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 (99999)

**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 [ ]
   ___ Days in the past 30 days [ ]
   ___ 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)
   ___ 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: ________________