

SAMPLE COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY QUESTIONS



LONGTERM OUTCOMES AND CHRONIC DISEASE INCIDENCE

Health Status

1. Would you say your general health is?

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)

Do not read:

- Don't know/Not Sure (7)
- Refused (9)

Chronic Health Conditions

2. Has a doctor, nurse, or other health professional EVER told you that you have diabetes? If "Yes" and respondent is female, "Was this only when you were pregnant?" (If respondent says pre-diabetes or borderline diabetes, use response code 4)

- Yes (1)
- Yes, but female told only during pregnancy (2)
- No (3)
- No, pre-diabetes or borderline diabetes (4)
- Don't know/Not Sure (7)
- Refused (9)

3. Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

4. Has a doctor, nurse, or other health professional ever told you that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

5. Have you EVER been told by a doctor, nurse or other health professional (i.e. nurse practitioner, physician's assistant) that you have high blood pressure? (If "Yes", and respondent is female, "Was this only when you were pregnant?")

- Yes (1)
- Yes, but female told only during pregnancy (2)
- No (3)
- No, pre-diabetes or borderline diabetes (4)
- Don't know/Not Sure (7)
- Refused (9)

6. Are you currently taking medicine for your high blood pressure?
- Yes (1)
 - No (2)
 - Don't know/Not Sure (7)
 - Refused (9)
7. Has a doctor, nurse, or other health professional EVER told you that you had skin cancer?
- Yes (1)
 - No (2)
 - Don't know/Not Sure (7)
 - Refused (9)
8. Has a doctor, nurse, or other health professional EVER told you that you had Chronic Obstructive Pulmonary Disease or COPD, emphysema or chronic bronchitis?
- Yes (1)
 - No (2)
 - Don't know/Not Sure (7)
 - Refused (9)

Quality of Life

9. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- Number of days (1-30)
 - None (88)
 - Don't know/Not sure (77)
 - Refused (99)
10. Now 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?
- Number of days (1-30)
 - None (88)
 - Don't know/Not sure (77)
 - Refused (99)

CLINICAL & COMMUNITY CARE AND PREVENTIVE SERVICES

Preventive Services

11. A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?
- Yes (1)
 - No (2)
 - Don't know/Not Sure (7)
 - Refused (9)
12. How long has it been since you had your last mammogram?
- Within the past year (anytime less than 12 months ago) (1)
 - Within the past 2 years (1 year but less than 2 years ago) (2)
 - Within the past 3 years (2 years but less than 3 years ago) (3)
 - Within the past 5 years (3 years but less than 5 years ago) (4)
 - 5 or more years ago (5)

Do not read:

- Don't know/Not sure (7)
- Refused (9)

13. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

14. How long has it been since you had your last Pap test?

- Within the past year (anytime less than 12 months ago) (1)
- Within the past 2 years (1 year but less than 2 years ago) (2)
- Within the past 3 years (2 years but less than 3 years ago) (3)
- Within the past 5 years (3 years but less than 5 years ago) (4)
- 5 or more years ago (5)

Do not read:

- Don't know/Not sure (7)
- Refused (9)

15. Have you had a hysterectomy?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

16. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

17. How long has it been since you had your last blood stool test using a home kit?

- Within the past year (anytime less than 12 months ago) (1)
- Within the past 2 years (1 year but less than 2 years ago) (2)
- Within the past 3 years (2 years but less than 3 years ago) (3)
- Within the past 5 years (3 years but less than 5 years ago) (4)
- 5 or more years ago (5)

Do not read:

- Don't know/Not sure (7)
- Refused (9)

18. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

19. How long has it been since you had your last sigmoidoscopy or colonoscopy?

- Within the past year (anytime less than 12 months ago) (1)
- Within the past 2 years (1 year but less than 2 years ago) (2)
- Within the past 3 years (2 years but less than 3 years ago) (3)
- Within the past 5 years (3 years but less than 5 years ago) (4)
- Within the past 10 years (5 years but less than 10 years ago) (5)
- 10 or more years ago (6)

Do not read:

- Don't know/Not sure (7)
- Refused (9)

20. Have you EVER had your blood cholesterol checked?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

21. About how long has it been since you last had your blood cholesterol checked?

- Within the past year (anytime less than 12 months ago) (1)
- Within the past 2 years (1 year but less than 2 years ago) (2)
- 5 or more years ago (4)

Do not read:

- Don't know/Not sure (7)
- Refused (9)

Access to Care

22. Do you have any kind of healthcare coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare, or Indian Health Service?

- Yes (1)
- No (2)
- Don't know/Not Sure (7)
- Refused (9)

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

- Yes (1)
- No (2)
- Refused (9)

Oral Health

24. How many of your permanent teeth have been removed because of tooth decay or gum disease? Include teeth lost to infection, but do not include teeth lost for other reasons.

- 1 to 5 (1)
- 6 or more but not all (2)
- All (3)
- None (8)
- Don't know/Not Sure (7)
- Refused (9)

HEALTH BEHAVIORS AND RISK FACTORS

Diet & Exercise

These next questions are about the fruits and vegetables **you** ate or drank during the past 30 days. Please think about all forms of fruits and vegetables including cooked or raw, fresh, frozen, or canned. Please think about all meals, snacks, and food consumed at home and away from home.

25. During the past month, how many times per day, week or month did you drink 100% PURE fruit juices? Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to (i.e. Kool-aid, Hi-C, lemonade, cranberry cocktail, Tampico, Sunny Delight, Snapple, Fruitopia, Gatorade, Power-Ade, 100% Vitamin C drinks with added sugar, or yogurt drinks). Only include 100% juice.
- Per day (1)
 - Per week (2)
 - Per month (3)
 - Never (555)
 - Don't know / Not sure (777)
 - Refused (999)
26. During the past month, not counting juice, how many times per day, week, or month did you eat fruit? Count fresh, frozen, or canned fruit.
- Per day (1)
 - Per week (2)
 - Per month (3)
 - Never (555)
 - Don't know / Not sure (777)
 - Refused (999)
27. During the past month, how many times per day, week, or month did you eat cooked or canned beans, such as refried, baked, black, garbanzo beans, beans in soup, soybeans, edamame, tofu or lentils. Do NOT include long green beans.
- Per day (1)
 - Per week (2)
 - Per month (3)
 - Never (555)
 - Don't know / Not sure (777)
 - Refused (999)
28. During the past month, how many times per day, week, or month did you eat dark green vegetables for example broccoli or dark leafy greens including romaine, chard, collard greens or spinach? (Do not include iceberg (head) lettuce).
- Per day (1)
 - Per week (2)
 - Per month (3)
 - Never (555)
 - Don't know / Not sure (777)
 - Refused (999)

29. During the past month, how many times per day, week, or month did you eat orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots? (Do not include pumpkin bars, cake bread, or other grain-based dessert-type food containing pumpkin)
- Per day (1)
 - Per week (2)
 - Per month (3)
 - Never (555)
 - Don't know / Not sure (777)
 - Refused (999)
30. Not counting what you just told me about, during the past month, about how many times per day, week, or month did you eat OTHER vegetables? Examples of other vegetables include tomatoes, tomato juice or V-8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried such as baked or mashed potatoes. (Do not include products consumed usually as condiments including ketchup, catsup, salsa, chutney, relish)
- Per day (1)
 - Per week (2)
 - Per month (3)
 - Never (555)
 - Don't know / Not sure (777)
 - Refused (999)

Physical Activity

31. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- Yes (1)
 - No (2)
 - Don't know/Not Sure (7)
 - Refused (9)

Overweight/Obesity - Demographic

32. About how tall are you without shoes?
- Height (feet)
 - Height (inches/meters/centimeters)
 - Don't know/Not sure (77/77)
 - Refused (99/99)
33. About how much do you weigh without shoes?
- Weight (pounds)
 - Don't know/Not sure (7777)
 - Refused (9999)

Tobacco Use

34. Have you smoked at least 100 cigarettes in your entire life (5 packs = 100 cigarettes)?
- Yes (1)
 - No (2)
 - Don't know/Not Sure (7)
 - Refused (9)

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

- Every day (1)
- Some days (2)
- Not at all (3)
- Don't Know/Not Sure (7)
- Refused (9)

36. Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?

- Every day (1)
- Some days (2)
- Not at all (3)
- Don't Know/Not Sure (7)
- Refused (9)

Alcohol Binge Drinking

37. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- Days per week (1_ _)
- Days in the past 30 days (2_ _)
- No drinks in past 30 days (888)
- Don't Know/Not Sure (777)
- Refused (999)

38. Considering all types of alcoholic beverages, how many times during the past 30 days did you have (5 for men, 4 for women) or more drinks on an occasion?

- Number of times
- None (88)
- Don't know/Not Sure (77)
- Refused (99)

39. How often do you get the social and emotional support you need?

- Always (1)
- Usually (2)
- Sometimes (3)
- Rarely (4)
- Never (5)

Do not read:

- Don't know/Not sure (7)
- Refused (9)

Social Determinants of Health

40. What is your sex?

- Male
- Female

41. Age (in years): _____ DOB: _____ month _____ day _____ year of birth

- 18-24 years old
- 25-34 years old
- 35-44 years old
- 45-54 years old
- 55-59 years old
- 60-64 years old
- 65-74 years old
- 75-84 years old
- 85 years and over

42. What is your marital status?

- Married
- Widowed
- Divorced
- Separated
- Never Married

43. Household income?

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,000
- \$150,000 to \$199,999
- \$200,000 or more

44. Race?

- White
- Asian
- Black
- American Indian and Alaska Native
- Other

45. Are you of Hispanic, Latino, or Spanish origin?

- No, not of Hispanic, Latino, or Spanish origin
- Yes, Mexican, Mexican Am., Chicano
- Yes, Puerto Rican
- Yes, Cuban

46. What is the highest level of school you have completed?

- No schooling completed
- Nursery school to 8th grade
- 9th, 10th or 11th grade
- High school graduate – high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

47. Please describe your work?

- Employee of a not-for-profit, tax-exempt, or charitable organization
- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Self-employed in own not-incorporated business, professional practice, or farm
- Self-employed in own incorporated business, professional practice, or farm
- Working without pay in family business or farm

48. Are you currently?

- Employed for wages
- Self-employed
- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Retired
- Unable to work

49. Housing Status?

- Owned by you or someone in this household with a mortgage or loan
- Owned by you or someone in this household free and clear (without a mortgage or loan)
- Rented for cash rent
- Occupied without payment of cash rent

50. Number of children in the family household under 18 years of age?

- No Children
- One
- Two
- Three or more

51. Zip Code: _____