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 wast	1	2	3	4	5	8
h.	Illegal dumping of hazardous 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
l.	Diseases that can be transmitted from animals or 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
o.	Lack of mental health care	1	2	3	4	5	8
p.	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
v.	Drug Abuse	1	2	3	4	5	8
w.	Drinking and driving	1	2	3	4	5	8
x.	Meth (methamphetamine) la	1	2	3	4	5	8
y.	Bioterrorism	1	2	3	4	5	8
z.	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"?

Very Unhealthy	Unhealthy	Somewhat Healthy	Healthy	Very Healthy
☐	☐	☐	☐	☐
1	2	3	4	5

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

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

4. From the list below, what do you think are the **THREE** 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
- [ ] Racism
- [ ] Tobacco use
- [ ] Not using birth control
- [ ] Not using seat belts/child safety seats
- [ ] Unsafe sex
- [ ] Other: _____

PART 2: GENERAL HEALTH STATUS

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

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐
5	4	3	2	1

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?

No	Yes	
		Crisis Care
		Hospitalization
		Counselling/Therapy
		Other _____.
0	1	

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

		No	Yes	Don't know	Didn't need service
a.	Crisis Care				
b.	Hospitalization				
c.	Counselling/Therapy				
d.	Other				
		0	1	8	9

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?

0		None
1		1-2 days
2		3-4 days
3		5-6 days
4		7-10 days
5		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		
l. 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).

No	Yes	Don't know
☐	☐	☐
0	1	8

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?

No	Yes	Don't know
☐	☐	☐
0	1	8

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?

No	Yes	Don't know
☐	☐	☐
0	1	8

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

No	Yes	Don't know
☐	☐	☐
0	1	8

16. Do you usually use any special eating utensils?

No	Yes	Don't know
☐	☐	☐
0	1	8

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

No	Yes	Don't know
☐	☐	☐
0	1	8

PART 3: 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?

No	Yes	Don't know
☐	☐	☐
0	1	8

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

1-2 days	3-4 days	5-7 days	Didn't do moderate activity
☐	☐	☐	☐
1	2	3	9

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?

No	Yes	Don't know
☐	☐	☐
0	1	8

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

1-2 days	3-4 days	5-7 days	Didn't do vigorous activity
☐	☐	☐	☐
1	2	3	9

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?

No	Yes	Don't know
☐	☐	☐
0	1	8

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".)

1	☐	1 drink
2	☐	2-3 drinks
3	☐	4-5 drinks
4	☐	6 or more
9	☐	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".)

1	☐	1 drink
2	☐	2-3 drinks
3	☐	4-5 drinks
4	☐	6 or more
9	☐	Not Applicable

25. Are you currently trying to lose weight?

No	Yes	Don't know
☐	☐	☐
0	1	8

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

0	☐	Never smoked
1	☐	Smoke daily
2	☐	Smoke occasionally
3	☐	Don't smoke now but I used to
4	☐	Tried it a few times but never smoked regularly
8	☐	Don't know

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

No	Yes	Don't know
☐	☐	☐
0	1	8

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

1	☐	I don't smoke
2	☐	I am not planning on quitting within the next 6 months.
3	☐	I am planning on quitting within the next 6 months.
4	☐	I am planning on quitting within the next month.
5	☐	I am currently trying to quit.
8	☐	I have not been smoking in the past month.
9	☐	I have not been smoking in the past 6 months.

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

0	☐	Never
1	☐	Rarely
2	☐	Sometimes
3	☐	Almost Always
4	☐	Always

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).

0	☐	None
1	☐	1 to 2
2	☐	3 to 4
3	☐	5 or more
8	☐	Don't know

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).

0	☐	None
1	☐	1 to 2
2	☐	3 to 4
3	☐	5 or more
8	☐	Don't know

32. How often do you use sunscreen?

Never	Rarely	About 50% of the time	Most Days	Everyday
☐	☐	☐	☐	☐
0	1	2	3	4

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....

	Never	Rarely	Sometimes	Almost Always	Always
a. After using the restroom?	☐	☐	☐	☐	☐
b. Before preparing a meal or handling food?	☐	☐	☐	☐	☐
c. Before eating a meal?	☐	☐	☐	☐	☐
d. Often during the day?	☐	☐	☐	☐	☐
	0	1	2	3	4

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

	Never	Past Year	1-2yrs Ago	3-5yrs Ago	More than 5yrs Ago	Don't know
a. Visited a dentist or dental clinic for any reason?						
b. Had your teeth cleaned by a dentist or dental hygenist?						
c. Had a flu shot?						
d. Had a colorectal cancer screening?						
e. Had your blood pressure checked?						
f. Had your cholesterol checked?						
g. Had a skin cancer check?						
h. Had a blood sugar test? (diabetes)						
i. Had a routine checkup by a doctor, nurse practitioner or physician's assistant?						
	0	1	2	3	4	8

WOMEN ONLY:

	Never	Past Year	1-2yrs Ago	3-5yrs Ago	More than 5yrs Ago	Don't know
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)?						
l. Had a PAP test (test for cancer of the cervix)?						
m. Had a hysterectomy (operation to remove the uterus)?						

MEN ONLY:

n. Had a prostate specific antigen test (PSA test for prostate cancer)?						
o. Had a digital rectal exam?						
	0	1	2	3	4	8

PART 4: WEST NILE VIRUS

35. Have you heard about West Nile Virus?

0 ☐ No
1 ☐ Yes
8 ☐ Don't know

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

1 ☐ Brochures
2 ☐ TV News
3 ☐ Newspaper
4 ☐ Presentations
5 ☐ Health Dept Website
6 ☐ Friends/Family
7 ☐ Radio Media
8 ☐ Other _____
88 ☐ Don't know/don't remember

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

		No	Yes	Was Not Necessary
a.	Replace or repair window screens?			
b.	Remove standing water from spare tires, bird baths, kiddie pools or other places where water collects?			
		0	1	9

c. Wear long sleeved shirts or other protective clothing outdoors?

Never	Rarely	About 50% of the time	Most Days	Everyday
0	1	2	3	4

d. Use DEET (insect repellent) whenever you went outdoors?

Never	Rarely	About 50% of the time	Most Days	Everyday
0	1	2	3	4

38. If you rarely or never use DEET (insect repellent), what is the main reason why?
(If you sometimes, almost always, or always use DEET, select "Not Applicable".)

1		Inconvenient ***(Please select one).***
2		Smell
3		Cost
4		Don't think I will get West Nile Virus
5		Don't like DEET products
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).

0		No
1		Yes
8		Don't know

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?

0	☐	No
1	☐	Yes, only one
2	☐	Yes, more than one
8	☐	Don't know

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").

		No	Yes	Don't know	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).	☐	☐	☐	☐
		0	1	8	9

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

No	Yes	Don't know	Not Applicable
☐	☐	☐	☐
0	1	8	9

44. If you have health care coverage, does it cover at least part of the cost for:

		No	Yes	Don't know
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	☐	☐	☐
l.	Hearing Aids	☐	☐	☐
		0	1	8

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".)

1	☐	Cannot afford to pay the premiums
2	☐	Lost job or changed employers
3	☐	Became divorced or separated
4	☐	Spouse or parent died
5	☐	Became ineligible because of age or left school
6	☐	Employer doesn't offer or stopped offering coverage
7	☐	Cut back to part time or became a temporary employee
8	☐	Benefits from employer or former employer ran out
9	☐	Insurance company refused coverage
10	☐	Lost Medicaid or medical assistance eligibility
11	☐	Choose not to/do not want it
12	☐	Do not know how to get it
13	☐	Other _____
99	☐	Not Applicable

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

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

No	Yes
☐	☐
0	1

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?

No	Yes	Don't know	No children 4 or younger
☐	☐	☐	☐
0	1	8	9

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

	Never	Rarely	Some times	Almost Always	Always	No Child 3 or younger
a. Buckle your child or children aged 3 or younger into a car safety seat while riding in a car.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9
b. Place a child or children (between ages 4-8) in a booster seat.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9
c. Place a child or children (up to age 12) buckled only in the backseat when riding in a car.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9
d. Require your child(ren) to use a bicycle helmet when riding a bike.	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 9

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).***

		Number of Children						
		none	one	two	three	four	five+	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							
		0	1	2	3	4	5	9

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?

		No Never	Yes Occasionally	Yes Often	No child under 18
a.	Put off going to their health care provider.				
b.	Skipped their medication or treatments.				
c.	Put off going to their dentist.				
d.	Put off going to their mental health provider.				
e.	Put off buying crutches, walkers, wheelchairs, or other assistive devices.				
f.	Put off buying glasses, hearing aids etc.				
		0	1	2	9

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

No	Some	Yes	Don't know	Not Applicable
0	1	2	8	9

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

1		Too expensive
2		No health insurance
3		No provider
4		Can't get time off work
5		Didn't know they had to be immunized
6		Didn't know when they had to immunized
7		Don't believe the child(ren) will get sick
8		Against my religious beliefs
9		Don't think it's important
99		Not Applicable (N/A)

PART 7. DEMOGRAPHICS

52. What is your gender?

Male	Female
0	1

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?

1 ☐ White (non-Hispanic)
2 ☐ Black or African American (non-Hispanic)
3 ☐ Hispanic/Latino
4 ☐ Asian/Pacific Islander
5 ☐ American Indian, Eskimo, or Aleut
6 ☐ Mixed Race
7 ☐ Other

55. What is your zip code? _____ (please enter your zip cod 8 ☐ don't know

56. What is your marital status and for how long?

1 ☐ Married (including common law)
2 ☐ Separated
3 ☐ Divorced
4 ☐ Widowed
5 ☐ Single/never married

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

_____ Number of people

58. Do any people aged 65 and over live in your household?

0 ☐ No
1 ☐ Yes

59. What type of housing unit do you live in?

1 ☐ Single Family Home
2 ☐ Condo or Townhouse
3 ☐ Apartment
4 ☐ Mobile Home

60. Were you born in the United States?

0 ☐ No
1 ☐ Yes
8 ☐ Don't know

61. Is your residence owned or rented? (Do you own or rent your home?)

1 ☐ Own
2 ☐ Rent
8 ☐ Don't know

62. How long have you lived at this residence? ***(Please enter length of time in months or years)***

_____ Number of months
_____ Number of years
8 ☐ Don't know

63. What is the highest degree or level of school you have completed?

1	☐	12th grade or less, no diploma
2	☐	High School Diploma
3	☐	Some college, no degree
4	☐	Technical or trade school certificate
5	☐	Associate's degree (i.e. AA, AS)
6	☐	Bachelor's degree (i.e. BA, AB, BS)
7	☐	Master'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.

0	☐	Zero
1	☐	Less than $500
2	☐	$500-$1,999
3	☐	$2,000-$2,999
4	☐	$3,000-$3,999
5	☐	$4,000-$4,999
6	☐	$5,000 or more
8	☐	Don't know

66. Do you receive any of the following?

		No	Yes	Don't know
a.	Food stamps			
b.	Public assistance			
c.	Temporary Assistance for Needy Families			
d.	Women Infants and Children (WIC)			
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 lbs or kg)***

_____ Pounds (lbs) 8 ☐ Don't know

_____ Kilograms (kgs)

69. What is your height? ***(Please enter your height in inches, feet/inches, or cm)***

_____ Inches 8 ☐ Don't know

_____ Feet _____ Inches

_____ cm

70. Which of the following best describes your main activity during the last 3 months?

1 ☐ Working at a job or business
2 ☐ Looking for work
3 ☐ A student
4 ☐ Retired
5 ☐ Keeping House
6 ☐ Other _____

PART 8. HOUSING AND NEIGHBORHOOD CHARACTERISTICS

71. Have you tested your home for radon?

0 ☐ No
1 ☐ Yes
8 ☐ Don't know

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?

No	Yes	Don't know
☐	☐	☐
0	1	8

(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?

No	Yes	N/A
☐	☐	☐
☐	☐	☐
0	1	9

c. Is your home on a septic system?

No	Yes	Don't know
☐	☐	☐
0	1	8

d. If yes, do you have your septic tank routinely pumped?

No	Yes	Don't know	Don't have a septic tank
☐	☐	☐	☐
0	1	8	9

74. Does the neighborhood in which you live have sidewalks?

0 ☐ No
1 ☐ Yes
8 ☐ Don't know

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?

0	☐	No
1	☐	Yes
8	☐	Don't know

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?

0	☐	No
1	☐	Yes
8	☐	Don't know

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

0	☐	No
1	☐	Yes
8	☐	Don't know

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

1	☐	Newspapers
2	☐	Magazines
3	☐	Television (T.V.)
4	☐	Radio
5	☐	Websites (Internet)
6	☐	Community Meetings
7	☐	Health Fairs
8	☐	Doctors/Nurses
9	☐	Pharmacies
10	☐	Local Health Department
11	☐	Church
12	☐	School
13	☐	Friends/Family
14	☐	Healer or Non-Traditional Health Practitioner
	☐	Other _____

END OF SURVEY - EPCDHE THANKS YOU FOR YOUR PARTICIPATION!