Thank you for assisting in this important survey to help us understand and improve health and healthcare in your community. Participation in this survey is voluntary and confidential. Please have someone in your household complete the survey and return it in the postage paid envelope by September 15th, 2006. If you are under the age of 18 do not complete this survey.

1. In general would you say your health is: Please check one.
   - □ Excellent
   - □ Very Good
   - □ Good
   - □ Fair
   - □ Poor

2. Do you have any health problems? □ No □ Yes, Please list the main ones here: ____________________________

3. During the past 6 months how often did you feel sad or depressed? Please check one.
   - □ All of the time
   - □ Most of the time
   - □ Some of the time
   - □ A little of the time
   - □ None of the time

4. Within the past 12 months, were you able to get the healthcare (including mental healthcare) you needed?
   - □ Healthcare not needed
   - □ Yes
   - □ No → If No, please explain why_____________________

5. Within the past 12 months, were you able to get your child(ren) the healthcare (including mental healthcare) they needed?
   - □ Healthcare not needed
   - □ Yes
   - □ No → If No, please explain why_____________________
   - □ Not applicable (no children)

6. What types of health insurance do you have? Please check all that apply.
   - □ None
   - □ MediCare
   - □ Other government plans such as: Healthy Families, Family Planning Access Care and Treatment (PACT), County Medical Service Program (CMSP).
   - □ MediCal
   - □ Private insurance through work
   - □ Private insurance, not through work
   - □ Other (please explain)__________________________

7. If you DO NOT have any type of health insurance, what is the ONE MAIN reason why? ____________________________

8. Where do you go for health care? Please fill in all that apply.

<table>
<thead>
<tr>
<th></th>
<th>Please check all that apply</th>
<th>What town?</th>
<th>How long does it usually take to get there from your home?</th>
<th>In the past year how many times did you go there?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor's Office/Clinic</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Room</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care Center</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tribal Health Clinic</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: explain</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not seek healthcare</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. If you DO NOT seek healthcare, what is the ONE MAIN reason why?______________________________

10. During the past 12 months, did you visit a hospital emergency room for your own health?
    - □ No
    - □ Yes → If Yes, how many times_______ What was it for?_________________________________

    Did you visit a hospital emergency room for your child(s) health?
    - □ No
    - □ Yes → If Yes, how many times_______ What was it for?_________________________________
    - □ Not applicable (no children)

11. How long has it been since you last visited a doctor or healthcare provider for a routine check-up? ________________
    A routine check-up is a general physical exam, not an exam for a specific injury, illness, or condition.
12. Do you regularly go outside your county for health services?
   □ Yes → Please check all that apply below
   □ No → If No skip to question #13
   □ Needed services not available in my county. What services? ________________________________
   □ Quality better elsewhere
   □ When I moved I kept my old doctor(s)
   □ My insurance plan does not cover the local doctors
   □ Local doctors don’t accept my insurance
   □ Other (please explain)________________________

13. During the past 12 months have you seen any of the following types of practitioners for your health?
    Please check all that apply.
    □ Medical Doctor or Osteopathic Doctor
    □ Curandero/Curandera
    □ Dentist
    □ Nurse Practitioner or Physician Assistant
    □ Massage Therapist
    □ Acupuncturist
    □ Naturopathic Doctor/Herbalist
    □ Physical Therapist
    □ Midwife
    □ Traditional Indian Healer/Native Healer
    □ Occupational Therapist
    □ Other ________________________________
    □ Medicine Man/Woman
    □ Chiropractor
    □ None

14. To the best of your knowledge when did you have the following? Please check one box for each item

<table>
<thead>
<tr>
<th>Procedure</th>
<th>1-12 months ago</th>
<th>1-2 years ago</th>
<th>2-5 years ago</th>
<th>5-10 years ago</th>
<th>10 or more years ago</th>
<th>Don’t know</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure checked</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Sugar checked (diabetes test)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood Cholesterol checked</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Colonoscopy or Sigmoidoscopy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(tube inserted through rectum to look for signs of cancer or other problems)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal blood test</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(feces/poop is put on cards and sent to lab to look for blood)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teeth cleaned at Dentist’s office</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tetanus vaccination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu vaccination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB test (tuberculosis skin test)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PSA (men only) (A blood test to screen for prostate cancer)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mammogram (women only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thermography (women only)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pap Smear (women only)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

15. What is the greatest difficulty you encounter in meeting the health needs of you and your family?
   ________________________________

16. Do you currently have mold in your home on an area greater than the size of a dollar bill? Please check one.
   □ No
   □ Yes
   □ Don’t Know

17. Do you have a source of electricity/power in your home?
   □ No
   □ Yes → Please list your sources of electricity/power ________________________________

18. How long have you lived in the local area? _________ Years

19. What county do you live in?
   □ Del Norte
   □ Humboldt
   □ Trinity
   □ Mendocino
   □ Other _______
20. How do you **usually** learn about health?

*Please check the 3 main sources.*

- [ ] Friends
- [ ] Family
- [ ] Doctor/Healthcare provider/Nurse
- [ ] Curandero/Curandera
- [ ] Alternative Health Care Provider
- [ ] Native Healer
- [ ] Health Department
- [ ] School
- [ ] Church
- [ ] Health Classes
- [ ] Television
- [ ] Radio
- [ ] Internet
- [ ] Newspaper
- [ ] Posters
- [ ] Posters
- [ ] None
- [ ] Other __________________

21. Are you satisfied with the ways you learn about health?  
[ ] Yes  
[ ] No  

*Please list other ways you would like to learn about health_____________________

22. Do you live in a: **Please check one.**

- [ ] House
- [ ] Duplex
- [ ] Mobile home/trailer
- [ ] Building with 3 or more units
- [ ] Other __________________

23. In what year were you born? __________________

24. What is your gender?  
[ ] Male  
[ ] Female  
[ ] Other __________________

25. How would you describe your ethnicity? **Please check one.** If you are multi-racial, please describe your ethnic background.

- [ ] White
- [ ] Latino/Latina
- [ ] Native American
- [ ] Multi-racial __________________
- [ ] African American
- [ ] Asian
- [ ] Other __________________

26. What languages do you speak at home? **Please check all that apply.**

- [ ] English
- [ ] Korean
- [ ] Vietnamese
- [ ] Native American Languages
- [ ] Spanish
- [ ] Mandarin
- [ ] Hmong languages
- [ ] Other __________________
- [ ] Cantonese
- [ ] Tagalog
- [ ] Asian Indian languages

27. Which of the following best describes your current employment situation? **Please check one.**

- [ ] Employed by a company/business
- [ ] Unemployed
- [ ] Disabled
- [ ] Homemaker
- [ ] Laid-off, but looking for work
- [ ] Other __________________
- [ ] Self-employed
- [ ] Retired

28. How many total **hours per week** do you usually work at all jobs or businesses? _______ hours per week

29. What is your best estimate of your household’s total income per year before taxes in dollars? ________________

30. Including yourself, how many people living in your household are supported by your total household income?  
Number of people__________

31. In the last 12 months were you or people living in your household ever hungry because you couldn’t afford enough food?  
[ ] Yes  
[ ] No  
[ ] Don’t Know

32. How do you feel about your household’s total income per year? **Please check one**

- [ ] It is not enough to meet basic needs (housing, heat, food, clothing, transportation)
- [ ] It is barely enough to meet basic needs
- [ ] It is enough to meet basic needs
- [ ] It is enough to meet basic needs and have some extra
- [ ] It is more than enough to meet basic needs and afford luxuries

33. How many people total (including yourself) currently live in your household? ____________ People

34. In the past 6 months, how many children age 0-5 years have lived in your household? ______________ Children

35. In the past 6 months, how many children age 6-17 years have lived in your household? ______________ Children
36. What is the highest level of education that you have completed? **Please check one.**

- □ Did not complete high school
- □ Vocational training
- □ College graduate
- □ GED/ High School certificate
- □ Some college
- □ Graduate or professional training beyond high school
geraduate
- □ High school graduate
- □ Other ___________________ college degree.

37. **In your home** do you have: □ A phone?  □ Yes □ No

- □ A computer?  □ Yes □ No
- □ Internet access?  □ Yes □ No

38. How often do you smoke cigarettes? **Please check one.**

- □ Daily
- □ A few times a week
- □ A few times a month
- □ A few times a year
- □ Never

39. How often do you drink four or more alcoholic beverages on one occasion? **Please check one.**

- □ Daily
- □ A few times a week
- □ A few times a month
- □ A few times a year
- □ Never

40. In a usual week, how many days do you participate in **moderate** activity for **at least 30 minutes per day**? (Examples include but not limited to: brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate) **Please circle one.**

   Number of days per week: 0 1 2 3 4 5 6 7

41. In a usual week, how many days do you participate in **vigorous** activity for **at least 20 minutes per day**? (Examples include but not limited to: running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate) **Please circle one.**

   Number of days per week: 0 1 2 3 4 5 6 7

42. How far do you live from the post office where you get your mail? _______ Miles

43. How far away from your home is the store where you normally buy food? _______ Miles

44. Within 5 miles, what is the closest major road intersection to your home? ___________ and ___________

45. How far do you live from your nearest neighbor? **Please check one.**

- □ Just next door
- □ Less than a 10 minute walk
- □ A 10-20 minute walk
- □ More than a 20 minute walk

46. What is your **primary** mode of transportation? **Please check one.**

- □ Walk
- □ Bicycle
- □ Public transportation
- □ Car/Truck
- □ Other__________

47. Do you or someone in your household have a vehicle? □ Yes □ No

48. In an **average day**, how much time do you spend driving or in a vehicle? _______ Hours _________ Minutes

49. Is transportation a problem in meeting the health needs of you or your family? □ No □ Yes → If Yes, please explain why______________________________

50. Do you have training in any of the following? **Please check all that apply.**

- □ First aid
- □ CPR
- □ First Responder
- □ EMT
- □ Other health related training________
- □ None of the above

51. In your community, does anyone (aside from yourself) have training in any of the following? **Please check all that apply.**

- □ First aid
- □ CPR
- □ First Responder
- □ EMT
- □ Other health related training________
- □ None of the above
- □ Don’t know

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**Thank you for your time.**

This survey is sponsored by the California Center for Rural Policy (CCRP) at Humboldt State University. Please contact Dr. Jessica Van Arsdale, (707) 826-3401, jva@humboldt.edu, if you have any questions or comments regarding this survey.