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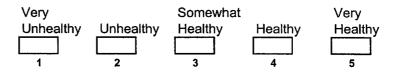
# EL PASO COUNTY DEPARMENT OF HEALTH AND ENVIRONMENT COMMUNITY HEALTH STATUS ASSESSMENT SURVEY

## PART 1. HEALTHY COMMUNITIES

1. On a scale of 1-5, please indicate the amount of attention you think each of the following topics should receive in El Paso County:

		Much Less Attention	Somewhat Less Attention	Some Attention	Somewhat More Attention	Much More Attention	Don't Know
a.	Clean outdoor air	1	2	3	4	5	8
b.	Clean indoor air	1	2	3	4	5	8
C.	Exposure to second hand						
	smoke	1	2	3	4	5	8
d.	Clean water for drinking	1	2	3	4	5	8
e.	Clean water for recreation	1	2	3	4	5	8
f.	Recyclable materials in land	1	2	3	4	5	8
g.	Chemical storage and						
	disposal of chemical waste	1	2	3	4	5	8
h.	Illegal dumping of hazardous	5		·			
	waste into the environmen	1	2	3	4	5	8
i.	Safe food at restaurants	1	2	3	4	5	8
j.	Safe food at grocery stores	1	2	3	4	5	8
k.	Clean childcare facilities	1	2	3	4	5	8
Ι.	Diseases that can be			-			
	transmitted from animals c	r					
	insects to humans	1	2	3	4	5	8
m.	Motor vehicle accidents	1	2	3	4	5	8
n.	Cost of health care	1	2	3	4	5	8
0.	Lack of mental health care	1	2	3	4	5	8
р.	Teen Pregnancy	1	2	3	4	5	8
q.	Domestic Violence	1	2	3	4	5	8
r.	Child abuse	1	2	3	4	5	8
s.	Youth/Gang Violence	1	2	3	4	5	8
t.	Youth Tobacco use	1	2	3	4	5	8
u.	Alcohol Abuse	1	2	3	4	5	8
٧.	Drug Abuse	1	2	3	4	5	8
w.	Drinking and driving	1	2	3	4	5	8
х.	Meth (methamphetamine) la	1	2	3	4	5	8
у.	Bioterrorism	1	2	3	4	5	8
Ζ.	Access to Care	1	2	3	4	5	8
aa.	Infectious Diseases	1	2	3	4	5	8
bb.	Immunizations for Children	1	2	3	4	5	8

2. How would you rate El Paso County as a "Healthy Community"?

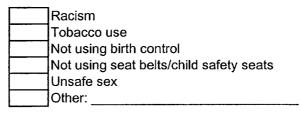


3. In your opinion, what do you think are the **<u>THREE</u>** most important health problems in El Paso County? (Those problems which have the greatest impact on overall community health.)

Cancer	 Infectious disease (i.e. hepatitis, TB etc.)
Child abuse/neglect	Mental health problems
Dental problems	Motor vehicle crash injuries
Diabetes	Rape/Sexual Assault
Domestic violence	Respiratory/lung disease
 Fire-arm related injuries	Sexually transmitted disease
 Heart disease and stroke	Suicide
High Blood Pressure	Teenage pregnancy
HIV/AIDS	Infant death
Homicide	Other:

4. From the list below, what do you think are the <u>**THREE**</u> behaviors that have the greatest impact on overall health of people in El Paso County?

Alcohol abuse
Overeating
Dropping out of school
Drug abuse
Not exercising
Eating unhealthy foods
Not getting "immunizations"
 or "shots" to prevent disease



PART 2: GENERAL HEALTHISTATUS

5. Would you say that your health is excellent, very good, good, fair or poor?



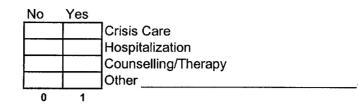
6. How many days in the past month were you not able to work or do daily activities because of poor physical or mental health?

0	None
1	1-2 days
2	3-4 days
3	5-6 days
4	7-10 days
5	11 or more

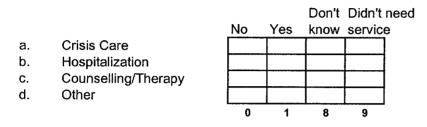
7. Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?

0	None
1	1-2 days
2	3-4 days
3	5-6 days
4	7-10 days
5	11 or more

8. Within the past year, did you need any of the following mental health services?



9. Were you able to get any of the mental health services?



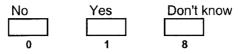
10. During the past 30 days, for about how many days did pain make it hard for you to do your usual activities, such as self care, work, or recreation?

 None
 1-2 days
3-4 days
5-6 days
7-10 days
11 or more

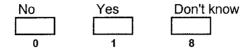
11. Has your health provider ever told you that you have any of the following health problems?

	No	Yes
a. Hypertension (high blood pressure)		
b. Angina (chest pain from coronary artery disease)		
c. Heart Attack		
d. Stroke		
e. High Cholesterol		
f. Overweight		
g. Skin Cancer		
h. Breast Cancer		
i. Cervical Cancer		
j. Colorectal Cancer		
k. Lung and Bronchus Cancer		1
I. Prostate Cancer		
m. Oral Cancer		
n. Other Cancer (not skin)		
o. Asthma		
p. Emphysema or Chronic Bronchitis	····	
q. Liver Disease		
r. Depression		
s. Mental Health Problems		
t. Arthritis or Rheumatism		
u. Diabetes (excluding gestational/pregnancy related		
diabetes)		
v. HIV/AIDS		
	0	1

12. Have you had a sunburn within the past 12 months? (Include any time that your skin was red for more than 12 hours).



13. 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 your home?

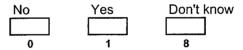


14. Because of any impairment or health problem, do you need the help of other persons in handling routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

15. Do you usually use any device to help you get around such as a cane, wheelchair, crutches, or walker?

16. Do you usually use any special eating utensils?

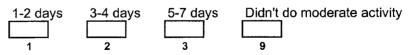
17. Do you usually use any aids or devices to help you dress (such as button hooks, zipper pulls, long handled shoe horn, etc.?)



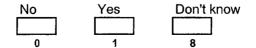
## PARTS: HEALTH BEHAVIORS

18. During the past month, other than your regular job, did you participate in any moderate activities for at least 30 minutes each time, such as brisk walking or anything else that causes small increases in breathing or heart rate?

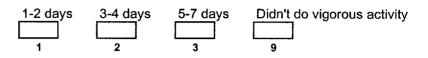
19. How many times per week did you participate in moderate activities?



20. During the past month, other than your regular job, did you participate in any **vigorous** activities for at least 30 minutes each time, such as running, or anything else that causes large increases in breathing heart rate?

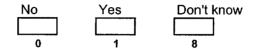


21. How many times per week did you participate in vigorous activities?



\*For questions 22, 23, 24, one drink of alcohol is one can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor.

22. During the past 30 days, did you have at least one drink of any alcoholic beverage?



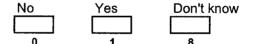
23. On the days you drank, about how many drinks did you have on average? (If answer to #21 is NO or Don't know, select "Not Applicable".)



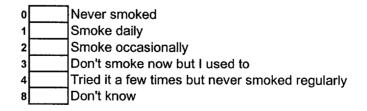
24. How many alcoholic drinks do you drink in a week, including weekends? (If answer to #21 is NO or Don't know, select "Not Applicable".)



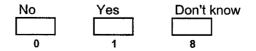
25. Are you currently trying to lose weight?



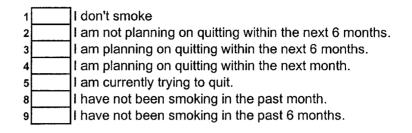
26. Which of the following best describes your smoking status?



27. Do you use pipes, cigars, or other tobacco products on a regular basis?



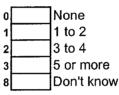
28. Which of the following best describes how you feel about your smoking?



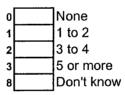
29. How often do you buckle your safety belt when driving or riding in a car?



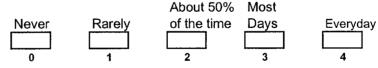
30. Not counting juice, how many servings of fruit do you eat each day? (Serving size is defined as one medium fruit or 3/4 cup of 100% fruit juice or 1/2 cup of cooked/canned fruit or 1/2 cup of dried fruit).



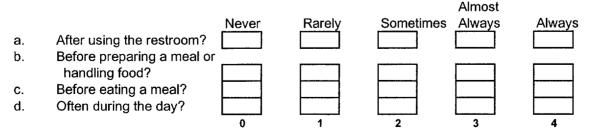
31. On average, how many servings of vegetables do you eat each day? (Serving size is defined as one cup of raw leafy vegetables or 1/2 cup of dried peas or beans or 3/4 cup of 100% vegetable juice).



32. How often do you use sunscreen?



33. Sometimes people don't wash their hands because it dries them out or they don't have access to a place to wash them. Do you wash your hands with soap....



34. The next few questions are about preventive health behaviors. When was the last time you:

- a. Visited a dentist or dental clinic for any reason?
- b. Had your teeth cleaned by a dentist or dental hygenist?
- Had a flu shot? c.
- d. Had a colorectal cancer screening?
- e. Had your blood pressure checked?
- f. Had your cholesterol checked?
- Had a skin cancer check? g.
- h. Had a blood sugar test? (diabetes)
- i. Had a routine checkup by a doctor, nurse practitioner or physician's assistant?

<u>Never</u>		-	-	s More than <u>5yrs Ago</u>	Don't <u>know</u>
0	1	2	3	4	8
	Past	1-2yrs	3-5yrs	More than	Don't
<u>Never</u>	<u>Year</u>	<u>Ago</u>	<u>Ago</u>	<u>5yrs Ago</u>	<u>know</u>
					[]

## WOMEN ONLY:

- j. Had a mammogram (an x-ray of each breast to look for cancer)?
- k. Had a clinical breast exam (health professional feels for breast lumps)?
- 1. Had a PAP test (test for cancer of the cervix)?
- Had a hysterectomy (operation to m. remove the uterus)?

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### MEN ONLY:

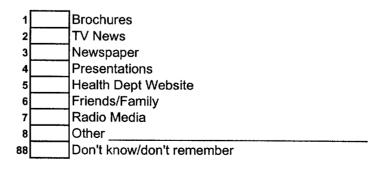
- n. Had a prostate specific antigen test (PSA test for prostate cancer)?
- Had a digital rectal exam? ο.

0 1 2 3 4 PART 4: WEST NILE VIRUS 

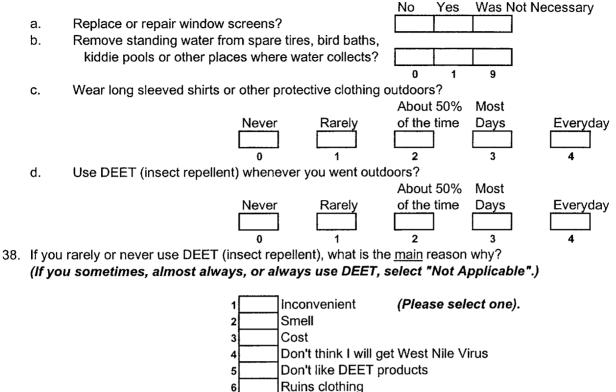
35. Have you heard about West Nile Virus?



## 36. Where have you heard about West Nile Virus? (Please check all that apply)



37. During the summer of 2004, did you take any of the following precautions in preventing mosquito bites?



1	Inconvenient (P	lease select one).
2	Smell	
3	Cost	
4	Don't think I will get W	est Nile Virus
5	Don't like DEET produ	cts
6	Ruins clothing	
7	I forget to use DEET	
8	I never go outdoors	
9	I think it's better to be	exposed to West Nile Virus
10	Other	
11	N/A	

## PART 5. HEALTH CARE SERVICES, ACCESS, AND INSURANCE

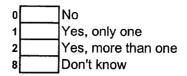
39. Are you covered by health insurance or some other kind of health care plan? (Include health insurance obtained through employer or purchased directly as well as government programs like Medicare, Medicaid).



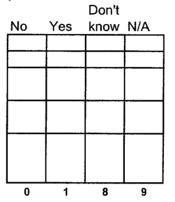
40. What kind of health care coverage do you have for yourself and your family? (If you or your family do not have healthcare, select "N/A". Please check all that apply)

1	 Private (through your employer or purchased on your own)
2	Military
3	Indian Health Service
4	Medicare
5	Medicaid
6	Child Health Plan Plus (CHIP or CHP+)
7	Other government program
88	Don't know
99	N/A

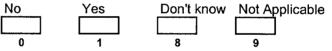
41. Do you have one person you think of as your personal doctor or health care provider?



- 42. Was there a time in the past 12 months when you needed to see a doctor but could not... (If you were able to see a doctor, select "N/A").
  - a. because of the cost?
  - b. because there was no provider?
  - c. because no provider would take your insurance?
  - d. because you don't have health insurance?
  - e. because you could not be seen in a timely manner? (eg. could not get an appointment in time).

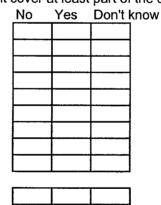


43. During the past 12 months, was there anytime you needed prescription medicines but did not get it because you couldn't afford it?



- 44. If you have health care coverage, does it cover at least part of the cost for:
  - a. Dental Services
  - b. Vision Services
  - c. Mental Health Services
  - d. Drug and Alcohol Detox
  - e. Prescription Drugs
  - f. Chiropractic Care
  - g. Family Planning
  - h. Immunizations

  - i. Smoking Cessation
  - j. Crutches, walkers, wheelchairs, or other assistive devices
  - k. Glasses
  - I. Hearing Aids

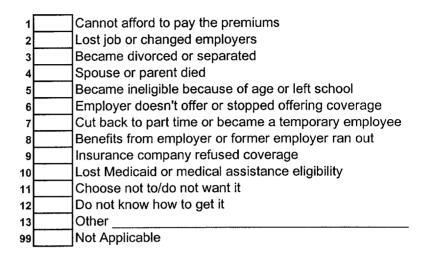


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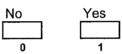
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45. If you do not have health insurance, what are the reasons? (*Please check all that apply*) (*If you have health insurance, select "Not Applicable".*)

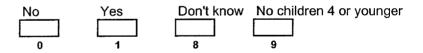


## PART 6. CHILDREN'S HEALTH STATUS, HEALTH CARE ACCESS AND COVERAGE

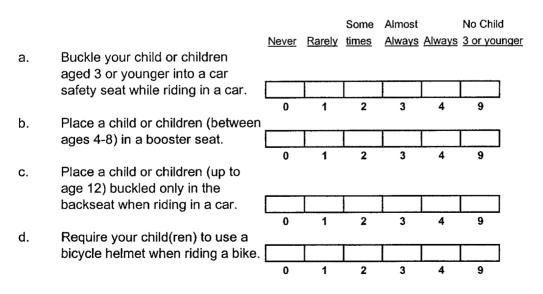
46. Do you have children under 18 living in your home?



47. Are any of your children age 4 or younger limited in the kind or amount of play activities they can do because of a physical, mental or emotional problem?



48. Please indicate how often you do the following things:



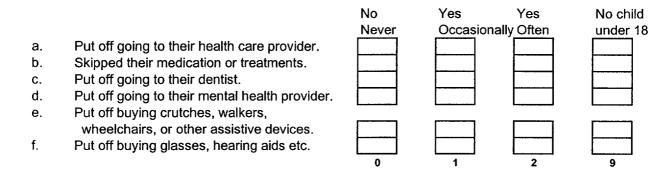
- 49. How many children age 18 and younger in your household have the following types of insurance? *(If no children under 18 then select N/A).* 
  - a. Medicaid
  - b. Child Health Plan PLUS (CHIP or CHP+)
  - c. Private/Commercial either from a parent's employer or purchased directly
  - d. Other
  - e. No insurance

Number of Children							
none	one	two	three	four	five+	N/A	
0	1	2	3	4	5		

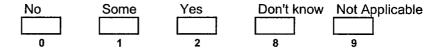
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# Thinking about your child's/children's health care during the past 12 months, please answer the following : (for all children under 18)

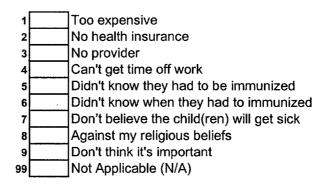
50. In the past 12 months, have you had to do any of the following because it was too expensive?



51. Are the children (or child) in your home up to date on their immunization shots?

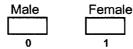


a. If not, then why? (If up to date, select N/A, otherwise please check all that apply)



#### PART 7. DEMOGRAPHICS

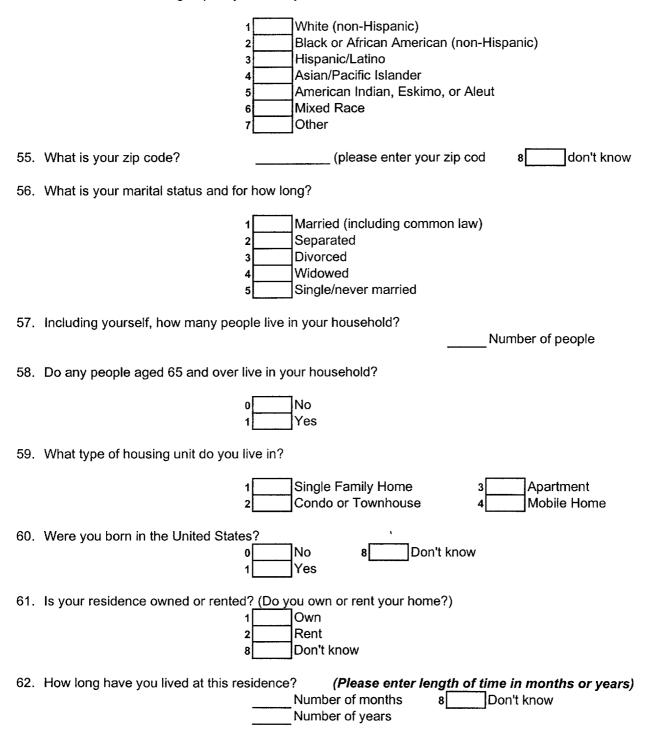
52. What is your gender?



## 53. What is your age?

1	20-24
2	25-34
3	35-44
4	45-54
5	55-64
6	65-74
7	75-84
8	85+

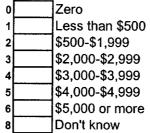
54. Which racial or ethnic group do you identify with?



- 63. What is the highest degree or level of school you have completed?
  - 112th grade or less, no diploma2High School Diploma3Some college, no degree4Technical or trade school certificate5Associate's degree (i.e. AA, AS)6Bachelor's degree (i.e. BA, AB, BS)7Master's degree (i.e. MA, MS, MPH)
  - 8 Graduate degree or professional degree (i.e. PhD, MD, ScD)
- 64. What was your household's total income before taxes in 2003? (Please include money received from all sources: i.e. jobs, social security, public assistance, retirement income etc.)

1	Less than \$25,000
2	\$25,000-\$34,999
3	\$35,000-\$49,999
4	\$50,000-\$74,999
5	\$75,000-\$99,999
6	\$100,000-\$124,999
7	\$125,000+
8	Don't know

65. During the past 12 months, about how much did your household spend for medical care, including health insurance premiums and dental care? Do not include the cost of over the counter remedies, or any costs for which you expect to be reimbursed.



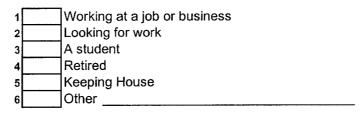
50,	/ou receive any of the following?		1	Don't
		No	Yes	know
a.	Food stamps			
b.	Public assistance			
C.	Temporary Assistance for Needy Families			
d.	Women Infants and Children (WIC)			1
e.	Social Security			
f.	Railroad income			
g.	Private Pension			-
h.	SSI		-	-
i.	Disability			
j.	Other retirement income			
		0	1	8

67. Do you or does anyone in your household prefer to use a language other than English?

0 No 1 Yes

\*If yes, then what language? \_

- 68. How much do you weigh? (Please enter weight in Ibs or kg) Pounds (Ibs) 8 Don't know Kilograms (kgs)
- 69. What is your height? \_\_\_\_\_Inches 8\_\_\_\_Don't know (Please enter your height in \_\_\_\_\_Feet \_\_\_\_Inches inches, feet/inches, or cm) \_\_\_\_\_cm
- 70. Which of the following best describes your main activity during the last 3 months?



## PART 8. HOUSING AND NEIGHBORHOOD CHARACTERISTICS

71. Have you tested your home for radon?

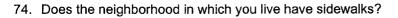


- 72. If yes, was radon detected at dangerous levels? (If No or Don't know, select "N/A")
  - 0 No 1 Yes 8 Don't know 9 N/A
- 73. Does your home receive water from a private well?

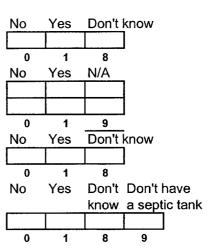
## (If No or Don't know to #70, select "N/A".)

- a. If yes, is your well routinely tested for quality?
- b. If yes, have you ever had a quality problem?
- c. Is your home on a septic system?
- d. If yes, do you have your septic tank routinely

pumped?



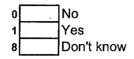




75. Does the neighborhood in which you live have easy walking access to goods such as grocery stores and services such as transportations, libraries, schools?



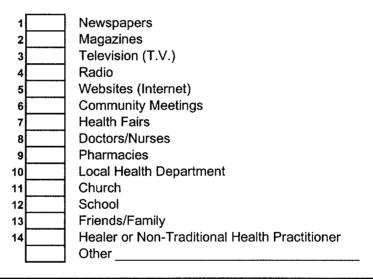
76. Does the neighborhood in which you live have walking or paths connecting much of the community including safe and convenient crossing of major roads?



77. Does the neighborhood in which you live have easy walking access to public parks and playgrounds?



78. Where do you get most of your information about health? *(Please check all that apply.)* 



END OF SURVEY - EPCDHE THANKS YOU FOR YOUR PARTICIPATION!