

# COMMUNITY HEALTH ASSESSMENT QUESTIONS

Draft: 10/10/97

## HOUSEHOLD SCREENING QUESTIONS GO HERE.

(for in-person interviews add question "Do you have a phone in your house?")

### Intro

What is your age?

\_\_\_ \_\_\_ years

Please enter gender

- 1 Male
- 2 Female

1. Altogether, how many times have you moved in the last 5 years, that is, since 1992?

- \_\_\_ \_\_\_ times
- 7 Don't know
- 9 Refused

### **From the Social Support Index (McCubin, Patterson, and Glynn) use the community support subscale.**

2. I am going to ask you some questions about your community. All have the following responses: strongly agree, agree, disagree, strongly disagree

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
a. People can depend on each other in this community.	1	2	3	4	7
b. Living in this community gives me a secure feeling.	1	2	3	4	7
c. People here know they can get help from the community if they are in trouble.	1	2	3	4	7
d. This is not a very good community to bring children up in.	1	2	3	4	7
e. There is a feeling in this community that people should not get too friendly with each other.	1	2	3	4	7
f. If I had an emergency, even people I do not know in this community would be willing to help.	1	2	3	4	7

3. Do you currently have health insurance? (including Medicare)

- 1 Yes
- 2 No (SKIP TO Q.4)
- 7 Don't Know
- 9 Refused

b. Was there anytime during the past 12 months that you did not have health insurance?

- 1 Yes
- 2 No
- 7 Don't Know
- 9 Refused

c. Is that health insurance from Medical Assistance (MA), GAMC (General Assistance Medical care), or Minnesota Care (a State sponsored health insurance program)?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

**From NHIS:**

4. Is there one particular person or place where you usually go when you are sick or need advice about your health?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**Adapted from Bridge and NHIS**

5. In the past 12 months, was there a time when you thought that you needed medical care but did not get it, or delayed getting it?

- 1 Yes
- 2 No (SKIP TO Q. 6a)
- 7 Don't know (SKIP TO Q. 6a)
- 9 Refused (SKIP TO Q. 6a)

b. What was the main reason that you did not get medical care or delayed getting care:

- 01 Didn't know where to go
- 02 Don't like, trust, or believe doctors
- 03 Because of cost
- 04 Lack of insurance
- 05 Could not get an appointment when I had time to go
- 06 Had no one to take care of my children
- 07 Health of a family member interfered
- 08 Speak a different language
- 09 Transportation problems
- 10 Didn't think I could find help that would be respectful of my culture
- 11 Other (Specify) \_\_\_\_\_
- 97 Don't know
- 99 Refused

**Adaptation of NHIS and Bridge for mental health.**

6a. In the past 12 months, was there a time when you wanted to talk with a mental health professional about an emotional or mental health problem but did not do it?

- 1 Yes
- 2 No (SKIP TO Q. 7)
- 7 Don't know (SKIP TO Q. 7)
- 9 Refused (SKIP TO Q. 7)

b. What was the main reason that you did not get the mental health care:

- 01 Didn't know where to go
- 02 Because of cost
- 03 Lack of insurance
- 04 Speak a different language
- 05 Transportation problems
- 06 Afraid of being stigmatized or judged
- 07 Didn't think I could find help that would be respectful of my culture
- 08 Other (Specify) \_\_\_\_\_
- 97 Don't know
- 99 Refused

**Adapted from NHIS and Bridge:**

7. In the past year, have you postponed dental work?

- 1 Yes
- 2 No (SKIP TO Q. 8)
- 7 Don't know (SKIP TO Q. 8)
- 9 Refused (SKIP TO Q. 8)

b. What was the main reason that you postponed dental work:

- 01 It costs too much
- 02 Lack of insurance
- 03 Could not get an appointment
- 04 Transportation problems
- 05 Too nervous or afraid
- 06 No teeth
- 07 Other (Specify) \_\_\_\_\_
- 97 Don't know
- 99 Refused

8. Have you been hospitalized during the past 12 months?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

The next question is about your health now and your current daily activities. Please try to answer the question as accurately as you can.

**Adapted from SF-12**

9. In general, would you say your health is:

- 1 Excellent,
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor
- 7 Don't know
- 9 Refused

Now, I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

10. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:

- 1 Yes, limited a lot (SKIP TO Q. 11)
- 2 Yes, limited a little (SKIP TO Q. 11)
- 3 No, not limited at all (SKIP TO Q. 11)
- 4 Don't do these activities
- 7 Don't know
- 9 Refused

b. Is that because of your health?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

11. Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?

- 1 Yes, limited a lot (SKIP TO Q.12)
- 2 Yes, limited a little (SKIP TO Q.12)
- 3 No, not limited at all (SKIP TO Q.12)
- 4 Don't do these activities
- 7 Don't know
- 9 Refused

b. Is that because of your health?

- 1 Yes
- 2 No
- 3 Don't know
- 4 Refused

The following questions ask about your physical health and your daily activities.

12. During the past 4 weeks, have you accomplished less than you would like as a result of your physical health?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

13. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

14. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

15. During the past 4 weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

16. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere:

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely
- 7 Don't know
- 9 Refused

17. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends or relatives? Has it interfered...

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time
- 7 Don't know
- 9 Refused

The next questions are about how you feel and how things have been with you during the past 4 weeks.

As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

18. How much of the time during the past 4 weeks...have you felt calm and peaceful?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Don't know
- 9 Refused

19. How much of the time during the past 4 weeks, did you have a lot of energy?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Don't know
- 9 Refused

20. How much of the time during the past 4 weeks, have you felt downhearted and blue?

- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time
- 7 Don't know
- 9 Refused

**From NHIS and BRFSS, ADL summary question:**

21. Because of any impairment or health problem, do you need the help of other persons with personal care needs such as eating, bathing, dressing, or getting around this home?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**IADL summary question:**

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

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**Adapted From BRFSS and Felix and Burdine:**

23. Has a doctor or other health care provider ever told you that you had any of the following conditions? (All responses "yes" or "no")

	Yes	No	Don't Know	Refused
Asthma	1	2	7	9
Cancer - specify type (_____)	1	2	7	9
Chronic lung disease (including chronic bronchitis or emphysema)	1	2	7	9
Diabetes	1	2	7	9
Chronic digestive disease	1	2	7	9
Heart trouble or angina	1	2	7	9
High blood pressure or hypertension	1	2	7	9
High cholesterol or triglycerides	1	2	7	9
Arthritis or rheumatism	1	2	7	9
Osteoporosis	1	2	7	9
Stroke	1	2	7	9
Severe allergies	1	2	7	9
Migraine headaches	1	2	7	9
Chronic back pain	1	2	7	9
Depression	1	2	7	9

**Our version:**

24. In an average week, how many days do you get at least 30 minutes of moderate physical activities?

Examples of moderate activity include walking, swimming, or cycling.

- 1 None
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days
- 9 Don't know

25. In an average week, how many days do you participate in vigorous physical activities that last at least 20 minutes? Examples of vigorous activity include stairmaster, lap swimming, skiing machine, and jogging.

- 1 None
- 2 1 day
- 3 2 days
- 4 3 days
- 5 4 days
- 6 5 days
- 7 6 days
- 8 7 days
- 9 Don't know



**Adapted From BRFSS and Felix and Burdine:**

26. Now I'd like to read you a list of injuries. Please tell me if any of these happened to you in the past 12 months:	Don't know	Refused	No	Yes	b. Would you characterize this injury:	On purpose	An accident	c. Where did this happen?	At home or in my yard	At work	Other (Specify)
Boating, snowmobiling, or other activity in a recreational vehicle	7	9	2	1							
Involved in a motor vehicle accident when you were not in a vehicle	7	9	2	1							
Involved in a motor vehicle accident when you were in a motor vehicle	7	9	2	1							
Sports-related injuries	7	9	2	1 -->		2	1				3
Poisoning	7	9	2	1 -->		2	1		1	2	3
Injury as a result of falling	7	9	2	1 -->		2	1		1	2	3
Fire or burns, including scalding or chemical burns	7	9	2	1 -->		2	1		1	2	3
Exposure to the elements (heatstroke, frostbite, etc.)	7	9	2	1 -->		2	1				3
Suffocation or near-drowning	7	9	2	1 -->		2	1		1	2	3
Injury caused by machinery or equipment	7	9	2	1							3
Injury caused by knives or other sharp objects	7	9	2	1							3
Injury caused by firearms	7	9	2	1 -->		2	1		1	2	3
Repetitive motion	7	9	2	1							3
Physically assault	7	9	2	1					1	2	3
Sexual abuse/assault	7	9	2	1					1	2	3
Animal bite	7	9	2	1							3

**Adapted from CDC and Puget Sound:**

27. Within the last 12 months, have you been hit, slapped, pushed, kicked or injured with an object or weapon by your spouse, partner, or other family member?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**Adapted from Health Risk Questionnaire:**

28. How would you describe your cigarette smoking habits?

- 1 Never smoked (SKIP TO Q. 29)
- 2 Used to smoke, but don't anymore (SKIP TO Q. 28c )
- 3 Smoke now
- 7 Don't know (SKIP TO Q. 28c)
- 9 Refused (SKIP TO Q. 28c)

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

\_\_\_\_\_ number of cigarettes

c. During the past 12 months, have you quit smoking for 1 day or longer?

- 1 Yes
- 2 No
- 3 Quit more than 12 months ago
- 7 Don't know
- 9 Refused

**Bridge:**

29. Does anyone regularly smoke inside your home?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**From BRFSS:**

30. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- 1 Yes
- 2 No (SKIP TO Q. 32)
- 7 Don't know
- 9 Refused

31. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

- Days per week
- Days per month
- 7 Don't know
- 9 Refused

32a. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the average?

- number of drinks
- 7 Don't know
- 9 Refused

b. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

- number of times
- 7 Don't know
- 9 Refused

c. During the past month, how many times have you driven when you've had perhaps too much to drink?

- number of times
- 7 Don't know
- 9 Refused

33. How often do you use seat belts when you drive or ride in a car? Would you say:

- 1 Always
- 2 Nearly always
- 3 Sometimes
- 4 Seldom
- 5 Never
- 6 Never drive or ride in a car
- 7 Don't know
- 9 Refused

**Adapted from Health Partner's / BHCAG Survey**

34. Yesterday, how many servings of fruits and vegetables did you eat?

- 1 None
- 2 Less than one
- 3 1 serving
- 4 2 servings

- 5 3 servings
- 6 4 servings
- 7 5 or more servings
- 8 Don't know
- 9 Refused

**Adapted from Health Partner's / BHCAG Survey**

35. Yesterday, how many servings of foods high in cholesterol or fat, such as red meat, cheese, fried foods, or eggs did you eat?

- 1 None
- 2 Less than one
- 3 1 serving
- 4 2 servings
- 5 3 servings
- 6 4 servings
- 7 5 or more servings
- 8 Don't know
- 9 Refused

36. Do you consider yourself...

- 1 Overweight
- 2 Underweight
- 3 About average
- 7 Don't know
- 9 Refused

**Our question:**

For women less than 54 years of age:

37. Have you given birth in the past 3 years?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**Adapted from BRFSS:**

For women all ages:

38. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. How long has it been since you had a clinical breast exam?

- 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
- 7 Don't know
- 9 Refused

**From Bridge:**

For women all ages:

39. About how often do you examine your breasts for lumps?

- 1 Monthly
- 2 Every few months
- 3 Rarely
- 4 Never
- 7 Don't know
- 9 Refused

**Adapted from BRFSS:**

For women all ages:

40. A mammogram is an x-ray of each breast to look for breast cancer. How long has it been since you had a 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
- 7 Don't know
- 9 Refused

41. A Pap smear is a test for cancer of the cervix. How long has it been since you had a 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
- 7 Don't know
- 9 Refused

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

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**From BRFSS:**

43. During the past 12 months, have you had a flu shot?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

44. Have you ever had a pneumonia vaccination?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**From CCHIP:**

45. Do you or other members of your household ever cut the size of meals or skip meals because there is not enough money for food?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

46. In the last year was there 1 or more nights you spent on the street or in a homeless shelter?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**Every Day Discrimination:**

47. In your day-to-day life how often have any of the following things happened to you?

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never
a. You are treated with less courtesy than other people	1	2	3	4	5	6
b. You are treated with less respect than other people	1	2	3	4	5	6
c. You receive poorer service than other people at restaurants or stores	1	2	3	4	5	6
d. People act as if they think you are not smart	1	2	3	4	5	6

e. People act as if they are afraid of you	1	2	3	4	5	6
f. People act as if they think you are dishonest	1	2	3	4	5	6
g. People as if they're better than you are	1	2	3	4	5	6
h. You are called names or insulted	1	2	3	4	5	6
i. You are threatened or harassed	1	2	3	4	5	6

**Some adapted from SLAITS:**

48. Have you or anyone in your household received any of the following in the past 12 months?

	Yes	No	Don't know
a. Subsidized or sliding fee child care	1	2	7
b. SSI	1	2	7
c. Home health care services	1	2	7
d. Assisted living services	1	2	7
e. Welfare, AFDC, GA, TANF ...	1	2	7
f. Low income housing assistance	1	2	7
g. WIC (Women, Infants & Children)	1	2	7
h. Food Stamps	1	2	7
i. food from food shelves	1	2	7

**BRFSS and Health Systems MN**

The next few questions are about firearms. This would include handguns, pistols, rifles, and automatic and semi-automatic weapons.

49a. Are there any firearms in your home?

- 1 Yes
- 2 No (SKIP TO Q. 50)
- 7 Don't know (SKIP TO Q. 50)
- 9 Refused

b. Are they all stored in a locked place or stored with a trigger lock?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**Adapted from Bridge:**

50. During the past year, have you restricted your activities because you did not feel safe:

	Yes	No	Don't Know
a. In your home?	1	2	7
b. In your neighborhood?	1	2	7
c. At school?	1	2	7
d. Where you work?	1	2	7
e. Traveling to and from work or school?	1	2	7

**From BRFSS:**

51. How much do you weigh without shoes?

\_\_\_ \_\_\_ pounds  
7 Don't know  
9 Refused

52. How tall are you without shoes?

\_\_\_ feet \_\_\_ inches  
7 Don't know  
9 Refused

53. Which of the following best describes your sexual identity?

- 1 Heterosexual or straight
- 2 Bisexual
- 3 Homosexual, gay, or lesbian
- 4 Transgender
- 5 Not sure
- 9 Refused

54. Are you currently....

- 1 Married
- 2 Separated
- 3 Divorced
- 4 Widowed
- 5 Never been married
- 6 A member of an unmarried couple (Living together but not married)
- 9 Refused

55. What is your race? Would you say you are...

- 1 White
- 2 Black or African American
- 3 Oriental/Asian or Pacific Islander



- 4 American Indian, Alaska Native
- 5 Multi-racial
- 6 Other
- 7 Don't know
- 9 Refused

56. Are you of Hispanic, Latino, or Spanish origin?

- 1 Yes
- 2 No
- 7 Don't know
- 9 Refused

**Bridge adaptation:**

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

- 1 Some high school or less (or never attended)
- 2 Grade 12 or GED (high school graduate)
- 3 Some college or trade school
- 4 Associate degree
- 5 Bachelor's degree
- 6 Graduate or professional degree
- 7 Don't know
- 9 Refused

**Our version of employment question adapted from many sources:**

58. Are you currently:

- 1 Full time employed
- 2 Part time employed
- 3 Self-employed
- 4 Not in labor force
- 7 Don't know
- 9 Refused

59. If not in labor force, what is the reason:

- 1 Disabled
- 2 Retired
- 3 Homemaker
- 4 Student
- 5 Looking, but haven't found work
- 6 Not looking for work
- 7 Don't Know
- 9 Refused

60a. How many people in your household are:

Number of children under 6 years old    \_\_\_ \_\_\_  
Number of children 6-17 years old        \_\_\_ \_\_\_  
Number of adults 65 and older            \_\_\_ \_\_\_

b. I have a total of \_\_\_ \_\_\_ Is that correct?

- 1 Yes
- 2 No

In the following questions, we are going to ask some information on your household income. We know they are very personal and private. However, as with all the other questions, all your responses will be kept confidential.

61. Approximately what was your household's income from all sources last year before taxes? (If you are self-employed or own your own business, please report your net income after business deductions.)

- 7 Don't know
- 9 Refused

b. How about if I give you some categories:

Household Size = 1

- \$0 - \$7,700
- \$7,701 - \$11,600
- \$11,601 - \$15,500
- \$15,501 - \$23,200
- \$23,201 - \$31,000
- \$31,001 - \$38,700
- \$38,701 - \$46,400
- Greater than \$46,400

Household size = 5

- \$0 - \$18,200
- \$18,201 - \$27,300
- \$27,301 - \$36,400
- \$36,401 - \$54,700
- \$54,701 - \$72,900
- \$72,901 - \$91,100
- \$91,101 - \$109,300
- Greater than \$109,300

Household size = 9

- \$0 - \$28,700
- \$28,701 - \$43,100
- \$43,101 - \$57,400
- \$57,401 - \$86,100
- \$86,101 - \$114,800
- \$114,801 - \$143,500
- \$143,501 - \$172,200
- Greater than \$172,200

Household size = 2

- \$0 - \$10,400
- \$10,401 - \$15,500
- \$15,501 - \$20,700
- \$20,701 - \$31,100
- \$31,101 - \$41,400
- \$41,401 - \$51,800
- \$51,801 - \$62,200
- Greater than \$62,200

Household size = 6

- \$0 - \$20,800
- \$20,801 - \$31,300
- \$31,301 - \$41,700
- \$41,701 - \$62,500
- \$62,501 - \$83,400
- \$83,401 - \$104,200
- \$104,201 - \$125,000
- Greater than \$125,000

Household size = 10

- \$0 - \$31,300
- \$31,301 - \$47,000
- \$47,001 - \$62,600
- \$62,601 - \$94,000
- \$94,001 - \$125,300
- \$125,301 - \$156,600
- \$156,601 - \$187,900
- Greater than \$187,900

Household size = 3

- \$0 - \$13,000
- \$13,001 - \$19,500
- \$19,501 - \$26,000
- \$26,001 - \$38,900
- \$38,901 - \$51,900
- \$51,901 - \$64,900
- \$64,901 - \$77,900
- Greater than \$77,900

Household size = 7

- \$0 - \$23,500
- \$23,501 - \$35,200
- \$35,201 - \$46,900
- \$46,901 - \$70,400
- \$70,401 - \$93,800
- \$93,801 - \$117,300
- \$117,301 - \$140,800
- Greater than \$140,800

Household size = 11

- \$0 - \$33,900
- \$33,901 - \$50,900
- \$50,901 - \$67,900
- \$67,901 - \$101,800
- \$101,801 - \$135,800
- \$135,801 - \$169,700
- \$169,701 - \$203,600
- Greater than \$203,600

Household size = 4

- \$0 - 15,600
- \$15,601 - \$23,400
- \$23,401 - 31,300
- \$31,301 - \$46,800
- \$46,801 - \$62,400
- \$62,401 - \$78,000
- \$78,001 - \$93,600
- Greater than \$93,600

Household size = 8

- \$0 - \$26,100
- \$26,101 - \$39,100
- \$39,101 - \$52,200
- \$52,201 - \$78,200
- \$78,201 - \$104,300
- \$104,301 - \$130,400
- \$130,401 - \$156,500
- Greater than \$156,500

Household size = 12

- \$0 - 36,600
- \$36,601 - \$54,800
- \$54,801 - \$73,100
- \$73,101 - \$109,700
- \$109,701 - \$146,200
- \$146,201 - \$182,800
- \$182,801 - \$219,400
- Greater than \$219,400

On behalf of Hennepin County Community Health and Minneapolis Department of Health and Family Support, thank you very much for your participation.