

Weld County

2019 Community Health Survey

Department
of Public Health
and Environment



SURVEY INSTRUCTIONS

This survey is important. Your responses, along with others, will be grouped together to identify issues and concerns in Weld County related to health. We want to hear from you!

Your participation is voluntary. You may choose to participate or not. Your individual answers are kept confidential. Thank you for completing this survey!

This survey needs to be filled out by the **adult age 18 or older who has the next birthday**. Hearing from the person with the next birthday helps ensure we get responses from all types of residents. Please complete the survey within the next 7 days to avoid additional mailings.

Please answer the questions only as they apply to you. Do not answer questions on behalf of other family members, unless the question asks for that. You may be asked to skip questions. If you are not sure how to answer a question, please give the best answer and write any comment you wish next to the question.

Answer the questions with clear markings. Use a ✓ or x. Otherwise, write in the answer as requested. Please make sure written comments are easy to read.

If you have questions or need assistance with the survey in any language call our survey help line at (970) 400-2125.

Si desea llenar la encuesta en español, favor de llamar al (970)400-2125 para recibir una encuesta por correo o vaya a www.weldgov.com/healthsurvey para llenarla en línea.



8. During the past 12 months, how many total months did you have health insurance coverage?

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Number of months (0-12) (If no insurance, enter "0".)

9. What type(s) of health insurance do you have? (Mark an \times or \checkmark next to all that apply. Do not include insurance plans that cover only one type of service like dental, vision, or prescription drug plans.)

- I do not have health insurance of any kind \rightarrow Go to Question 9a
- Health insurance through current or former employer (including Cobra) or union, including a partner's or parent's plan (including retiree benefit)
- Health insurance plan that I, my parents, partner, or spouse purchase directly from an insurance company (privately or through Colorado's marketplace/exchange)
- Medicaid (also called Health First Colorado)
- Medicare (for people 65 years and older or with certain disabilities)
- Veteran's Affairs, Military Health, TRICARE, or CHAMPUS
- Other (Explain: _____)

9a. Please indicate if any of the following are a reason you do not have health insurance. (Mark an \times or \checkmark in each row.)

	Yes	No
Lost job/changed employers	<input type="radio"/>	<input type="radio"/>
A family member's job that provided coverage ended	<input type="radio"/>	<input type="radio"/>
Employer does not offer coverage or not eligible for coverage	<input type="radio"/>	<input type="radio"/>
No longer eligible (under public insurance or parent's policy)	<input type="radio"/>	<input type="radio"/>
Cost is too high	<input type="radio"/>	<input type="radio"/>
Don't need insurance because I am in good health	<input type="radio"/>	<input type="radio"/>
Don't know how to get insurance	<input type="radio"/>	<input type="radio"/>
Some other reason (Explain: _____)	<input type="radio"/>	<input type="radio"/>

10. What is the one place you usually go when you are sick or need to see a medical professional? (Mark an \times or \checkmark by one answer.)

- I do not have a regular place for health care \rightarrow Go to Question 11
- Doctor's office, medical practice, or private clinic
- Community health clinic that offers a discounted fee (Sunrise, Salud, etc.)
- 24/7 emergency room (hospital-based or free-standing)
- Urgent care center or clinic that is inside a retail store
- School, college, or university clinic
- Other (Explain: _____)

10a. What county is this place located? (Mark an \times or \checkmark by one answer.)

- Weld Adams Broomfield Other (Name: _____)
- Boulder Larimer Not sure

11. In the past 12 months, how many times did you receive care in a 24/7 emergency room?

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Number of times (0-99) (If none, enter "0" and go to Question 12.)

11a. If you received ER care in the past year, think of the most recent visit. Was that last ER visit for a condition you thought could have been treated by a regular doctor if they had been available?

- Yes No Not sure

11b. Were any of the following important reasons for your last 24/7 emergency room visit? (Mark an × or ✓ in each row.)

	Yes	No
Could not schedule doctor's office/clinic appointment (hours did not work, available appointments too far in future)	<input type="radio"/>	<input type="radio"/>
Needed care but doctor's office/clinic was closed (after hours)	<input type="radio"/>	<input type="radio"/>
Health care provider told me to go to ER	<input type="radio"/>	<input type="radio"/>
The problem was too serious for a doctor's office/clinic	<input type="radio"/>	<input type="radio"/>
I do not have dependable transportation to get to the doctor's office/clinic	<input type="radio"/>	<input type="radio"/>
I do not like going to the doctor's office/clinic	<input type="radio"/>	<input type="radio"/>
I prefer going to the ER	<input type="radio"/>	<input type="radio"/>
The ambulance/emergency vehicle took me there	<input type="radio"/>	<input type="radio"/>
Other (Explain: _____)	<input type="radio"/>	<input type="radio"/>

YOUR HEALTH CONDITIONS, BEHAVIORS, AND OPINIONS

12. Have you ever been told by a doctor or other health care professional that you had any of the following health conditions? (Mark an × or ✓ in each row.)

	Yes	No
High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>
<i>If yes, are you currently taking blood pressure medication?</i>	<input type="radio"/>	<input type="radio"/>
Diabetes (high blood sugar) (<i>If you were told you had diabetes only during pregnancy, answer "no".</i>)	<input type="radio"/>	<input type="radio"/>
High cholesterol	<input type="radio"/>	<input type="radio"/>
Heart attack, coronary artery disease, or stroke	<input type="radio"/>	<input type="radio"/>
Skin cancer	<input type="radio"/>	<input type="radio"/>
Any other type of cancer	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Chronic Obstructive Pulmonary Disease (COPD, emphysema, or chronic bronchitis)	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>
Anxiety disorder	<input type="radio"/>	<input type="radio"/>
Alcohol or drug dependence	<input type="radio"/>	<input type="radio"/>
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	<input type="radio"/>	<input type="radio"/>
Other chronic condition (Explain: _____)	<input type="radio"/>	<input type="radio"/>

13. Do you now have any of the following conditions? (Mark an × or ✓ in each row.)

	Yes	No
Chronic pain (ongoing or recurring pain that has persisted or progressed for more than 12 weeks)	<input type="radio"/>	<input type="radio"/>
<i>If yes, are you currently taking prescription pain medications?</i>	<input type="radio"/>	<input type="radio"/>
<i>If yes, are you currently using cannabis or CBD to manage pain?</i>	<input type="radio"/>	<input type="radio"/>
Depression, anxiety, or other mental health problem	<input type="radio"/>	<input type="radio"/>
<i>If yes, are you currently taking medicine from a doctor or other health professional for your condition?</i>	<input type="radio"/>	<input type="radio"/>
Toothache	<input type="radio"/>	<input type="radio"/>
Other problems with teeth or gums	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Obesity	<input type="radio"/>	<input type="radio"/>
<i>If yes, at your most recent visit, did a doctor, nurse, or health practitioner advise you to lose weight?</i>	<input type="radio"/>	<input type="radio"/>

14. In the past 30 days, have you used or consumed any of the following?

	Yes, some days	Yes, every day	No
Cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chew/spit tobacco or other smokeless products like snus or ZYN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigars, cigarillos, or pipes, including hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes or electronic smoking devices containing nicotine like JUUL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/cannabis for medicinal purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana/cannabis for recreational purposes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. Have you smoked at least 100 cigarettes in your entire life? (Five packs equal 100 cigarettes. Do not include e-cigarettes, herbal cigarettes, cigars, cigarillos, pipes, bidis, hookahs, or marijuana.)

- Yes No

16. Current marijuana/cannabis users only: On the days you used marijuana, how many times per day did you use on average? (If you are not a current marijuana/cannabis user, go to Question 17.)

Average number of times per day (0-99) Not sure

17. Current alcohol users only: Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks (for women) or 5 or more drinks (for men) on one occasion? (One drink is one 12-ounce can or bottle of beer, one 5-ounce glass of wine, or a drink with a 1.5 ounce shot of liquor.) (If none, enter "0".) (If you are not a current alcohol user, go to Question 18.)

Number of times you had 4 or more drinks (for women) or 5 or more drinks (for men) in one sitting (0-99)

Please answer the next questions, no matter whether you have ever used tobacco or marijuana products.

18. How much do you think daily use or near-daily use of marijuana or cannabis risks harming the average adult's health?

- Great risk Moderate risk Slight risk No risk Not sure

19. Would you favor or oppose local community policies that would:

	Strongly favor	Somewhat favor	No opinion	Somewhat oppose	Strongly oppose
Require retailers to have a license to sell tobacco or nicotine products (Currently, no license is required.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Raise the legal minimum age to purchase all tobacco and nicotine products from 18 to 21 years	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prohibit smoking in outdoor public areas like recreation areas, parks, playgrounds, and trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Allow operation of marijuana retail stores and cultivation facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PREVENTIVE HEALTH BEHAVIORS AND SCREENINGS

20. When was the last time you had the following? (Mark an \times or \checkmark in each row.)

	Within past year	Within past 2 years	Within past 3 years	Within past 5 years	5 or more years ago	Never
Routine checkup by a doctor, nurse, practitioner, or physician assistant (not for a specific illness, injury, or condition)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dental exam and/or teeth cleaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eye exam or vision test(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood cholesterol test (by drawing blood or pricking your finger)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood pressure check	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood sugar test (diabetes screening)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood stool test using a home test kit (to test for colon cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colonoscopy (complete inspection of the rectum and colon for cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WOMEN ONLY:						
Mammogram (breast x-ray)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pap smear (test for cervical cancer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

WOMEN: If you had a hysterectomy, mark an \times or \checkmark here \rightarrow

WOMEN: If currently pregnant, mark an \times or \checkmark here \rightarrow

21. How tall are you (without shoes)?

feet inches

How much do you weigh in pounds (without shoes)?

pounds

22. How much do you agree with each of the following statements on vaccinations?

	Strongly agree	Agree	Disagree	Strongly disagree	No opinion
Vaccines are important for my health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being vaccinated is important for the health of others in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaccines are effective	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Did you get a seasonal flu shot or nasal mist during the last flu season? (September 2018-April 2019)

Yes No Not sure

24. How often do you do the following when driving a vehicle? (Mark an \times or \checkmark in each row.)

	Always	Usually	Sometimes	Rarely	Never	Don't drive
Wear your seatbelt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talk on the phone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read/send emails or texts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive within 2-3 hours after using marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive within 1 hour after drinking alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

HEALTH-SEEKING HABITS

25. **Not counting juice, on average, how many servings of fruit do you eat each day?** (A serving is ½ cup of chopped, cooked, canned, frozen fruit, or one small (tennis ball-size) piece of fruit or ¼ cup dried fruit.)

Average number of servings per day (0-99) (If none, enter "0".)

26. **On average, how many servings of vegetables do you eat each day?** (A serving is ½ cup of chopped raw, cooked, canned, or frozen vegetables, or 1 cup raw, leafy vegetables, or 4 ounces of 100% vegetable juice.)

Average number of servings per day (0-99) (If none, enter "0".)

27. **How often do you drink sugar-sweetened beverages?** (These are drinks with added sugar, flavored syrups or other sweeteners, such as regular soda, fruit punches or fruit drinks, sweetened or flavored tea, sweetened or flavored coffee drinks, sports drinks, energy drinks, and sweetened or flavored milks. Do not include diet or sugar-free drinks or 100% juice.)

- Never or rarely (weekly or monthly, but not every day) Once per day Two to three times per day Four to five times per day Six or more times per day

28. **During the past month, other than your regular job, did you participate in any physical activities or exercise, such as running, biking, golfing, gardening, or walking?**

- Yes No Not sure

The next 3 questions ask you about your physical activity in the past 7 days. (This includes activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise, or sport. Please answer each question, no matter how active or inactive you are.)

29. **During the past 7 days, how many days did you do vigorous physical activity that took hard physical effort and made you breathe much harder than normal, such as heavy lifting, digging, jogging, aerobics, or fast bicycling?**

Number of days of vigorous activity (1-7) **If no vigorous activity, mark an × or ✓ here → ○ and go to Question 30.**

29a. **How much time did you usually spend on one of those days doing vigorous physical activities?**

Total minutes spent on average per day (0-999) Not sure

30. **During the past 7 days, how many days did you do moderate physical activity that made you breathe somewhat harder than normal, such as carrying light loads, bicycling at a regular pace, or gardening? (Do not include walking here.)**

Number of days of moderate activity (1-7) **If no moderate activity, mark an × or ✓ here → ○ and go to Question 31.**

30a. **How much time did you usually spend on one of those days doing moderate physical activities?**

Total minutes spent on average per day (0-999) Not sure

31. **During the past 7 days, how many days did you walk, such as walking at work or home, traveling from place to place, or any other walking for recreation, sport, exercise, or leisure?**

Number of days of walking activity (1-7) **If you did not walk, mark an × or ✓ here → ○ and go to Question 32.**

31a. How much time did you usually spend walking on one of those days?

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Total minutes spent on average per day (0-999)

Not sure

ENVIRONMENTAL HEALTH ISSUES

32. How much of a problem are the following environmental health issues in the particular city, town, or rural area where you live? (Mark an \times or \checkmark in each row.)

	Major problem	Minor problem	No problem	Don't know
Polluted outdoor air (brown cloud, dust, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unclean indoor air (mold, radon, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from cars, trucks, and other road vehicles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to secondhand tobacco smoke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe or unclean water for drinking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pollution from agricultural operations (manure, chemicals, crop waste, agricultural burning, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Industry pollution (manufacturing, oil and gas drilling, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough options to recycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unsafe food at resaurants, grocery stores, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unused/uneaten household food that ends up in landfill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough sidewalks or trails for walking or biking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many mosquitoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Too many flies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Changing climate conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excessive flooding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Explain: _____)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

33. What is your level of agreement with the following statements about the particular city, town, or rural area where you live? (Mark an \times or \checkmark in each row.)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
It is easy to walk in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is easy to bike in my community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is possible to get to many places I need to go by biking or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is possible to get to many places I need to go by public transit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

COMMUNITY-BASED SERVICE NEEDS

34. In the past 12 months, did you think you needed mental health care or counseling services?

- Yes \rightarrow If yes, go to Question 34a No \rightarrow If no, go to Question 35

34a. If yes, did you seek counseling or treatment?

- Yes \rightarrow If yes, go to Question 34b No \rightarrow If no, go to Question 34c

34b. If yes, where did you seek counseling or treatment? (Mark an \times or \checkmark next to all that apply.)

- Private counselor, therapist, social worker, or other provider who specializes in mental health
- Primary care doctor or nurse
- North Range Behavioral Health
- Church, temple, or other place of worship
- Other (Explain: _____)

34c. If no, do any of these statements explain why you did not get treatment? (Mark an \times or \checkmark in each row.)

	Yes	No
I was concerned seeking treatment might cause family, friends, neighbors, and others to have a negative opinion of me	<input type="radio"/>	<input type="radio"/>
I was concerned seeking treatment or counseling might have a negative effect on my job	<input type="radio"/>	<input type="radio"/>
My health insurance does not cover any or pay enough for mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>
I could not afford the cost	<input type="radio"/>	<input type="radio"/>
I had a hard time getting an appointment with a psychiatrist	<input type="radio"/>	<input type="radio"/>
I was concerned I might be committed to a psychiatric hospital or might have to take medicine	<input type="radio"/>	<input type="radio"/>
I did not know where to go to get services	<input type="radio"/>	<input type="radio"/>
I did not have time to seek treatment	<input type="radio"/>	<input type="radio"/>
Other (Explain: _____)	<input type="radio"/>	<input type="radio"/>

35. Mark your level of agreement with the following statements: (Mark an \times or \checkmark in each row.)

	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
Treatment can help people with mental illness lead normal lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People are generally caring and sympathetic to people with mental illness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. In the past 12 months, did you or any member of your household need and/or use any of the community services listed below? (Mark an \times or \checkmark in each row.)

	Did not need	Needed and used	Needed but did not use	Don't know
Services for children/youth with emotional problems or delinquent behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment or counseling for alcohol or drug addiction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low- or no-cost dental/oral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Services for an older adult/senior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting information, training, or classes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care/daycare financial assistance (including CCCAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical or mental health care as a result of sexual assault or physical abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work-related/employment services (help finding work or job training)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial assistance (unemployment, Colorado Works/TANF, Social Security disability-SSI, Old Age Pension, Aid to Needy & Disabled), welfare, or disability payments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food or meal assistance (food bank, food stamps/SNAP, WIC, Meals on Wheels, school-based free or reduced-price lunch)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing services (rental/utility bill assistance, LEAP, or shelters)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation assistance services (vouchers, reimbursements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

INDIVIDUAL AND HOUSEHOLD INFORMATION

37. During the **past 2 months**, have you been living in stable housing you own, rent, or stay in as part of a household?

- Yes No

38. Are you worried or concerned in the **next 2 months**, you may not have stable housing you own, rent, or stay in as part of a household?

- Yes No

39. In the **past 12 months**, has anyone (family, friend, or other non-relative) stayed at your home on a temporary basis because of one of the following reasons? (Mark an \times or \checkmark in each row.)

	Yes	No
Health problem	<input type="radio"/>	<input type="radio"/>
Loss of housing	<input type="radio"/>	<input type="radio"/>
Financial hardship	<input type="radio"/>	<input type="radio"/>
Other (Explain: _____)	<input type="radio"/>	<input type="radio"/>

40. **Currently**, does more than one family live in your home?

- Yes No

41. In the **past 12 months**, did you quit a job, not take a job, or greatly change your job because of any of the following reasons? (Mark an \times or \checkmark in each row.)

	Yes	No
Personal illness, injury, or medical problem	<input type="radio"/>	<input type="radio"/>
Taking care of a family member (partner, parent, child, etc.)	<input type="radio"/>	<input type="radio"/>
Child care problems	<input type="radio"/>	<input type="radio"/>
Laid off work	<input type="radio"/>	<input type="radio"/>
Not enough pay or hours to work	<input type="radio"/>	<input type="radio"/>
Personal car, van, or truck broke down	<input type="radio"/>	<input type="radio"/>
Insufficient public transportation	<input type="radio"/>	<input type="radio"/>
Other: (Explain: _____)	<input type="radio"/>	<input type="radio"/>

42. How often in the **past 12 months** were you worried or stressed about: (Mark an \times or \checkmark in each row.)

	Always	Usually	Sometimes	Rarely	Never
Having enough money to buy nutritious meals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying your rent/mortgage	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paying medical bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to afford the medical care you need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your health insurance becoming too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

43. In the **past 12 months**, have you been slapped, shoved, hit, beaten, kicked, or otherwise hurt by someone in your home?

- Yes No Prefer not to answer

INDIVIDUAL AND HOUSEHOLD INFORMATION

This information is important to get an overall picture of the community, not to find out about you personally.

44. What type of house do you currently live in?

- House
- Duplex or two-unit building
- Building/apartment with 3 or more units
- Mobile or manufactured home

45. Do you own or rent your residence?

- Own
- Rent
- Other (Explain below.)

46. How long have you lived in Weld County?

		Number of years
--	--	-----------------

47. How many times have you moved in the past year?

		Number of times
--	--	-----------------

48. Including yourself, how many people (adults and children) live in your household?

		Number of adults (18 and older)
		Number of children (17 and younger)

49. Do you or anyone in your household prefer to use a language other than English in the home?

- No
- Yes

If yes, what language?

50. Does a disability, handicap, or chronic disease keep you from taking part fully in work, housework, or other daily activities?

- Yes
- No

51. What is your current employment status?

(Mark an \times or \checkmark next to all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Employed full-time for wages | <input type="checkbox"/> Unemployed/laid off |
| <input type="checkbox"/> Employed part-time for wages | <input type="checkbox"/> Full-time homemaker |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Full-time student |
| <input type="checkbox"/> Disabled/unable to work | <input type="checkbox"/> Part-time student |
| | <input type="checkbox"/> Retired |
| | <input type="checkbox"/> Military |

52. What year were you born?

--	--	--	--

53. Are you:

- Male
- Female
- Transgender

54. Do you consider yourself:

- Heterosexual (straight)
- Lesbian or gay
- Bisexual
- Other
- Unsure

55. What is the highest level of education you have completed?

- Less than 9th grade
- 9th-12th grade, no diploma
- High school diploma or GED
- Some college, no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Graduate or professional degree

56. What was your household's total income before taxes in 2018? (Include income from all sources, such as jobs, social security, public assistance, and retirement income for yourself and all other persons living in your household.)

- | | |
|---|---|
| <input type="radio"/> \$12,000 or less | <input type="radio"/> \$47,001-\$50,000 |
| <input type="radio"/> \$12,001-\$17,000 | <input type="radio"/> \$50,001-\$54,000 |
| <input type="radio"/> \$17,001-\$21,000 | <input type="radio"/> \$54,001-\$59,000 |
| <input type="radio"/> \$21,001-\$23,000 | <input type="radio"/> \$59,001-\$63,000 |
| <input type="radio"/> \$23,001-\$25,000 | <input type="radio"/> \$63,001-\$66,000 |
| <input type="radio"/> \$25,001-\$30,000 | <input type="radio"/> \$66,001-\$74,000 |
| <input type="radio"/> \$30,001-\$34,000 | <input type="radio"/> \$74,001-\$83,000 |
| <input type="radio"/> \$34,001-\$38,000 | <input type="radio"/> \$83,001-\$100,000 |
| <input type="radio"/> \$38,001-\$41,000 | <input type="radio"/> \$100,001-\$118,000 |
| <input type="radio"/> \$41,001-\$47,000 | <input type="radio"/> \$118,001 or more |

57. Which of the following best describes your background?

(Mark an \times or \checkmark next to all that apply.)

- White, non-Hispanic
- Hispanic, Latino, or Spanish (any race)
- Alaska Native or American Indian
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- Other: (_____)

58. What do you think residents of Weld County need to improve their health and well-being?

Thank you very much!
Please use the postage-paid envelope to return the survey.