



North Idaho's Community Health Assessment

Please answer each question to the best of your ability, based on your personal experience.

1. How would you rate your county as a "healthy community?"

- Healthy
- Very Healthy
- Somewhat Healthy
- Unhealthy
- Very Unhealthy

* 2. In your opinion, what are the THREE most significant health problems in your county? (Problems that have the greatest impact on overall community health)

- Aging population
- Alcohol Abuse
- Cancer
- Child abuse/neglect
- Dental problems
- Diabetes
- Drug Abuse
- Domestic violence
- Fire-arm related injuries
- High blood pressure
- HIV/AIDS
- Homicide
- Heart disease and stroke
- Infant death
- Infectious disease (i.e. hepatitis, pertussis, TB, etc.)
- Mental health
- Motor vehicle crash injuries
- Obesity
- Respiratory/lung disease
- Sexual assault
- Sexually transmitted disease
- Suicide
- Teenage pregnancy

Other (please specify)

* 3. In your opinion, what are the THREE most significant health behaviors in your county? (Behaviors that have the greatest impact on overall community health)

- | | |
|--|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Drug abuse |
| <input type="checkbox"/> Racism | <input type="checkbox"/> Not using seat belts/child safety seats |
| <input type="checkbox"/> Overeating | <input type="checkbox"/> Not exercising |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Eating unhealthy foods |
| <input type="checkbox"/> Not using birth control | <input type="checkbox"/> Not getting "Immunizations" or "shots" to prevent disease |

Other (please specify)

14. During the past 12 months, how often did you have to cut meal sizes or skip meals due to insufficient money for food?

- Once a week
- Once a month
- A few times a year
- Other (please specify)
- Once a year
- Never

15. Do you currently have any kind of healthcare coverage, including health insurance, prepaid plans (HMOs), government plans (Medicaid/Medicare), or Indian Health Services?

- Yes
- No
- Don't know/not sure
- Refused

16. Of the following support services, which one do YOU most need, that you are not currently getting?

- Classes about giving care, such as giving medications
- Help in getting access to services
- Support groups
- Individual counseling to help cope with giving care
- Respite care
- I don't need any of these support service

17. During the past 30 days, have you participated in any physical activities or exercise such as running, biking, calisthenics, or walking for exercise?

- Yes
- No
- Don't know/not sure

18. If there was a time in the past 12 months when you needed to see a doctor but could not, what obstacles prevented you from receiving care? Select all that apply.

- I did not need to see the doctor
- Did not have difficulty accessing health care
- I could not afford the cost
- Lack of time
- No doctor appointments available
- Lack of transportation
- Did not know where to seek care
- Lack of employer flexibility
- Don't know/not sure

Other (please specify)

27. In the past 12 months, how often did alcohol use, by you or another member of your household, cause stress, conflict, or anxiety for you?

- Once a week
- Once a month
- A few times a year
- Once a year
- Never

28. Do you currently have enough non-perishable food, water, medical supplies and other supplies (e.g. flashlights, radio, batteries, etc.) at your home to be able to stay in place during an emergency or disaster for up to 3 days?

- Yes
- No
- I don't know

29. Do you have an established emergency or disaster plan (Actions you would take, including how you would communicate with family or friends during an emergency) for you and your family?

- Yes
- No
- I don't know

30. What is your home zip code?

31. Indicate your gender.

- Male
- Female
- Transgender

32. Indicate your race/ethnicity.

- Asian or Pacific Islander
- Black/African American
- Hispanic/Latino
- American Indian/Native American
- White/Caucasian

Other (please specify)

33. Select the category that includes your age.

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or above

34. What is your marital status?

- Married
- Living together, unmarried
- Divorced
- Separated
- Widowed
- Never been married

35. What is your highest level of education?

- K-8th grade
- Some high school
- High school degree
- Technical school
- Some college
- Associate's degree
- Bachelor's degree
- Graduate school

36. In 2016, what was your annual household income from all sources?

- Less than \$10,000
- \$10,000 to under \$25,000
- \$25,000 to under \$50,000
- \$50,000 to under \$75,000
- \$75,000 to under \$100,000
- \$100,000 or more
- Prefer not to say

37. How many children live in your household? If none, write 0.

38. Would you like to provide us with your name and contact information to be entered into a drawing for a **Kindle Fire**?

Your survey answers are not part of a HIPAA protected medical record, however your contact information will be kept confidential.

- Yes
- No

39. **THIS IS VOLUNTARY.** Your survey answers are not part of a HIPAA protected medical record, however any and all contact information will be kept confidential.

Please provide us with...

Name:

Email: