

Community Health Assessment survey



Public Health
Prevent. Promote. Protect.

**Boone County
Health Department**



Thank you for participating in the Boone County Health Department Community Health Assessment. You have chosen to share your thoughts, ideas and experiences with us to help us Build Our Best Boone because you live and/or work in Boone County. The survey is anonymous. By completing this survey, you are helping us better understand our community and your concerns. Your responses are important so please answer as honestly and completely as possible. The more complete and honest your answers, the more you help your community identify and address key health issues. It takes about ten minutes to complete our survey but isn't that a small price to help Build Our Best Boone

1. Please indicate where you live by checking one of the following?

61008 61011 61012 61038 61065 Other _____

2. How satisfied are you with the following factors that affect the quality of life in the community where you live? Quality of life is defined as your personal satisfaction/happiness (or dissatisfaction/unhappiness) with the conditions in which you live. For each question, please place an 'x' in the rating box which most closely matches your opinion.

	Very Satisfied	Satisfied	No opinion	Dissatisfied	Very Dissatisfied
Access to healthcare services					
Access to healthy food					
Affordable housing					
After school activities					
Arts and cultural events					
City/County government					
City/County services					
Community connectedness					
Community pride					
Economic opportunity					
Environment (air, water, trash)					
Friendly community					

	Very Satisfied	Satisfied	No opinion	Dissatisfied	Very Dissatisfied
Good paying jobs					
Good schools					
Interpreters for services (language or sign)					
Opportunities for higher education					
Parks and recreation opportunities					
Public transportation					
Religious and spiritual values					
Safe neighborhood					
Senior services					
Strong family values					
The way people work together to solve community problems					
Transportation for those with disabilities					
Walkable/bike-able community					

3. Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in any of the following situations because of your race, ethnicity, color, gender or sexual orientation?

	Never	Once	2 or 3 times	4 or more times
At school				
Getting hired or getting a job				
At work				
Getting housing				
Getting medical care				
Getting service in a store or restaurant				
Getting credit, bank loans or a mortgage				
On the street or in a public setting				
Receiving services from a government entity				

4. What do you consider the 3 most important health concerns in Boone County?

- | | |
|--|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Lack of access to healthcare |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Lack of access to transportation |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental health care |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Firearm related injuries | <input type="checkbox"/> Poor access to healthy food |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Prescription drug abuse |
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Safe, affordable housing |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Illegal drug use | <input type="checkbox"/> Smoking |
| <input type="checkbox"/> Inactivity | <input type="checkbox"/> STI/STD/HIV |
| <input type="checkbox"/> Lack of access to dental care | <input type="checkbox"/> Teen pregnancy |
| | <input type="checkbox"/> Other _____ |

5. How would you rate the overall physical health of the people in Boone County?

- | | |
|---|---|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Unhealthy |
| <input type="checkbox"/> Somewhat healthy | <input type="checkbox"/> Very Unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Not sure |

6. How would you rate YOUR overall health?

- | | |
|---|---|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Unhealthy |
| <input type="checkbox"/> Somewhat healthy | <input type="checkbox"/> Very Unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Not sure |

7. Do you believe you eat a healthy diet?

- | | |
|---|---|
| <input type="checkbox"/> Very healthy | <input type="checkbox"/> Unhealthy |
| <input type="checkbox"/> Somewhat healthy | <input type="checkbox"/> Very Unhealthy |
| <input type="checkbox"/> Healthy | <input type="checkbox"/> Not sure |

8. How many servings of fruits and vegetables do you eat each day? One serving is ½ cup of fresh, canned or cut fruit or cooked vegetables, or one full cup of leafy vegetables such as spinach. One serving may also include one medium apple.

- 0 to 1 2 to 3 4 to 5 more than 5

9. Are you physically active for at least 150 minutes per week outside of regular work activity such as walking, running, biking, games (such as basketball), or other types of activity or exercise?

- Yes No

10. How do you get to work, shopping, and appointments?

- | | | |
|-------------------------------|-------------------------------|---|
| <input type="checkbox"/> Car | <input type="checkbox"/> Bike | <input type="checkbox"/> Boone County Public Transportation |
| <input type="checkbox"/> Taxi | <input type="checkbox"/> Walk | <input type="checkbox"/> Other _____ |

11. How many alcoholic drinks do you drink per week?

- | | |
|--|---|
| <input type="checkbox"/> I never drink alcoholic beverages | <input type="checkbox"/> 4 to 5 |
| <input type="checkbox"/> 0 to 1 | <input type="checkbox"/> more than 5 |
| <input type="checkbox"/> 2 to 3 | <input type="checkbox"/> Not applicable |

12. How many packs of cigarettes do you smoke per day?

- | | |
|--|---|
| <input type="checkbox"/> I do not smoke cigarettes | <input type="checkbox"/> One pack per day |
| <input type="checkbox"/> One quarter pack per day | <input type="checkbox"/> More than one pack per day |
| <input type="checkbox"/> One half pack per day | <input type="checkbox"/> Not applicable |

13. Have you quit smoking or tried to quit?

- Yes, I have quit smoking
- I have tried to quit smoking but still smoke
- Yes, I quit smoking cigarettes but use other tobacco products
- Yes, I have quit smoking and now vape
- No, I have not tried to quit smoking.
- Not applicable

14. Have you been diagnosed with any of the following during the past year?

- | | | |
|--------------------------------------|--|---|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Diabetic neuropathy | <input type="checkbox"/> Lupus |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Emphysema | <input type="checkbox"/> Multiple sclerosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High cholesterol | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> COPD | <input type="checkbox"/> Kidney disease | |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Liver disease | |

15. Where do you go when you are sick or need healthcare?

- | | |
|--|--|
| <input type="checkbox"/> I don't go anywhere when I am sick or need healthcare | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital Emergency room | <input type="checkbox"/> VA Hospital or clinic |
| <input type="checkbox"/> Community health center (Crusader or similar) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Doctor's office | |

16. How frequently do you see your doctor?

- | | |
|---|---|
| <input type="checkbox"/> I do not see a doctor on a regular basis | <input type="checkbox"/> More than 3 times per year |
| <input type="checkbox"/> Once a year | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 2 to 3 times per year | |

17. How many prescriptions do you take on a daily basis?

- | | |
|--|------------------------------------|
| <input type="checkbox"/> I do not take any prescriptions | <input type="checkbox"/> 5 to 6 |
| <input type="checkbox"/> 1 to 2 | <input type="checkbox"/> 7 to 8 |
| <input type="checkbox"/> 3 to 4 | <input type="checkbox"/> 9 or more |

18. How do you pay for healthcare?

- | | |
|--|--|
| <input type="checkbox"/> I can't pay when I am in need of healthcare | <input type="checkbox"/> Cash |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Veterans Administration |

19. Over the past year, how often were you unable to get needed HEALTH care for yourself or your family due to cost?

- | | |
|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Two times |
| <input type="checkbox"/> One time | <input type="checkbox"/> More than 2 times |

20. Over the past year, how often were you unable to get needed DENTAL care for yourself or your family due to cost?

- | | |
|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Two times |
| <input type="checkbox"/> One time | <input type="checkbox"/> More than 2 times |

21. Over the past year, how often were you unable to get counseling for an emotional or mental health problem for yourself or your family due to cost?

- | | |
|---|--|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Two times |
| <input type="checkbox"/> One time | <input type="checkbox"/> More than 2 times |

22. Over the past year, how often were you unable to get counseling for an addiction or substance use problem for yourself or your family due to cost?

- Not applicable
 Two times
 One time
 More than 2 times

23. What amount of stress would you say you have in your life?

- Constant stress
 A little stress
 A great deal of stress
 No stress
 A moderate amount of stress - manageable
 It varies daily

24. What would you say is the primary cause of your stress?

- Unemployment
 Lack of free time
 Current job
 Lost insurance when lost job
 Too many jobs
 Neighbors/ Neighborhood
 Financial concerns
 Child/children's behavior
 Caregiver duties
 Concerns over substance use
 Health concerns
 Other _____
 Stress from family members

25. If you needed social service assistance in the past year, were you able to get it in Boone?

- Not applicable
 Yes
 No

26. Which of the following Health Department services are you aware of?

<input type="checkbox"/> Food service/Restaurant permit	<input type="checkbox"/> Vaccines/Immunizations
<input type="checkbox"/> Food service/Restaurant inspection.	<input type="checkbox"/> Communicable Disease Program
<input type="checkbox"/> Water testing	<input type="checkbox"/> Tuberculosis Screening
<input type="checkbox"/> Private sewage/septic	<input type="checkbox"/> Sexual Health
<input type="checkbox"/> Real Estate well and/or septic evaluation	<input type="checkbox"/> Flu Clinics
<input type="checkbox"/> Demolition	<input type="checkbox"/> Smoke Free Illinois Tobacco Compliance
<input type="checkbox"/> Lead Inspection in the home	<input type="checkbox"/> Lead Exposure Evaluation of children
<input type="checkbox"/> Well inspection	<input type="checkbox"/> Nutrition (WIC/Family Case Management)
<input type="checkbox"/> Soil Bore Application	<input type="checkbox"/> Breast Feeding Peer Counselors
<input type="checkbox"/> Health Code Complaints/Nuisance	<input type="checkbox"/> Chronic Disease Program
<input type="checkbox"/> Emergency Preparedness Activities	<input type="checkbox"/> Hearing / vision testing for children
<input type="checkbox"/> Mosquito trapping /investigation of West Nile Virus	<input type="checkbox"/> Educational Presentations

27. What sex do you most identify with?

- Male
 Female
 Other

28. What is your Marital status?

- Single
 Married/cohabitating
 Never married
 Widowed
 Divorced
 Other _____

29. What is your age in years?

- Under 18 years of age 18-25 26-39 40-54 55-64 65-80 Over 80

30. What is your annual household income?

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$10,000 to \$25,000 | <input type="checkbox"/> Over \$75,000 |
| <input type="checkbox"/> \$25,000 to \$49,999 | |

31. What is the highest grade or year of school completed?

- | | |
|--|--|
| <input type="checkbox"/> Elementary school (K-6 th grade) | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Middle school (grades 7-8) | <input type="checkbox"/> Associates degree (2 year degree) |
| <input type="checkbox"/> High school or GED (grades 9-12) | <input type="checkbox"/> College graduate (4 year degree) |
| <input type="checkbox"/> Technical school | <input type="checkbox"/> Post graduate |
| <input type="checkbox"/> Trade school | <input type="checkbox"/> Other _____ |

32. Please indicate your employment status (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Employed | <input type="checkbox"/> Student |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Stay at home parent or caregiver |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Unable to work | |

33. What Race / ethnicity do you most identify with?

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic/Latino |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |

Surveys can be dropped off at the following locations:
Salvation Army Depot, 422 S. Main Street, Belvidere
KeenAge Center, 2141 Henry Luckow Lane, Belvidere

Surveys may also be dropped off or mailed to Boone County Health Department, 1204 Local Avenue, Belvidere, IL 61008. Please indicate “survey” on the envelope

<https://www.surveymonkey.com/r/BooneAssessment>