



# COMMUNITY HEALTH SURVEY

2010  
CHARLOTTE  
SARASOTA  
DESOTO

Thank you for taking time to complete this survey. Place a check mark (✓) in the box next to your answer choice. Keep in mind that some questions ask about you, and others ask about people living in your household. Please return the completed survey in the enclosed stamped envelope.

If you have any questions, please call John at the Sarasota County Health Department at (941) 861-2880 or email [info@CHIP4Health.org](mailto:info@CHIP4Health.org).



## These questions are about health status

A1. Would you say that in general your health is:

- <sub>1</sub> Excellent
- <sub>2</sub> Very Good
- <sub>3</sub> Good
- <sub>4</sub> Fair
- <sub>5</sub> Poor

A2. Have **you ever had**, or **do you have** any of the following conditions? (**Check all that apply**)

- <sub>1</sub> Addiction to prescription medications
- <sub>1</sub> Arthritis
- <sub>1</sub> Alcohol dependency
- <sub>1</sub> Asthma
- <sub>1</sub> Cancer
- <sub>1</sub> Diabetes
- <sub>1</sub> Depression
- <sub>1</sub> Drug Dependency
- <sub>1</sub> Heart Disease
- <sub>1</sub> Hepatitis
- <sub>1</sub> High Blood Pressure
- <sub>1</sub> High Cholesterol
- <sub>1</sub> HIV/AIDS
- <sub>1</sub> Memory Problems/Dementia
- <sub>1</sub> Physical Disability
- <sub>1</sub> Sexually transmitted disease (not HIV or hepatitis)
- <sub>1</sub> Weight problems
- <sub>1</sub> Other (fill in): \_\_\_\_\_

A3. Has anyone else in your **household** had any of the following conditions? (**Check all that apply**)

- \_i Addiction to prescription medications
- \_i Arthritis
- \_i Alcohol dependency
- \_i Asthma
- \_i Cancer
- \_i Diabetes
- \_i Depression
- \_i Developmental Disability
- \_i Drug Dependency
- \_i Heart Disease
- \_i Hepatitis
- \_i High Blood Pressure
- \_i High Cholesterol
- \_i HIV/AIDS
- \_i Memory Problems/Dementia
- \_i Physical Disability
- \_i Sexually transmitted disease (not HIV or hepatitis)
- \_i Weight problems
- \_i Other (fill in):\_\_\_\_\_

## These questions are about medical care

B1. Do **you** have one doctor or clinic you think of as your **primary** medical care provider? (**Check only one**)

<sub>1</sub> Yes

<sub>0</sub> No

B2. Where would **you** normally go if you needed **medical care**? (**Check only one**)

<sub>1</sub> A doctor's office

<sub>2</sub> Health department or community clinic

<sub>3</sub> Hospital emergency room (ER)

<sub>4</sub> Walk-in clinic

<sub>99</sub> Don't know

<sub>98</sub> Other (fill in): \_\_\_\_\_

B2a. **How many minutes** does it take you to get to that office, clinic or hospital from your home?

<sub>1</sub> Less than 15 minutes

<sub>2</sub> Between 15-20 minutes

<sub>3</sub> Between 30-45 minutes

<sub>4</sub> More than 45 minutes

<sub>99</sub> I don't know

B3. What kind of health insurance do **you** have?

(**Check all that apply**)

<sub>1</sub> None, I do not have health insurance (Skip to B5)

<sub>1</sub> Medicare (Skip to B5)

<sub>1</sub> Medicaid/Medipass (Skip to B5)

<sub>1</sub> Employer pays all or part of insurance cost

<sub>1</sub> Private, self-pay insurance

<sub>1</sub> Don't know

<sub>1</sub> Other (fill in): \_\_\_\_\_

B4. If **you** are currently employed, does **your** current employer offer health insurance?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>3</sub> Not Applicable

B5. Are all, some, or no members of your **household** covered by health insurance?

- <sub>1</sub> All household members are insured (Skip to B7)
- <sub>2</sub> Some household members are insured
- <sub>0</sub> No household members are insured
- <sub>99</sub> Don't know

B6. If you or any household members are uninsured, what is the **main reason** you do not have health insurance?  
**(Check only one)**

- <sub>1</sub> Too expensive / premium too high / can't afford it
- <sub>2</sub> Medical problems / pre-existing conditions
- <sub>3</sub> Don't believe in insurance
- <sub>4</sub> Don't need insurance / usually healthy
- <sub>5</sub> Free or inexpensive care readily available
- <sub>6</sub> Employer doesn't offer insurance
- <sub>7</sub> Not employed (including students waiting to graduate) or family member who usually gets coverage not employed
- <sub>8</sub> Waiting for coverage (e.g., less than 90 days on job)
- <sub>9</sub> New to area or moving from area soon
- <sub>10</sub> Not applicable, have health insurance
- <sub>99</sub> Don't know
- <sub>98</sub> Other (fill in): \_\_\_\_\_

B7. Do you know of any places that treat people **who are uninsured** and **cannot afford** medical care?

- <sub>1</sub> Yes
- <sub>0</sub> No

B8. Have you ever had to **go without medicine** because you couldn't afford it?

<sub>1</sub> Yes

<sub>0</sub> No

B9. Have you ever, even once, **used any type of prescription pain reliever** (like OxyContin, Vicodin or Darvocet) that was **not prescribed for you** or that you took only for the experience or **feeling it caused**?

<sub>1</sub> Yes

<sub>0</sub> No

B10. Have you or a member of the household used an **emergency room (ER)** in the **past year**?

<sub>1</sub> Yes

<sub>0</sub> No (Skip to question B10)

B10a. If you answered **Yes** to question B9, what is the **main reason** you used the emergency room (ER) for care? (**Check only one**)

<sub>1</sub> I felt my illness was very serious

<sub>2</sub> I always go to the ER for care

<sub>3</sub> I do not have a primary care doctor

<sub>4</sub> I do not have health insurance

<sub>5</sub> The ER was open at a time convenient for me

<sub>6</sub> I was told to go by another doctor or nurse

<sub>7</sub> I was told to go by a family member or friend

<sub>8</sub> My doctor's office was closed

<sub>9</sub> The location was easy for me to access

<sub>10</sub> I do not know where else to go for care

<sub>11</sub> I needed medication

<sub>99</sub> Don't know

<sub>98</sub> Other (fill in): \_\_\_\_\_

B10b. If you answered **Yes** to question B10, what emergency room (ER) did you go to?

- <sub>1</sub> Charlotte Regional Medical Center
- <sub>2</sub> DeSoto Memorial Hospital (HPP)
- <sub>3</sub> Doctor's Hospital
- <sub>4</sub> Englewood Community Hospital
- <sub>5</sub> Fawcett Memorial Hospital
- <sub>6</sub> Manatee Memorial Hospital
- <sub>7</sub> Lakewood Ranch Medical Center
- <sub>8</sub> Peace River Regional Medical Center
- <sub>9</sub> Sarasota Memorial Hospital (Sarasota)
- <sub>10</sub> Sarasota Memorial ER (North Port)
- <sub>11</sub> Venice Regional Medical Center
- <sub>98</sub> Other (fill in): \_\_\_\_\_

B11. Where do you get information about where to go for medical care? (**Check all that apply**)

- <sub>1</sub> Social Service/ Non-profit Agency
- <sub>1</sub> Community Resource Directory
- <sub>1</sub> Family member
- <sub>1</sub> Friend
- <sub>1</sub> Hospital or hospital referral center
- <sub>1</sub> Health Department
- <sub>1</sub> Internet
- <sub>1</sub> Phone book
- <sub>1</sub> Primary healthcare provider
- <sub>1</sub> Referral line (such as 211)
- <sub>1</sub> Media (such as the newspaper)
- <sub>1</sub> Libraries / Health Information Kiosks
- <sub>1</sub> Other (fill in) \_\_\_\_\_

B12. Was there a time in the past **12 months** when **you** needed medical care but could not get it?

- <sub>1</sub> Yes
- <sub>0</sub> No (Skip to question B12)
- <sub>98</sub> Not applicable
- <sub>99</sub> Don't know

B12a. If you answered **Yes** to question B11, what is the **main reason** you could not get medical care for this problem? (**Check only one**)

- <sub>1</sub> Did not have a doctor who would see me
- <sub>2</sub> No health insurance
- <sub>3</sub> Too expensive
- <sub>4</sub> Office wasn't open when I could get in
- <sub>5</sub> Too long to wait for an appointment
- <sub>6</sub> No transportation / office too far away
- <sub>7</sub> Medical provider did not speak my language
- <sub>99</sub> Other (fill in): \_\_\_\_\_

B13. Are there any dental services that **you** need but cannot get?

- <sub>1</sub> Yes
- <sub>0</sub> No

B14. In the past 12 months, have you **missed work or school** because of a **dental problem**?

- <sub>1</sub> Yes
- <sub>0</sub> No



## The next questions are about habits and activities

C1. Do you now **smoke cigarettes** every day, some days, or not at all?

- <sub>0</sub> Every day
- <sub>1</sub> Some days
- <sub>2</sub> Not at all

C2. If you have smoked during the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- <sub>1</sub> Yes
- <sub>0</sub> No

C3. How often do you eat **fruit or vegetables**?

- <sub>1</sub> One per week
- <sub>2</sub> 2-4 times per week
- <sub>3</sub> 2-4 times per day
- <sub>4</sub> 5 or more times per day
- <sub>5</sub> I don't know
- <sub>98</sub> Other (fill in): \_\_\_\_\_

C4. What would you say is the **main** reason that prevents you from eating healthy foods? (**Check only one**)

- <sub>1</sub> I'm not sure what foods are considered healthy
- <sub>2</sub> I have a hard time eating certain healthy foods because of medications or health conditions
- <sub>3</sub> I usually eat at restaurants that don't offer healthy options
- <sub>4</sub> Healthy food is not available in my neighborhood
- <sub>5</sub> Healthy food is too expensive
- <sub>6</sub> Health food does not taste good
- <sub>7</sub> Healthy food takes longer to prepare
- <sub>8</sub> I usually eat healthy foods

C5. During the past **30 days**, other than at your regular job, did you participate in any **physical activities** such as running, biking, swimming, golf, gardening, or walking for exercise?

<sub>1</sub> Yes

<sub>0</sub> No

C6. Do you know of any **programs in the community** that can help you become healthier?

<sub>1</sub> Yes

<sub>0</sub> No (Skip to question C7)

C6a. Do you ever participate in these programs?

<sub>1</sub> Yes

<sub>0</sub> No

C7. Which of the following would be **most helpful** for you to have a healthier lifestyle? (**Check only one**)

<sub>1</sub> Sidewalks that are available and well-maintained

<sub>1</sub> Access to trails and parks

<sub>1</sub> Stores, restaurants, and other facilities that are located in my neighborhood

<sub>1</sub> Grocers or farmers markets that offer affordable fresh fruits and vegetables

<sub>1</sub> Healthier menu choices at local restaurants and fast food venues

<sub>98</sub> Other \_\_\_\_\_

C8. Do you believe that **washing your hands** is a good way to prevent the spread of the flu?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>99</sub> I don't know

## The next questions are about mental health

D1. Taken all together, would you say that you are:

- <sub>1</sub> Very happy
- <sub>2</sub> Pretty happy
- <sub>3</sub> Not too happy

D2. How often do you find **meaning and purpose** in your daily life?

- <sub>1</sub> Never
- <sub>2</sub> Rarely
- <sub>3</sub> Some of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

D3. If you or someone in your household is experiencing anxiety, depression, and other mental health issues, would you know **where to get services or treatment**?

- <sub>1</sub> Yes
- <sub>0</sub> No

D4. In the **past month**, have **you** had difficulties in completing your usual activities because you felt sad, down, depressed, or anxious?

- <sub>1</sub> Yes
- <sub>0</sub> No (Skip to question D5)

D4a. **If Yes**, did **you** receive services or treatment for this problem?

- <sub>1</sub> Yes
- <sub>0</sub> No

D5. Does **anyone else** in the household have a **mental health problem**?

- <sub>1</sub> Yes
- <sub>0</sub> No (Skip to question D6)
- <sub>99</sub> Don't know

D5a. If **Yes**, is this person getting treatment for this problem?

- <sub>1</sub> Yes
- <sub>0</sub> No

D6. Does anyone in the **household** have an **alcohol or drug use** problem? (**Check all that apply**)

- <sub>1</sub> Yes, someone has an **alcohol** problem
- <sub>2</sub> Yes, someone has a **drug use** problem
- <sub>3</sub> Yes, someone has **both** a drug and alcohol problem
- <sub>0</sub> No, no one does (Skip to question D7)

D6a. If **Yes**, is this person getting treatment for this problem?

- <sub>1</sub> Yes
- <sub>0</sub> No

D7. Was there a time in the past **12 months** when someone in your household went to the hospital because of a mental health or substance abuse problem?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>99</sub> Don't know

## The next questions are about social support & trust

E1. How many people **within one hour's travel** from your home do you feel you can depend on or feel very close to?

- <sub>1</sub> 1 person
- <sub>2</sub> 2 people
- <sub>3</sub> 3 people
- <sub>4</sub> 4 or more people
- <sub>0</sub> None

E2. **How often** can you talk about your **deepest problems** with at least some of your family, friends or church members?

- <sub>1</sub> Never
- <sub>2</sub> Rarely
- <sub>3</sub> Some of the time
- <sub>4</sub> Most of the time
- <sub>5</sub> All of the time

E3. In the past year, would you say that you have **eaten dinner** with your **family** frequently?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>99</sub> I don't know

E4. In the past year, would you say that you have spent a lot of time **visiting with friends**?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>99</sub> I don't know

E5. In the past year, would you say that you have spent a lot of time communicating with others by using a computer, cell phone, or other electronic device?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>99</sub> I don't know

E6. Is there someone that you care for that could not take care of themselves?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>99</sub> I don't know

E7. Within the past 12 months, which kinds of support **have you provided** to someone? (**Check all that apply**)

<sub>1</sub> Helping someone confined to a bed

<sub>1</sub> Helping someone prepare meals

<sub>1</sub> Helping a sick person with daily chores

<sub>1</sub> Listening to someone who needs to talk

<sub>1</sub> Driving someone to an appointment

<sub>1</sub> None

Please mark your level of agreement (✓) next to each statement. Check **one** answer for each line.

Type of trust	Agree	Neither agree nor disagree	Disagree
E8. I trust people in my neighborhood.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E9. I trust people who I work with.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E10. I trust people at my church or place of worship.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E11. I trust people in the stores where I shop.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E12. I trust the local news media.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E13. I trust the local police in my community.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>
E14. I trust my doctor.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>

## The next questions are about civic health

- F1. Are you a member of a **volunteer** group or association in your community (such as at a hospital, church, youth group, or senior center)?
- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>99</sub> I don't know
- F2. About how many hours per **month** do you participate in these community activities?
- <sub>1</sub> None
- <sub>2</sub> 1-5 Hours
- <sub>3</sub> 6-10 hours
- <sub>4</sub> 11+ Hours
- F3. Do you attend a church, synagogue, mosque or other **place of worship** on a regular basis?
- <sub>1</sub> Yes
- <sub>0</sub> No
- F4. In the 12 months, have you **worked with others** to get people in your neighborhood to work together in order to **fix or improve** something (better lighting, fix sidewalks)?
- <sub>1</sub> Yes
- <sub>0</sub> No
- F5. In the 12 months, have you attended a meeting that discussed County, community, town, or school affairs?
- <sub>1</sub> Yes
- <sub>0</sub> No



F6. I believe that my vote matters.

<sub>1</sub> Yes

<sub>0</sub> No

F7. I believe that people like me “have a say.”

<sub>1</sub> Yes

<sub>0</sub> No

F8. I feel able to understand politics and government.

<sub>1</sub> Yes

<sub>0</sub> No

F9. In the past year, have you tried to change local policies in a place like a school, your workplace, or your neighborhood?

<sub>1</sub> Yes

<sub>0</sub> No

F10. In the past year, have you tried to persuade friends or family about an important issue or current event?

<sub>1</sub> Yes

<sub>0</sub> No

## The next questions are about the economy

G1. **How confident** are you that you will be able to afford medical care next year?

- <sub>1</sub> Extremely Confident
- <sub>2</sub> Very Confident
- <sub>3</sub> Somewhat confident
- <sub>4</sub> Not very confident
- <sub>5</sub> Not at all confident

G2. Which of the following have you done to save money in the economic downturn? (**Check all that apply**)

- <sub>1</sub> Cut back on medical care
- <sub>1</sub> Decided not to fill a prescription
- <sub>1</sub> Skipped a dose or took less than prescribed
- <sub>1</sub> Took generic over-the-counter medication instead of prescription drugs
- <sub>1</sub> Asked a drug manufacturer or drug store about their prescription assistance program
- <sub>1</sub> Sought assistance in getting prescriptions at a lower cost
- <sub>1</sub> Delayed seeing a doctor or other medical professional
- <sub>1</sub> Cut back on preventive care
- <sub>1</sub> Cut back on other expenses in order to pay for medical care
- <sub>1</sub> Had to use some retirement savings or other savings to pay for health care

G3. Has **financial stress** caused you any **health problems**?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>99</sub> I don't know

The next questions are about you  
and your background

H1. What is your age? \_\_\_\_\_ **years**

H2. What is your **gender**?

<sub>1</sub> Female

<sub>2</sub> Male

H3. What is the **highest grade** or year of school you **completed**?

<sub>1</sub> Never attended school

<sub>2</sub> 5<sup>th</sup> grade or lower

<sub>3</sub> 11<sup>th</sup> grade or lower

<sub>4</sub> 12<sup>th</sup> grade or GED (high school graduate)

<sub>5</sub> Associate's degree or technical school

<sub>6</sub> Bachelor's degree

<sub>7</sub> Masters degree or higher

<sub>99</sub> Don't know

H4. What is your **marital status**?

<sub>1</sub> Married

<sub>2</sub> Divorced

<sub>3</sub> Widowed

<sub>4</sub> Separated

<sub>5</sub> Never married

<sub>98</sub> Other (fill in): \_\_\_\_\_

H5. Are you **Hispanic or Latino**?

<sub>1</sub> Yes

<sub>0</sub> No

<sub>99</sub> Don't know

H6. Which on of these groups would you say best represents your race? **(Check only one)**

- <sub>1</sub> American Indian or Alaskan Native
- <sub>2</sub> Asian
- <sub>3</sub> Black or African American
- <sub>4</sub> Native Hawaiian or Other Pacific Islander
- <sub>5</sub> White or Caucasian
- <sub>6</sub> Don't know
- <sub>99</sub> Other (fill in): \_\_\_\_\_

H7. Which best describes your employment status? **(Check only one)**

- <sub>1</sub> Employed full-time
- <sub>2</sub> Employed part-time
- <sub>3</sub> Self-employed
- <sub>4</sub> Out of work for more than 1 year
- <sub>5</sub> Out of work for less than 1 year
- <sub>6</sub> A homemaker
- <sub>7</sub> A student
- <sub>8</sub> A volunteer
- <sub>9</sub> Retired, by choice
- <sub>10</sub> Retired, not by choice
- <sub>11</sub> Unable to work due to disability

H8. What is the **primary** language spoken in your home? **(Check only one)**

- <sub>1</sub> English
- <sub>2</sub> Spanish
- <sub>3</sub> Ukrainian / Russian
- <sub>4</sub> Haitian Creole
- <sub>98</sub> Other (fill in): \_\_\_\_\_

H9. What is your annual **household** income?

- <sub>1</sub> Less than \$9,999
- <sub>2</sub> \$10,000-\$19,999
- <sub>3</sub> \$20,000- \$29,999
- <sub>4</sub> \$30,000- \$39,999
- <sub>5</sub> \$40,000- \$54,999
- <sub>6</sub> \$55,000- \$64,999
- <sub>7</sub> \$65,000- \$74,999
- <sub>8</sub> \$75,000- \$99,999
- <sub>9</sub> \$100,000- \$149,999
- <sub>10</sub> \$150,000- \$199,999
- <sub>11</sub> \$200,000 or above

H10. How many people live in your household?  
(**include yourself**) \_\_\_\_\_

G10e. How many **children** under 5 years? \_\_\_\_\_

G10d. How many **children** 6-17 years old? \_\_\_\_\_

G10a. How many **adults** 18-59 years old )? \_\_\_\_\_

G10b. How many **adults** 60-79 years old ? \_\_\_\_\_

G10c. How many **adults** 80 years and older? \_\_\_\_\_

H11. What is your 5 digit zip code? \_\_\_\_ \_

H12. How much do you **weigh** without shoes?  
\_\_\_\_\_ **pounds**

H13. How tall are you without shoes on?  
\_\_\_\_\_ **ft** \_\_\_\_\_ **inches**

H14. How would you rate **your community** as a healthy community to be living in?

- <sub>1</sub> Very healthy
- <sub>2</sub> Healthy
- <sub>3</sub> Somewhat healthy
- <sub>4</sub> Unhealthy
- <sub>5</sub> Very unhealthy

H15. Check **three** items below that you believe are the most important **health concerns** in your community:

**(Check only three)**

- <sub>1</sub> Aging problems (arthritis, Alzheimer's, etc)
- <sub>2</sub> Child abuse / neglect
- <sub>3</sub> Chronic diseases (cancer, heart disease, etc)
- <sub>4</sub> Domestic violence
- <sub>5</sub> Drug / Alcohol abuse
- <sub>6</sub> Elder Abuse/Neglect/Exploitation (SWG)
- <sub>7</sub> Firearm-related injuries
- <sub>8</sub> Homelessness
- <sub>9</sub> Homicide
- <sub>10</sub> Infectious Diseases (hepatitis, TB, etc)
- <sub>11</sub> Lack of access to healthcare
- <sub>12</sub> Mental health issues
- <sub>13</sub> Motor vehicle crashes
- <sub>14</sub> Poor diet / lack of exercise
- <sub>15</sub> Rape / sexual assault
- <sub>16</sub> Sexually Transmitted Diseases (HIV, Chlamydia)
- <sub>17</sub> Suicide
- <sub>18</sub> Teenage pregnancy
- <sub>19</sub> Tobacco Use
- <sub>98</sub> Other (fill in): \_\_\_\_\_

H16. Check the **three** items below that you believe are most important for a healthy community: **(Check only three)**

- Access to healthcare & other services
- Affordable housing
- Arts and cultural events
- Clean environment
- Community involvement
- Good schools
- Good jobs and healthy economy
- Good transportation options
- Healthy behaviors and lifestyles
- Low crime / safe neighborhoods
- Low level of child abuse
- Low death and disease rates
- Parks and recreation
- Religious or spiritual values
- Strong family life
- Tolerance for diversity
- <sup>98</sup> Other (fill in): \_\_\_\_\_

**END OF SURVEY.**

Thank you, your contribution is greatly appreciated. **Please enclose the survey in the stamped self-addressed envelope and mail it back at your earliest convenience.**

This survey was funded by the  
Gulf Coast Community Foundation of Venice



With additional support from the following:

