat difficult
- Not too difficult
- Not at all difficult

C6 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?

- Yes
- No

C7 Do you have a personal doctor or health care provider? A personal doctor or health care provider is a health professional who knows you well and is familiar with your health history.

- Yes
- No

C8 When you are sick or need medical care, where do you usually go?

CHOOSE ONLY ONE

- Veterans Affairs clinic or hospital
- Doctor's office, clinic, public health or community clinic
- Hospital emergency room
- Urgent care center
- Clinic located in a drug or grocery store
- No usual place
- Other: _____

C9 During the past 12 months, when you were seeking health care, have you felt that you were discriminated against?

- Yes
- No
- I did not seek health care in the past 12 months

C10 During the past 12 months, was there a time when you needed medical care?

- Yes
- No → **Go to C13**

C11 Did you delay or not get the care you thought you needed?

- Yes
- No → **Go to C13**

C12 Was that because of cost or lack of insurance?

- Yes
- No

C13 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, psychiatrist, psychologist, therapist, or counselor.

- Yes
- No → **Go to SECTION D**

C14 Did you delay or not get the care you thought you needed?

- Yes
- No → **Go to SECTION D**

C15 Was that because of cost or lack of insurance?

- Yes
- No

SECTION D – PREVENTIVE CARE

D1 How long has it been since you last visited a dentist or dental clinic for any reason?

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

D2 Do you currently have insurance that pays for all or part of your dental care?

- Yes
- No

D3 During the past 12 months, have you seen a doctor or other health professional about your own health?

- Yes
- No → **Go to D5**

D4 Did the doctor or other health professional discuss or ask you about your ... ?

MARK ALL THAT APPLY

- Physical activity or exercise
- Diet or nutrition
- Weight
- Smoking or other tobacco use
- Stress
- Alcohol use

D5 During the past 12 months, have you seen a psychiatrist, psychologist, therapist, counselor, or other mental health provider about your own health?

- Yes
- No

D6 How long has it been since your last complete physical exam?

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

D7 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?

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

D8 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?

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

D9 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?

- Within the past year
- Within the past 2 years
- Within the past 5 years
- Within the past 10 years
- 10 or more years ago
- Never

D10 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?

- Yes
- No

For MALES: Go to SECTION E
For FEMALES: Continue with D11 below

D11 A Pap smear is a test for cancer of the cervix. About how long has it been since you had your last pap smear?

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

D12 Have you had a hysterectomy?

A hysterectomy is an operation to remove the uterus (womb).

- Yes
- No

D13 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?

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

SECTION E – LIFESTYLES, NUTRITION, AND EXERCISE

E1 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?
 None
 1 serving
 2 servings
 3 servings
 4 servings
 5 or more servings

E2 A serving of fruit is one medium sized piece of fruit, a half 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?
 None
 1 serving
 2 servings
 3 servings
 4 servings
 5 or more servings

E3 Yesterday, how many meals did you eat out?
 None
 1 meal
 2 or more meals

E4 If you ate out yesterday, how many meals were at fast food restaurants?
 None
 1 meal
 2 or more meals

For questions **E5** to **E8**, consider a drink of alcohol to be a can or bottle of beer or malt beverage, a glass of wine or wine cooler, a shot glass of liquor, or a mixed drink.

E5 During the past 30 days, have you had at least one drink of any alcoholic beverage?
 Yes
 No

Go to **E9**

E6 During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

Number of days

E7 During the past 30 days, on the days when you drank, about how many drinks did you have on average?

Number of drinks

E8 Considering all types of alcoholic beverages, how many times during the past 30 days did you have ... ?

For FEMALES:

4 or more drinks on one occasion

Number of times

For MALES:

5 or more drinks on one occasion

Number of times

E9 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?
 Yes
 No

E10 During an average week, whether at work, at home or anywhere else, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.*

Number of DAYS PER WEEK:

0 1 2 3 4 5 6 7

E11 Would you say you get most of this activity ... ?

At work
 Outside of work

E12 During an average week, whether at work, at home or anywhere else, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.*

Number of DAYS PER WEEK:

0 1 2 3 4 5 6 7

E13 Would you say you get most of this activity ... ?

At work
 Outside of work

E14 Do you consider yourself ... ?

Over-weight
 Under-weight
 About right

For **E15** to **E18**, please rate to which extent you agree or disagree with the following statements:

In my **NEIGHBORHOOD**, most residents can walk to ... ?

E15 Grocery stores or markets

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

E16 Restaurants, shops, stores, or malls

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

E17 Community or recreation center, park, trails, or playgrounds

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

E18 Bus stops, public transit stops, or stations

Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

E19 During an average week, how many days do you bike, walk, or skate for recreation, health, or fitness?

Number of DAYS PER WEEK:

0 1 2 3 4 5 6 7

E20 During an average week (when weather permits), how many days do you WALK for the purpose of going to a destination (such as walking to work, stores, run errands)?

Number of **DAYS PER WEEK**:

- 0 1 2 3 4 5 6 7

E21 During an average week (when weather permits), how many days do you BIKE for the purpose of going to a destination (such as walking to work, stores, run errands)?

Number of **DAYS PER WEEK**:

- 0 1 2 3 4 5 6 7

E22 Have you smoked at least 100 cigarettes in your entire life?

100 cigarettes = 5 packs

- Yes
 No → **Go to SECTION F**
- E23** Do you now smoke cigarettes ... ?

- Everyday
 Some days
 Not at all → **Go to E25**

E24 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

- Yes → **Go to SECTION F**
 No → **Go to SECTION F**

E25 How long ago did you quit?

- Within the past year
 Within the past 2 years
 Within the past 5 years
 Within the past 10 years
 10 or more years ago
 Never

SECTION F – ABOUT YOUR COMMUNITY

F1 Please rate to which extent you agree or disagree with the following statement:

This is a good community to raise children in.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F2 How often are you involved in school, community, or neighborhood activities?

- Weekly
 Monthly
 Several times a year
 About once a year
 Less often than yearly
 Never

F3 How often do you go to a church, temple, synagogue, mosque, or other place for worship or other activities?

- Daily
 Weekly
 Monthly
 Less often than monthly
 Never

F4 How often do you get together or talk with friends or neighbors? This includes on the telephone or online.

- Daily
 Weekly
 Monthly
 Less often than monthly
 Never

Questions **F5** to **F11** are about where you live and your neighborhood. Please rate to which extent you agree or disagree with the following statements:

F5 People in this neighborhood know each other.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F6 People in this neighborhood are willing to help one another.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F7 People in this neighborhood can be trusted.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F8 People in this neighborhood are afraid to go out at night due to violence.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F9 Gangs are a serious issue in this neighborhood.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F10 Children are safe in this neighborhood.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F11 People in this neighborhood generally get along with each other.

- Strongly agree
 Somewhat agree
 Somewhat disagree
 Strongly disagree

F12 How often are you in situations where you feel unaccepted because of your race, ethnicity or culture?

- At least once a week
 Once or twice a month
 A few times a year
 Less often than that
 Never

F13 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 ... ?

- Often
 Sometimes
 Rarely
 Never

F14 During the past 12 months, did you miss a rent or mortgage payment because you didn't have enough money?

- Yes
 No

F15 During the past 12 months, have you or anyone in your household received MFIP, WIC, or food support (food stamps) services?

- Yes
 No
 Don't know

SECTION G – ABOUT YOU

G1 Are you ... ?

- Male
 Female

G2 What is your age?

--	--

 Years

G3 What is the highest grade or year of school you have completed?

- Less than high school
 High school graduate or GED
 Some college, associate degree or vocational/technical/business school
 Bachelor degree or higher

G4 Are you currently ... ?

MARK ALL THAT APPLY

- Employed for wages
 Self-employed
 Out of work for more than 1 year
 Out of work for less than 1 year
 Homemaker
 Student
 Retired
 Unable to work

G5 Do you consider yourself to be Hispanic or Latino?

- Yes, Hispanic or Latino
 No, not Hispanic or Latino

G6 Which of the following do you consider yourself?

MARK ALL THAT APPLY

- Asian or Asian American
 Black or African American
 White
 American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander
 Bi-racial or Multi-racial
 Other: _____

G7 If Asian, are you Southeast Asian, such as Hmong, Laotian, Vietnamese, Cambodian or Thai?

- Yes
 No, other Asian: _____

G8 If Black or African American, were you born in Africa?

- Yes
 No, other place: _____

G9 If you have selected more than one race in question G6, which do you identify with most?

- CHOOSE ONLY ONE
 Asian or Asian American
 Black or African American
 White
 American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander
 Bi-racial or Multi-racial
 Other: _____

G10 Do you think of yourself as ... ?

MARK ALL THAT APPLY

- Heterosexual or straight
 Gay, lesbian, or homosexual
 Bisexual
 Transgender

G11 Are you currently ... ?

- Married
 Living together in a marriage-like relationship
 Separated or divorced
 Widowed
 Never been married

G12 Were you born in the United States?

- Yes → Go to G14
 No

G13 How many years have you lived in the United States?

--	--

 Years

G14 How many times have you moved in the past two years?

- Never
 1 time
 2 or more times

G15 Which of the following best describes the telephone service in your home?

- Land-based telephone line only
traditional phone line
 Cell phone only
 Both land-line and cell phone
 No telephone service

G16 What languages do you speak at home?

MARK ALL THAT APPLY

- English
 Other: _____

G17 In studies like this, households are often grouped according to income.

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

- Less than \$15,000
 \$15,001 to \$20,000
 \$20,001 to \$25,000
 \$25,001 to \$35,000
 \$35,001 to \$45,000
 \$45,001 to \$65,000
 More than \$65,000

G18 Including yourself, how many people currently live in your household?

--	--

 Number of people

How many of those are

--	--

 Children age 0 to 5

--	--

 Children age 6 to 11

--	--

 Children age 12 to 17

--	--

 Age 18 to 64

--	--

 Age 65 and older

If you have children age 17 or under living at this household, please complete the SHAPE 2010 Child Survey.



WHAT SHOULD I DO WHEN I HAVE FINISHED ANSWERING THE SURVEY?

STEP 1: Check to see that the survey is complete.

STEP 2: Please answer both surveys if there is a child in the household.

STEP 3: Use the pre-paid envelope to send both surveys back to us by regular U.S. Mail.

DO YOU HAVE ANY COMMENTS ABOUT THE SHAPE 2010 SURVEY?

Please share your comments in the space below. Thank you.

QUESTIONS OR CONCERNS?

Please call the SHAPE Survey Help Line at 612-543-2499 or send an e-mail message to SHAPE@co.hennepin.mn.us.



SHAPE 2010

**Hennepin County
SHAPE Project Team**
525 Portland Ave., MC 963
Minneapolis, MN 55415



MINNESOTA'S
VISION
A Better State of Health

SHIP

Statewide Health Improvement Program

The Statewide Health Improvement Program (SHIP), an integral part of Minnesota's nation-leading 2008 health reform law, strives to help Minnesotans lead longer, healthier lives by preventing the chronic disease risk factors of tobacco use and exposure, poor nutrition and physical inactivity. For more information, visit <http://www.health.state.mn.us/healthreform/ship>. This SHAPE survey was made possible through funding from the Statewide Health Improvement Program (SHIP) of the Minnesota Department of Health.

