

# Ottawa County Resident Survey on Health

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## **Thank You!**

**For participating in this survey we would like to give you a \$15 Meijer gift card. When you return the completed survey to the person who handed it to you, they will give you the gift card.**

Thank you for participating in this survey. Your participation is critical to conducting an accurate community health needs assessment for your community.

**This survey is confidential, so your answers will only be reported as a group. There are no questions asked that can personally identify you in any way. Once you've completed the survey please return it to the person who distributed it.**

First, please answer a few questions about yourself that will help us better understand who participated in the survey. We will not use this information for any other purpose.

Age	Education		Zip Code Where You Live	
<input type="checkbox"/> 18 - 24 years <input type="checkbox"/> 25 - 34 <input type="checkbox"/> 35 - 44 <input type="checkbox"/> 45 - 54 <input type="checkbox"/> 55 - 64 <input type="checkbox"/> 65 - 74 <input type="checkbox"/> 75 or older	<input type="checkbox"/> Never attended school or only attended Kindergarten <input type="checkbox"/> Less than a 9 <sup>th</sup> grade education <input type="checkbox"/> Grades 9 through 11 (some high school) <input type="checkbox"/> Grade 12 or GED (high school graduate) <input type="checkbox"/> College 1 to 3 years (some college or technical school) <input type="checkbox"/> College 4 years or more (college graduate)		<hr/>	
Marital Status	Adults 18 Years of Age or Older at Home (Including Yourself)	Children 0 to 5 Years of Age at Home	Children 6 to 17 Years of Age at Home	
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Never married <input type="checkbox"/> A member of an unmarried couple	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more	
Race/Ethnicity	Employment Status	Annual Household Income		
<input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Employed for wages <input type="checkbox"/> Self-employed <input type="checkbox"/> Out of work less than 1 year <input type="checkbox"/> Out of work 1 year or more <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Unable to work/disabled	<input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000 to less than \$15,000 <input type="checkbox"/> \$15,000 to less than \$20,000 <input type="checkbox"/> \$20,000 to less than \$25,000 <input type="checkbox"/> \$25,000 to less than \$35,000 <input type="checkbox"/> \$35,000 to less than \$50,000 <input type="checkbox"/> \$50,000 to less than \$75,000 <input type="checkbox"/> \$75,000 or more		

1. To begin, would you say your general health is...? (**Check only one**)  
 Poor       Fair       Good       Very Good       Excellent
2. 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? \_\_\_\_\_ days (answer must be between 0-30)
3. 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? \_\_\_\_\_ days (answer must be between 0-30)
4. Do you have one person you think of as your personal doctor or health care provider? (**Check only one**)  
 Yes, only one       Yes, more than one       No
5. How **satisfied** are you with the health care system **overall**? (**Check only one**)  
 Very Dissatisfied       Dissatisfied       Neither Dissatisfied Nor Satisfied       Satisfied       Very Satisfied       Don't Know
6. Which of these describes your health insurance situation? (**Check all that apply**)  
 Employer Provided       Medicare       Medicaid       None/No Insurance       Other (specify): \_\_\_\_\_  
 Private Insurance       Medicare Supplemental       Other Government (e.g., Veteran's Health Administration, MiChild, etc.)       Don't Know
7. In the past two years, was there a time when you had trouble meeting your health care needs? (**Check only one**)  
 Yes       No       Don't Know
8. (**ANSWER IF YES ABOVE**) What are some of the reasons you had trouble meeting your health care needs? (**Check all that apply**)  
 Too costly/expensive       Provider doesn't accept my health insurance       Couldn't afford prescription drugs       Couldn't get an appointment       Don't Know  
 Lack of health insurance       Language/racial/cultural barriers       I'm not comfortable with any doctor       Couldn't get a referral       Inconvenient office hours  
 Couldn't afford deductibles or co-pays       Lack of physician specialists in the area (e.g., cardiology, urology, OBGYN)       Lack of transportation       Other (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Was there ever a time in the past 12 months when you did not take your medication as prescribed, such as skipping doses or splitting pills, in order to save on costs? (**Check only one**)  
 Yes       No       Haven't been on medication in the past 12 months       Don't Know
10. What are some of the **barriers** you face personally when trying to live a healthier lifestyle? (**Check all that apply**)  
 Don't know how to make changes       My community doesn't support healthy lifestyles       Too costly/can't afford  
 Lack of affordable healthy food       My family doesn't support healthy lifestyles       Too many unhealthy food options  
 Lack of affordable/safe housing       Not enough time       Transportation issues  
 Lack of programs/services in my community       Not mentally/emotionally ready to make changes       None (no barriers)  
 Lack of energy/will power/motivation       Other (specify): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. How many times have you been to an Emergency Room/Emergency Department in the past 12 months? (**Check only one**)

- None       1 time       2 times       3 times       4 or more times

12. Substance abuse and addiction can have a negative impact on individuals or someone you know. Which of the following, if any, have had a negative effect on you or someone you know? (**Check all that apply**)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Alcohol                        | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Prescription drugs     |
| <input type="checkbox"/> Cocaine                        | <input type="checkbox"/> Heroin        | <input type="checkbox"/> Second hand smoke      |
| <input type="checkbox"/> Crack cocaine                  | <input type="checkbox"/> Marijuana     | <input type="checkbox"/> Vaping                 |
| <input type="checkbox"/> Crystal meth (methamphetamine) | <input type="checkbox"/> Nicotine      | <input type="checkbox"/> Other (specify): _____ |
|   | <input type="checkbox"/> Opiates       | <input type="checkbox"/> None                   |

13. What do you feel are some of the **most** important **health** problems in your community today?

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14. How confident are you that you can successfully navigate the health care system? By navigating the health care system, we mean knowing: how to use your health plan or insurance, what your plan covers, how to read your statements, where to go for services, how to find a primary care provider, what your options are for treatment, etc.

- Not At All Confident       Not Very Confident       Somewhat Confident       Very Confident       Extremely Confident

15. How confident are you in filling out medical forms by yourself? For example, things like insurance forms, questionnaires, and doctor's office forms?

- Not At All Confident       Not Very Confident       Somewhat Confident       Very Confident       Extremely Confident

16. How often do you have problems learning about your health condition because of difficulty in understanding written information?

- Never       Rarely       Sometimes       Often       Always

17. Has there been a time in the past 12 months when you thought of taking your own life? (**Check only one**)

- Yes       No

18. During the past 12 months, did you attempt to commit suicide (take your own life)? (**Check only one**)

- Yes, but did not require treatment       Yes, and was treated       No

19. How would you compare your life overall now with how your life was before the coronavirus (COVID-19) pandemic that began back in March of 2020? (**Check only one**)

- My life is better       My life is the same/no different       My life is worse

20. How well do you think **local health professionals** responded to the coronavirus (COVID-19) pandemic? (**Check only one**)

- Not At All Well       Not Very Well       Somewhat Well       Very Well       Extremely Well

21. Why do you think that?

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22. Within the past 12 months, I worried whether my food would run out before I got money to buy more.

- Often True       Sometimes true       Never true       Don't Know/Refused

23. Within the past 12 months, the food that I bought just didn't last, and I didn't have money to get more.

- Often True       Sometimes true       Never true       Don't Know/Refused

24. Which of the following best describes the place where you live? (**Check only one**)

- Apartment, condo, or house that you **own** either by yourself or with others
- Room, apartment, or house that you **rent** either by yourself or with others
- Sleep in a shared space or common room (e.g., floor, couch) with others and **contribute to rent**
- Hotel or motel **paid for by you** (participant)
- I provide child/elderly care, cooking or cleaning to contribute in shared housing
- Temporarily staying in someone else's apartment or house (**not able to pay rent**)
- Group home or supervised residential facility
- Sleep/stay in a shelter, transitional/supportive housing, or hotel/motel **paid for by someone else**
- Homeless (e.g., sleep on street, in a car)
- Other (specify): \_\_\_\_\_

25. In the past year, did any of the following happen to you? (**Check all that apply**)

- Didn't pay full amount of rent or mortgage
- Didn't pay full amount of utilities
- Moved two or more times
- Doubled-up
- Moved in with other people for financial problems

26. During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?

- Yes
- No

27. (**ANSWER IF YES ABOVE**) Which of the following, if any, were reasons why you did not get the mental health treatment or counseling you needed? (**Check all that apply**)

- Couldn't afford the cost
- Was concerned that getting mental health treatment or counseling might cause my neighbors or community to have a negative opinion of me
- I tried to get mental health treatment or counseling but was put on a waitlist
- Didn't know where to go to get services
- Was concerned that getting mental health treatment or counseling might have a negative effect on my job
- I was concerned that I might be committed to a psychiatric hospital or might have to take medicine
- My health insurance does not cover or pay enough for mental health treatment or counseling
- I was concerned that the information I gave the counselor might not be kept confidential
- Other (specify): \_\_\_\_\_

28. Do you experience any problems when trying to receive childcare for your child(ren)? (**Check only one**)

- Yes
- No
- Don't Know
- Not applicable to me

29. (**ANSWER IF YES ABOVE**) What are some of the problems you experience when trying to receive childcare? (**Check all that apply**)

- No available childcare providers
- My child has special needs
- Childcare not near my home/not conveniently located
- Transportation issues/lack of transportation
- Too costly/can't afford
- Work schedule conflicts
- Haven't found childcare I am comfortable with
- Other (specify): \_\_\_\_\_

30. Sex assigned at birth

- Male
- Female

31. Do you consider yourself to be transgender?

- Yes
- No

32. Which of the following best represents how you think of yourself?

- Straight, that is, not gay
- Gay
- Bisexual
- Something else
- I don't know the answer
- Refused

**Thank you for being an important part of this research!**