

17. Have you ever been treated for, or advised by a doctor that you have any of the following: (check all that apply)

Asthma Yes (If Yes, also answer questions # 21-23) No (If No, don't answer questions #21-23)
Diabetes Yes (If Yes, also answer questions # 18-20) No (If No, don't answer questions #18-20)
Allergies Yes No

Cancer (specify): Yes No

Coronary Heart Disease Yes No

Hepatitis Yes No

High Cholesterol Yes No

High Blood Pressure Yes No

Kidney/Bladder Condition Yes No

Living with a physical disability Yes No

Other (specify): Yes No

Other (specify): Yes No

18. How often do you check your blood for glucose or sugar? *Please include times when you were checked by a family member or friend, but do not include times when checked by a health professional.*

Once daily Twice daily Three times daily Never

19. What do you do to control your diabetes: (check all that apply)

Modify diet/exercise Oral medication (i.e. pills) Insulin Don't do anything

20. How many times in the last year has a doctor, nurse, or other health professional performed a diabetic check-up?

1 time 2 times 3 times 4 times 5+ times Never

21. Did your healthcare provider discuss any of the following with you: (check all that apply)

How to correctly use your inhaler?

How to monitor your peak flow rate to adjust your medications and decide when to seek medical care?

How to avoid things (i.e. triggers) that make your asthma worse?

How to recognize early signs of an asthma attack and tell you what you should do?

22. Are you currently taking any medications to control your asthma, including an inhaler?

Yes No Refused Don't know

23. During the past 12 months, how many times did you visit an emergency room or urgent care center because of asthma?

0 times 1-2 time 3-5 times 6-8 times 9-11 times 12+ times

24. During the past 12 months, did you ever feel so sad or hopeless almost everyday for two weeks or more in a row that you stopped doing some usual activities?

Yes No

25. How do you pay for your healthcare?

No insurance

Employer-paid health insurance

Self-paid health insurance

Medicare

Medi-Cal

Healthy Families

Veterans Administration

Other (specify):



26. Do you use any Stanislaus County Health Service Agency (SCHSA) medical facility for your health needs, including urgent care and medical clinics?

Yes No Don't know services provided by SCHSA

27. How would you rate how easy it is or the ease with which people in your community are able to get the following services?

Health Care Access: Very good Good Fair Poor Very poor

Mental Health Services (including substance abuse services): Very good Good Fair Poor Very poor

Child Health Services: Very good Good Fair Poor Very poor

Dental Care: Very good Good Fair Poor Very poor

Vision Care: Very good Good Fair Poor Very poor

Medical care for seniors: Very good Good Fair Poor Very poor

28. In the past year, how many times have you gone to:

A doctor (including primary care physician): 0 times 1-2 times 3-4 times 5+ times

An Emergency Room: 0 times 1-2 times 3-4 times 5+ times

A Medical Clinic 0 times 1-2 times 3-4 times 5+ times

An Urgent Care 0 times 1-2 times 3-4 times 5+ times

29. Where do you get your health information? (Choose all that apply)

Insurance company medical help line

Primary Care Physician (doctor)

Community Nurse, Social Worker, Health Educator

Community Events (Example: health fairs)

Family/Friends

Newspaper/Magazine(s)

Spiritual Leader

Radio

Internet

Other (specify):

30. Was there a time during the past 12 months when any of the following occurred: (check all that apply)

You had difficulty getting a doctor's appointment

You needed to see a doctor, but could not because of the cost

You lacked transportation, making it difficult/prevented you from getting care

You needed to purchase a medication, but could not because of the cost

You needed to see a doctor, but could not because the office hours were not convenient

You needed to see a doctor, but could not because of language or cultural differences

31. How many times a week do you: (check one box for each category)

Eat fast food (McDonald's) 1 time 2-4 times 5-7 times 8+ times Never

Eat vegetables 1 time 2-4 times 5-7 times 8+ times Never

Eat fruit 1 time 2-4 times 5-7 times 8+ times Never

Consume dairy products (cheese, milk, etc.) 1 time 2-4 times 5-7 times 8+ times Never

Drink soda 1 time 2-4 times 5-7 times 8+ times Never

32. Is there a local grocery store in your neighborhood where you can purchase fresh fruits and vegetables? Yes No



33. In the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 1-2 times a week 3-4 times a week 5-7 times a week 8+ times Never

34. Presently, how would you classify yourself with regard to tobacco use (i.e. cigarettes, cigars, chewing tobacco, pipes):

- I am a current tobacco user
 I am a former tobacco user
 I occasionally (but not regularly) use tobacco products
 I have experimented with tobacco products but no longer use them
 I am trying to quit using tobacco products
 I have never used tobacco products

35. During the past year, have you used an illegal drug? Yes No No response

For the following questions, please keep in mind that a drink is 1 can or bottle of beer, 1 glass of wine, 1 bottle of wine cooler, 1 cocktail or 1 shot of liquor. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.

36. In the past month, did you drive after you have been drinking alcohol/ride in a vehicle where the driver has been drinking?

- Yes No Don't drink alcohol

37. During the past month, how many days did you drink any alcoholic beverages?

- 0 (don't drink) SKIP TO QUESTION #40 1-5 days 6-10 days 10-20 days 20-30 days

38. When you drink alcohol about how many drinks do you usually have?

- 1-2 drinks 3-4 drinks 5+ drinks

39. How many times during the past month did you have 5 or more drinks on any occasion?

- 0 times 1 time 2 times 3-4 times 5+ times

40. How often do you use seat belts when you drive or ride in a car?

- Always (100%) Most of the time (more than 50%) Some of the time (50%) Seldom (less than 50%) Never (0%)

41. Do you keep your firearms in a locked place, such as locked drawers, cabinets, or closets? (check one)

- Yes No Do not own a firearm

42. Overall, how would you rate the safety in your neighborhood? Would you say:

- Very safe Safe Fairly safe Unsafe Very unsafe

43. In the past five years, have you been a victim of a violent crime in Stanislaus County? (Definition of violent crime: rape, robbery, assault, and/or kidnapping)

- Yes No (skip to question # 45)

44. Did this crime take place: In your home In your neighborhood At school Somewhere else

45. Have you had contact with your local police department during the past two years?

- Yes No (SKIP TO QUESTION #48)

46. Do you feel the contact was: A good experience A bad experience

47. How would you describe the treatment you received from the employee of your local police department at that time?

- Professional
 Unprofessional
 Helpful
 Unhelpful
 Friendly/Courteous
 Rude/Disrespectful
 Rushed/Not enough time



48. How comfortable do you feel in contacting your local police department for assistance?

- Very comfortable Comfortable Uncomfortable Very uncomfortable

49. Do you feel that your local police department is community oriented? Yes No

50. Overall, would you say that the relationship between your local police department and your community is:

- Very good Good Fair Poor Very poor No response

51. How would you rate tolerance in your community for people of different races or cultural backgrounds? Would you say:

- Very good Good Fair Poor Very poor No response

52. Overall, would you say that public transportation in your community is:

- Very good Good Fair Poor Very poor No response

53. Overall, how would you rate the availability of affordable housing in your community? Would you say:

- Very good Good Fair Poor Very poor No response

54. Have you been homeless in the past two years? Yes No

55. How many times have you moved in the past two years? 0 times 1-2 times 3-4 times 5+ times

56. Have you had to go live with a friend or relative in the past two years, even if this was only temporary? Yes No

57. Do you:

- Own your own home or condominium
- Rent an apartment/house
- Rent a mobile home
- Live with parents, friends, or relatives

57A. If you are renting, is your rent subsidized?

- Yes
- No

Other:

58. Overall, how would you rate the physical environment in your community, in terms of having sufficient paved roads, streetlights, and sidewalks? Would you say:

- Very good Good Fair Poor Very poor No response

59. Would you say the quality of your drinking water is:

- Very good Good Fair Poor Very poor No response

60. Would you rate the employment opportunities that exist in this county as:

- Very good Good Fair Poor Very poor No response

61. How many miles do you travel to get to work one way?

62. How well do you trust the following agencies/organizations to work for the best interest of your community: (check one for each category)

Local city government:

- Always (100%) Most of the time (more than 50%) Some of the time (50%) Seldom (less than 50%) Never (0%)

County Public Health Department:

- Always (100%) Most of the time (more than 50%) Some of the time (50%) Seldom (less than 50%) Never (0%)

County Board of Supervisors:

- Always (100%) Most of the time (more than 50%) Some of the time (50%) Seldom (less than 50%) Never (0%)

63. Does your family have enough food available on a regular basis? Yes No

64. Have you gone to a food bank or received free meals provided by churches or other organizations in the past year?

- Yes No



Women's Only Section

65. How long has it been since you had a pap smear?

- Less than 12 months
- More than 1 year ago
- More than 2 years ago
- Never
- No response

66. Do you perform breast self-examinations on a monthly basis?

- Yes
- No
- Don't know how to perform a breast self-examination

67. Have you ever had a mammogram? (over 40 only) Yes No

68. Did you breast feed any of your children for three months or more? Yes No Never had children

69. Did you have gestational diabetes while pregnant? Yes No Never had children

Men's Only Section

A prostate specific antigen (PSA) test is a blood test for prostate cancer in men.

70. Have you ever had a PSA test? Yes No Never had PSA

71. If yes, how long has it been since you had your last PSA test?

- Less than 6 months
- Within 6-12 months
- More than 1 year ago
- More than 2 years ago

Emergency Preparedness Section --Everyone answer

72. How likely do you feel each of the following is likely to happen to you within the next 12 months:

- Contracting the flu? Very likely Somewhat likely Not very likely Not at all likely Don't know
- Contracting Anthrax? Very likely Somewhat likely Not very likely Not at all likely Don't know
- Contracting smallpox? Very likely Somewhat likely Not very likely Not at all likely Don't know
- Getting injured by some other terrorist act?
 Very likely Somewhat likely Not very likely Not at all likely Don't know

73. In response to concerns about bioterrorism, have you or someone in your household done any of the following during the past month:

- Consulted a website for information about how to protect yourself? Yes No Don't know
- Maintained emergency supplies of food, water, or clothing? Yes No Don't know
- Avoided public places? Yes No Don't know
- Talked with your doctor about health issues related to bioterrorism? Yes No Don't know
- Consulted a health professional or counselor about your fears or anxieties related to bioterrorism?
 Yes No Don't know
- Gotten a prescription for/or purchased antibiotics? Yes No Don't know
- Taken precautions when opening mail? Yes No Don't know

You have reached the end of this Survey.
Thank you for your participation!

