

Community Health Survey I

1. Welcome to the 2010 Warren County Community Health Improvement Survey

This is the first of two surveys to be distributed to Warren County residents in the next three months.

The Warren County Community Health Improvement Coalition (CHIC) - a group that includes the Warren County Health Department, the Warren County Department of Human Services, United Way, NORWESCAP, Rutgers Cooperative Extension of Warren County, area hospitals, and various other agencies - has created a community health information survey to assist in gathering health data about Warren County residents. This information will then be used for health planning, grant applications, program design and interventions for the health improvement of our residents.

The survey is done in a variety of sections, each must be completed before moving to the next section.

Filling out the survey should take approximately 10 minutes of your time to complete.

This is an ANONYMOUS and CONFIDENTIAL survey and will help us work toward a healthier Warren County.

Thank you in advance for your time.

2. Demographic Information

1. What is your age?

2. What is your gender

Male

Female

3. What best represents your race/ethnicity? Check all that apply

American Indian or Alaska Native

Filipino

Other Pacific Islander

Asian Indian

Hispanic

Samoan

Black

Japanese

Vietnamese

African American

Korean

White

Chamorro

Latino

Chinese

Other Asian

Other (please specify)

Community Health Survey I

4. What is your relationship status? Check one

- Married
- Divorced
- Widowed
- Other (please specify)
- Separated
- Single
- Member of an unmarried couple/Civil Union

5. Are you a veteran?

- yes
- no

6. What is the highest degree or level of school you have COMPLETED? Mark ONE box. If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Elementary School
- Some elementary school
- Some high school
- High School DIPLOMA
- GED (General education degree)
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MBA, MSW)
- Professional degree (e.g. MD, DDS, DVM, LLB)
- Doctorate degree (e.g. PhD, EdD)

7. Please indicate your current household income in U.S. dollars.

- Less than \$15,000
- \$15,001 - 30,000
- \$30,001 - 45,000
- \$45,001 - 60,000
- \$60,001 - 75,000
- \$75,001 - 90,000
- \$90,001 - 105,000
- 105,000+
- Don't know/Not sure

8. Is your current household income?

- Much more (10%) than last year
- More (5 - 10%) than last year
- About the same (1 - 4%) as last year
- Less than last year (5-10%)
- Much less than last year (10%)

Community Health Survey I

9. How many years have you lived in Warren County?

10. What municipality do you live in?

- | | | |
|-------------------------------------|------------------------------------|---|
| <input type="radio"/> Allamuchy | <input type="radio"/> Hardwick | <input type="radio"/> Oxford |
| <input type="radio"/> Alpha | <input type="radio"/> Harmony | <input type="radio"/> Phillipsburg |
| <input type="radio"/> Belvidere | <input type="radio"/> Hope | <input type="radio"/> Pohatcong |
| <input type="radio"/> Blairstown | <input type="radio"/> Independence | <input type="radio"/> Washington Borough |
| <input type="radio"/> Franklin | <input type="radio"/> Knowlton | <input type="radio"/> Washington Township |
| <input type="radio"/> Frelinghuysen | <input type="radio"/> Liberty | <input type="radio"/> White |
| <input type="radio"/> Greenwich | <input type="radio"/> Lopatcong | |
| <input type="radio"/> Hackettstown | <input type="radio"/> Mansfield | |

11. What is your zip code?

12. What are the primary occupation/job type in your household? Please list all that apply.

3. General Health Related Questions

1. Would you say that your health status is: (Choose one)

- Excellent Very good Good Fair Poor Don't know/Not sure

2. Have you been ill (was your physical health NOT good) in the last 30 days?

- None (all days were good) Don't know/Not sure

- Number of days ill

Community Health Survey I

3. Are you disabled/limited in any way?

Yes

No

Please explain.

4. Which category best describes your employment? (Choose one)

Unemployed Employed fulltime Employed Part-time Retired Student Disabled

Other (please specify)

5. If you are disabled and are not working, what is the reason?

Not disabled

Can't work because of my disability

No jobs available

Working will impact my benefits

Can't find work that is physically accessible

Retired

Student

Other (please specify)

6. When I am working, I feel that my job affects my health in a negative way (indicate level of agreement with this statement)

I'm not working Neutral Don't know/Not sure

Strongly Disagree Agree

Disagree Strongly Agree

7. On the average, how many hours do you work per week?

I'm not working 1 to 12 hours 12 to 24 hours 24 to 40 hours 40 +

Other Please explain

Community Health Survey I

8. Do you have a family history of any of the following: (Please check all that apply)

None apply

Cancer

Diabetes

High Blood Pressure

Heart disease

High Cholesterol

Stroke

Kidney Disease

Other (please specify)

9. Have you been diagnosed with diabetes?

Yes

No

10. With regard to diabetes, which best describes you?

I do not have diabetes

I had diabetes during my pregnancy

I have Type I Diabetes

I have pre-diabetes or borderline diabetes

I have Type II Diabetes

Don't know/not sure

11. Are you being treated for high blood pressure?

Yes

No

12. Do you know your most recent blood pressure reading?

Yes

No

Blood Pressure reading

13. Are you being treated for elevated cholesterol?

Yes

No

Do not know

14. Do you know the names of the medications you are currently taking?

Yes

No

I do not take medications

Community Health Survey I

15. Do you know what the medications are for?

Yes

No

Not sure

4. Health Care Access/Availability

1. What kind of health insurance or health care coverage do you have? (This may include employer covered plans, HMO's, etc.)

Do not have health insurance

Military

Private insurance

State sponsored

Medicare

Employer provided

Medicaid

Other (please specify)

2. If you do not have health insurance, why not? (check all that apply)

I have health insurance

Not offered by employer

Loss of job

Unemployed

Too expensive

Other (please specify)

3. If you use health care facilities/services outside of Warren County, why?

Do not use out of county services

Dissatisfied with local services

No services available

Need specialized services

Doctor does not work in Warren County

Other (please specify)

Community Health Survey I

4. If you use health care services out of Warren County where do you go?

- Morris County
- Hunterdon County
- Sussex County
- Other NJ areas
- Pennsylvania
- New York
- Currently do not go out of county
- Other (please specify)

5. If you use health care services out of county, what type of services do you use?

- Does not apply
- Cardiac Catheterization care
- Dialysis care
- Obstetrical
- Cancer treatment
- Other (please specify)

6. Do you have one person you think of as your personal doctor or health care provider?

- Yes No Don't know/Not sure

7. Has there been a time in the past 12 months when you needed to see a doctor but could not because of cost?

- Yes No

8. Do you use the emergency room of a hospital as your primary health care site?

- Yes No Sometimes

Community Health Survey I

9. If you are not insured for your health care needs do you know who to contact?

Yes

No

Does not apply

10. The following help numbers are available in Warren County.

a) 2-1-1 Call line

b) NORWESCAP First Call For Help (toll free 1-877-661-4357) or locally 908-454-4850

Please check those you have used.

2-1-1 Call line

NORWESCAP First Call For Help (toll free 1-877-661-4357) or locally 908-454-4850

Yes

No

11. Are you aware there is a mobile health van that visits Hackettstown and Washington twice a month?

Yes

No

12. Would you use the services of the mobile health van?

Yes

No

Not sure

13. How often do you go for a physical or wellness exam provided by a health care professional?

Every year

Every 2 years

3 to 5 years

Greater than 5 years

14. Are you having problems accessing any of the following services? Please check all that apply.

Does not apply

Obstetrical Care

Medical Care

Mental Health

Dental Care

Substance Abuse Care

Pediatric Care

Other (please specify)

Community Health Survey I

15. Do you have problems with physical access to health care facilities/services or providers in Warren County?

Yes

No

If yes please explain

16. Of the health care services in Warren County that you have used how satisfied were you?

Have not used any services

Very satisfied

Some what satisfied

Not satisfied

Very dissatisfied

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

Within the past 6 months

Within the past year (6 months but less than 12 months ago)

Within the past 2 years (1 year but less than 2 years ago)

Within the past 5 years (2 years but less than 5 years ago)

5 or more years ago

Never

Other (please explain)

18. The next two sections ask questions relating to male and female health care. Please select either male or female and click next.

Male

Female

5. Women's Health

Community Health Survey I

1. If you are a woman have you ever had any of the following exams (check all that apply)

	Yes	No
Cholesterol	<input type="radio"/>	<input type="radio"/>
Mammogram	<input type="radio"/>	<input type="radio"/>
Osteoporosis Exam	<input type="radio"/>	<input type="radio"/>
Clinical Breast Exam	<input type="radio"/>	<input type="radio"/>
Skin Cancer Screening	<input type="radio"/>	<input type="radio"/>
Oral Cancer Exam	<input type="radio"/>	<input type="radio"/>
Pap Test	<input type="radio"/>	<input type="radio"/>
*Sigmoidoscopy/Colonoscopy (Sigmoidoscopy and Colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer.)	<input type="radio"/>	<input type="radio"/>

2. How often have you had any of the following exams (check all that apply)

	Once	Every yr	Every 2 yrs	3 to 5 yrs	Greater than 5 yrs
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Osteoporosis Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Breast Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Cancer Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Cancer Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap Test	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Sigmoidoscopy/Colonoscopy (Sigmoidoscopy and Colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Have you recently had the following?

	Yes	No	Do not know for sure
Pneumonia vaccination (within 5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H1N1 flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Survey I

4. How often do you take the Seasonal Flu vaccine.

- Do not take seasonal flu vaccine
 3 to 5 yrs
 Every yr
 Greater than 5 yrs
 Every 2 yrs

5. Are you male or female?

- Male
 Female

6. Men's Health

1. If you are a man have you ever had any of the following screenings? (check all that apply)

	Yes	No
Cholesterol	<input type="radio"/>	<input type="radio"/>
Prostate Cancer Screening	<input type="radio"/>	<input type="radio"/>
Skin Cancer Exam	<input type="radio"/>	<input type="radio"/>
Oral Cancer Exam	<input type="radio"/>	<input type="radio"/>
*Sigmoidoscopy/Colonoscopy (Sigmoidoscopy and Colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer).	<input type="radio"/>	<input type="radio"/>

2. How often have you had any of the following screenings? (check all that apply)

	Once	Every yr	Every 2 yrs	3 to 5 yrs	Greater than 5 yrs
Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prostate Cancer Screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin Cancer Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oral Cancer Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*Sigmoidoscopy/Colonoscopy (Sigmoidoscopy and Colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Community Health Survey I

3. Have you recently had the following?

	Yes	No	Do not know for sure
Pneumonia vaccination (within 5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seasonal Flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H1N1 Flu vaccination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. How often do you take the Seasonal Flu Vaccine?

- Do not take the seasonal flu vaccine
- Every yr
- Every 2 yrs
- 3 to 5 yrs
- Greater than 5 yrs

7. WEIGHT CONTROL

1. Are you trying to lose weight?

- Yes
- No
- Sometimes

2. Are you eating fewer calories to lose weight?

- Yes
- No
- Sometimes

3. Have you increased your physical activity to lose weight?

- Yes
- No
- Sometimes

4. What is your height?

Feet

Inches

5. How much do you weigh?

Pounds

8. PHYSICAL ACTIVITY/EXERCISE

1. During the past month, other than your regular job, did you participate in any physical activities such as running, calisthenics, golf, gardening, walking or other exercise?

- Yes
- No
- Don't know/Not sure

Community Health Survey I

2. Do you have access to recreational areas within your community?

- Yes No Don't know/Not sure

3. If yes, what kinds of recreational areas within your community do you have access to?

- Parks
 Fitness facility
 Hiking trails
 Pool
 Recreation Center
 Other (please specify)

4. Does lack of physical access prevent you from going to recreational areas/ facilities?

- Yes No

If yes, please explain

5. Do you exercise regularly?

- Yes No sometimes

6. When you exercise how long do you exercise?

- Never exercise 20-40- minutes
 Less than 10 minutes Longer than 40 minutes

Other (please specify)

7. How often do you participate in moderate to vigorous physical activity at least 30 minutes a day?

- Never 1 day per week 2-3 days per week 4 or more days per week

Community Health Survey I

8. How often do you participate in recreational or sports activities such as volleyball, basketball, dancing, tennis, baseball, skiing, etc.?

- Never 2-3 days per week
 Occasionally 4 or more days per week
 1 day per week

9. How long are you physically active in a day (walking, gardening, climbing stairs, labor intensive)?

- 30 minutes or less 30 to 60 minutes 60 minutes or more Not at all

10. How long do you watch TV or use the computer in a day?

- 1 hour or less 2 to 4 hours 4 hours or more

11. In a typical day, how many hours does your child play video games that make her/him dance or play a sport (like Dance Dance Revolution or Wii playing softball, baseball, tennis, and basketball)?

- None
 less than 1 hour
 1-2 hours
 3 to 4 hours
 4 or more hours

12. In a typical day, how many hours does your child sit and watch TV, work on the computer or play video games

such as Nintendo, Game Boy, Play Station, X Box?

- None
 less than 1 hour
 1-2 hours
 3-4 hours
 4 or more hours

Community Health Survey I

13. What is your average time spent sitting at the computer?

- Less than 1 hour
- 1 to 3 hours
- Greater than 3 hours
- Do not use computer

9. NUTRITION

1. How many ½ cup servings of vegetables do you eat in a day (not counting deep fried vegetables)?

- 2 or less 3 or more None

2. How many ½ cup servings or small, whole fruits do you eat in a day?

- None 1 2 or more

3. When you eat bread, cereals, crackers and snack foods, do you choose whole grain products?

- Yes No Sometimes

4. How many days a week do you eat with your family?

- Live alone 1 or 2 days 3 to 4 days 5 days or more

5. How many 8 oz. cups of soda/ sugar-sweetened beverage do you drink in a day?

- 1 or less 2 or more None

6. How many times per day do you choose foods such as cookies, cake, pie, donuts, chips and fries?

- 2 or less 3 or more None

7. How often do you look at the Nutrition Facts label on food packaging to make choices about what to eat and how much?

- Almost always Occasionally Never I don't know how to read a food label

Community Health Survey I

8. When you go to a fast food restaurant, what is the main reason you choose this type of restaurant, instead of another type?

- Price Location Menu choices Quickness of service

9. Some fast food restaurants are including healthier items on their menu. On a usual basis, how likely are you to order healthier foods?

- Very likely Somewhat likely Not very likely

10. Were any of your children breastfed?

- No children Yes No

Children

11. If you breastfed, how long did you breastfeed?

- Does not apply 6 weeks to 6 months
 Did not breast feed 6-12 months
 0-6 weeks Over 1 year

12. If you tried to breast feed and were not successful, why?

- Does not apply Painful process
 No children Preferred a bottle
 Lack of support/information Returned to work/school
 Not enough milk

Other (please specify)

10. Thank you

The Warren County Community Health Improvement Coalition would like to thank you for your participation and completion of our survey. Your time and efforts are greatly appreciated.