

**Pike County General Health District  
Community Health Assessment  
Survey Instrument**

The Pike County General Health District is conducting a health assessment to find out about the health practices of our community. This survey is designed to assist the Health Department serve the needs of our community better. This survey is strictly for research purposes only and your participation, information, and answer will be kept completely anonymous.

You must be 18 years or older and a Pike County resident to complete this survey. No information that identifies you will be used and all answer will be confidential. If you do not feel comfortable answering any of the following questions feel free to leave the field blank. We greatly appreciate your participation and time.

1. What is your age?

- 1 18 – 25      2 26-34      3 35 – 45      4 46 – 55      5 56 -64      6 65+

2. What is your gender?

- 1 Male      2 Female

3. What race or ethnicity do you consider yourself to be?

- 1 White or Caucasian  
2 Black or African-American  
3 Asian  
4 Native Hawaiian or other Pacific Islander  
5 American Indian or Alaskan Native  
6 Hispanic / Latino  
7 Other race \_\_\_\_\_

4. Are you:

- 1 Married  
2 Divorced  
3 Widowed  
4 Separated  
5 Never married  
6 A member of an unmarried couple

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

- 1 Never attended school  
2 Elementary (Grades 1 through 8)  
3 Some high school (Grades 9 through 11)  
4 High school degree or GED  
5 Some college or technical school  
6 College graduate

6. Are you currently:

- 1 Employed for wages
- 2 Self-employed
- 3 Out of work for more than one year
- 4 Out of work for less than one year
- 5 Homemaker
- 6 Active military
- 7 Student
- 8 Retired
- 9 Disabled
- 10 Unable to work
- 11 Something else \_\_\_\_\_

7. In what city or township do you live?

\_\_\_\_\_

8. Would you say that in general your health is:

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

9. What issues affect your community's health? Check top 4.

- Stress       Literacy       Obesity       Domestic Violence       HIV/AIDS
- Parenting Issues       Sexually Transmitted Diseases       Poor Nutrition       At-Risk Youth       Teen
- Pregnancy       Cancer       Asthma       Diabetes       Heart Disease       Dental Health       Unemployment
- Lack of health insurance       Not Immunized       Homelessness       Drug Abuse
- Alcohol Abuse       Violence       Lack of mental health resources      Other: \_\_\_\_\_

10. Where do you go routinely for medical care?

- 1 Family Doctor    2 Specialty Care Physician (ex. Cardiologist)    3 Emergency Room
- 4 Free Clinic    5 Urgent Care Center    6 Clinics in drug stores, Walmart & grocery stores
- 7 I don't seek medical care. Other: \_\_\_\_\_

11. Did you visit your family physician within the last year?

- 1. Yes
- 2. No    If no, why? \_\_\_\_\_

12. Did you visit the dentist within the last year?

- 1. Yes
- 2. No    If no, why? \_\_\_\_\_

13. Did you visit the eye doctor within the last year?

1. Yes
2. No If no, why? \_\_\_\_\_

14. When you or your family need medical/dental care, are any of the following usually a problem?

- 1 Childcare  2 Transportation Cost  3 No insurance or poor coverage  
 4 No available appointment  5 Specialist not located in my community for my condition  
 6 Office or clinic hour's  7 Have ability to take off work when I or my family is sick without losing pay  
 8 No issue Other: \_\_\_\_\_

15. Do you have health insurance?

1. Yes
2. No

16. If yes, what type of coverage do you have?

1. Medicare
2. Medicaid
3. Commercial health insurance (Example: Anthem, United Healthcare, Cigna....)
4. Other: \_\_\_\_\_

17. If you have health insurance, do you understand your insurance benefits?

1. Yes
2. Somewhat
3. No
4. N/A

18. Where do you look for information about health? Check top 3.

- Friends/ Family  Doctor/Nurse/Medical Professional  
 Newspaper/Magazine/TV  Health Department  
 Internet  Church  School  Library

Other: \_\_\_\_\_

19. Please select the top 3 health challenges you face:

- Cancer  Diabetes  Overweight/obesity  Lung disease  Depression  
 High blood pressure  Stroke  Heart disease  Joint pain or back pain  
 Mental health issues  Alcohol overuse  Drug addiction  Asthma  
 Smoking addiction  I do not have any health challenges

Other: \_\_\_\_\_

20. What health topics are most important to you and/or your family members? Check top 3.

- Asthma  Diabetes  Cancer  Nutrition  Exercise  Quitting Smoking  Stress Management

Depression  Heart Disease  Blood Pressure  Cholesterol  Substance Abuse   
Violence Prevention  
 CPR/First Aid  STD's  Healthy Pregnancy  HIV/AIDS  Oral Health  Flu  
 Immunizations  Injury Prevention  Women's Health  Men's Health  Pediatric Care Other:  
\_\_\_\_\_

21. Which of these health habits do you think contributes to maintaining your own health?

Check top 4.

Wearing a seat belt  Rarely eating fast or "junk" food  Brushing/flossing teeth daily  
 Not smoking  Applying sunscreen when outside  Sleeping at least 7 hours each night  
 Taking vitamin pills or supplements daily  Not using illegal substances  
 Practicing my faith/attending services  Doing some form of exercise (e.g., walking)  
 Eating fresh fruit and vegetables each day  Limiting alcohol (e.g., 1 drink/day) or not drinking  
Other: \_\_\_\_\_

22. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

1. Yes
2. No
3. Yes, but female only during pregnancy

23. Blood cholesterol is a fatty substance found in the blood. Have you ever had your cholesterol checked?

1. Yes
2. No

24. Did you know that the Pike County General Health District offers free cholesterol screening?

1. Yes
2. No

25. Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

1. Yes
2. No

26. Have you had a test for high blood sugar or diabetes within the past three years?

1. Yes
2. No

27. Do you check your blood sugar at home regularly?

1. Yes
2. No

28. Has a doctor, nurse, or other health professional told you that you have had any of the following:

1. Heart attack
2. Stroke
3. Any other heart problems? (Please specify) \_\_\_\_\_
4. No

29. Do you take aspirin daily or every other day?

1. Yes
2. No

30. Have you ever been told by a doctor, nurse, or other health professional that you have cancer?

1. Yes
2. No ( Skip to Q. 33)

31. At what age were you told that you had cancer?

Age: \_\_\_\_\_

32. What type of cancer were you diagnosed with? (Do not read list- select all that apply)

1. Breast cancer
2. Cervical cancer
3. Endometrial cancer
4. Ovarian cancer
5. Head and neck cancer
6. Oral cancer
7. Pharyngeal (Throat) cancer
8. Thyroid
9. Colon (Intestine) cancer
10. Esophageal cancer
11. Liver cancer
12. Pancreatic cancer
13. Rectal cancer
14. Stomach cancer
15. Hodgkin's Lymphoma (Hodgkin's disease)
16. Leukemia (blood) cancer (list continues on next page)
17. Non-Hodgkin's Lymphoma
18. Prostate Cancer
19. Testicular Cancer
20. Melanoma
21. Other skin cancer
22. Heart
23. Lung
24. Bladder cancer
25. Renal (kidney) cancer

- 26. Bone
- 27. Brain
- 28. Neuroblastoma
- 29. Other (Please specify)

33. During the past 12 months, did you ever seriously consider attempting suicide?

- 1. Yes
- 2. No (Skip to Q. 35)

34. During the past 12 months, how many times did you actually attempt suicide?

- 1. 0 times
- 2. 1 time
- 3. 2 or 3 times
- 4. 4 or 5 times
- 5. 6 or more times

35. If you felt depressed or suicidal, would you know where to go or who would to talk to?

- 1. Yes
- 2. NO

**FEMALE RESPONDENTS ONLY**

36. Have you ever experienced a premature birth?

- 1. Yes
- 2. No

\*If yes, do you know the cause of the premature delivery?

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**ALL RESPONDANTS**

**\*Do you have children under the age of 18?**

- 1. Yes
- 2. No

**\*If no, please skip to question 42**

37. Does your child receive regular dental exams every 6 months?

- 1. Yes
- 2. No

38. Is this child (children) up-to-date in their immunizations?

- 1. Yes
- 2. No
- 3. Some are/some are not

\*If your child's immunizations are not up-to-date, what are some reasons why you have not had your child immunized? (Open-ended Question)

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39. How often does your oldest child under 16 use a car safety seat or seat belt when they ride in a car?  
Would you say:

1. Always
2. Nearly always
3. Sometimes
4. Seldom
5. Never
6. Never rides in a car

40. On average, about how many fast food meals does this child have each week?  
\_\_\_\_\_ meals each week

41. Have any of your children ever been diagnosed with a mental health disorder, including anxiety disorders, ADHD, mood disorders, behavior issues, or schizophrenia?

1. Yes
2. No

42. Do you believe that any of your children under the age of 18: (Select all that apply)

1. Smokes Cigarettes
2. Drinks Alcohol
3. Uses Drugs
4. Are Sexually Active
5. None of the Above

43. In the past 12 months, did you receive a seasonal flu vaccine, either by receiving a shot or nasal mist?

1. Yes
2. No

44. Have you ever had a pneumonia vaccination? (Read if necessary: This shot is usually given once or twice in a person's lifetime and is different from the flu shot)

1. Yes
2. No

45. Have you had a tetanus booster shot in the past 10 years?

1. Yes
2. No

46. Have you ever smoked a cigarette, even a few puffs?

1. Yes
2. No (skip to question 49)

47. Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all (skip to question 49)

48. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

1. Yes
2. No

49. Have you ever used prescription medications, such as pain medications or depression medications, to get high?

1. Yes
2. No

50. During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? (Interviewer: A drink of alcohol is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.)

\_\_\_\_\_ Days

51. Do you consider yourself at risk of getting infected with HIV or AIDS?

1. Yes
2. No

52. Are you aware that free rapid HIV testing is available in Pike County?

1. Yes
2. No

53. 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 ride or drive in a car

54. How often do you text and drive? Would you say:

1. Always



2. Nearly always
3. Sometimes
4. Seldom
5. Never
6. Never drive in a car

55. What is the best way for the Health Department or other County agencies to get information to you regarding community health issues?

1. Television
2. Newspapers
3. Word of mouth (friends / neighbors)
4. Radio
5. Internet
6. Mailings
7. Other (Please specify)

**This is the end of the survey, thank you for your time!**