



2005 Sandusky County Health Survey

Answers Will Remain Confidential!

We need your help! We are asking you to complete this survey and return it to us within the next 7 days. We have enclosed a \$ 5.00 bill as a “thank you” for your time. We have also enclosed a postage-paid envelope for your convenience.

This health survey is being sponsored by the Health Partners of Sandusky County. If you have any questions or concerns, please contact Dave Pollick, Health Commissioner, at (419) 334-6379 or email him at dpollick@sanduskycohd.org

Instructions:

- Please complete the survey now rather than later.
- Please do NOT put your name on the survey. Your responses to this survey will be kept confidential. No one will be able to link your identity to your survey.
- Please be completely honest as you answer each question.
- Answer each question by selecting the response that best describes you.

Thank you for your assistance. Your responses will help to make Sandusky County a healthier place for all of our residents.

Turn the page to start the survey →



Health Status

1. Would you say that in general your health is:
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
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?
Number of days _____
 - None
 - Don't know/Not sure

Health Care Utilization

3. How would you rate your satisfaction with your overall health care?
 - Excellent
 - Very good
 - Good
 - Fair
 - Poor
 - Not applicable/Don't use any health services
4. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health?
 - Yes
 - No
 - Don't know

Health Care Coverage

5. Do you have any kind of health coverage, including health insurance, prepaid plans such as HMO's, or governmental plans such as Medicare?
 - Yes
 - No
 - Don't know

6. What type of health care coverage do you use to pay for most of your medical care?
 - Do not have health care coverage
 - Your employer
 - Someone else's employer
 - A plan that you or someone else buys on your own
 - Medicare
 - Medicaid or Medical Assistance
 - The military, CHAMPUS, TriCare, or the VA
 - The Indian Health Service
 - Some other source
 - None
 - Don't know
7. During the past 12 months, was there any time that you did not have any health insurance or coverage?
 - Yes
 - No – **GO TO HEALTH CARE ACCESS SECTION**
 - Don't know – **GO TO HEALTH CARE ACCESS SECTION**
8. What was the reason you were without health care coverage?
 - Never without health care coverage
 - Lost job or changed employers
 - Spouse or parent lost job or changed employers
 - Became divorced or separated
 - Spouse or parent died
 - Became ineligible (age or left school)
 - Employer doesn't/stopped offering coverage
 - Became a part time or temporary employee
 - Benefits from employer/former employer ran out
 - Couldn't afford to pay the premiums
 - Insurance company refused coverage
 - Lost Medicaid eligibility
 - Other
 - Don't know



Health Care Access

9. Within the past 12 months, have you had any of the following problems when you needed health care?
(CHECK ALL THAT APPLY)
- My healthcare plan does not allow me to see any doctors in Sandusky County
 - I had to change doctors because of my healthcare plan
 - I didn't have enough money to pay for health care or insurance
 - I couldn't find a doctor to take me as a patient
 - I couldn't find a doctor that I am comfortable with
 - I couldn't get appointments when I want them
 - I didn't get health services because of discrimination
 - I didn't get health services because I was concerned about my confidentiality
 - I didn't have transportation
 - I didn't have anyone to take care of my children
 - I was too busy to get the health care I needed
 - I was too embarrassed to seek help
 - I had another problem that kept me from getting health care. Please specify: _____

 - I have not had any of these problems in the past 12 months
10. When did you last visit a doctor for a routine checkup?
- Less than a year ago
 - 1 to 2 years ago
 - 2 to 5 years ago
 - 5 or more years ago
 - Don't know
 - Never
11. How many times have you visited the Emergency Room in the past year?
- 0 times
 - 1 or 2 times
 - More than 2 times
 - Don't know
12. Have you looked for a program to stop smoking for you or for a loved one?
- Yes, and I found one
 - Yes, and I have not found one
 - No, I have not looked
13. Have you looked for a program to help with depression or anxiety for you or for a loved one?
- Yes, and I found one
 - Yes, and I have not found one
 - No, I have not looked
14. Have you looked for a program to control alcohol abuse for you or for a loved one?
- Yes, and I found one
 - Yes, and I have not found one
 - No, I have not looked
15. Have you looked for a program to control drug abuse for you or for a loved one?
- Yes, and I found one
 - Yes, and I have not found one
 - No, I have not looked
16. Have you looked for a program to control a weight problem for you or for a loved one?
- Yes, and I found one
 - Yes, and I have not found one
 - No, I have not looked
17. Have you looked for a program to assist in care for the elderly (either in-home or out-of-home) for you or for a loved one?
- Yes, I looked for in-home care
 - Yes, I looked for out-of-home placement
 - Yes, I looked for temporary or overnight care
 - Yes, I looked for day care
 - Yes, I looked for an assisted living program
 - No, I have not looked



Alcohol Consumption

18. During the past month, how many days per week or per month did you drink any alcoholic beverages, on the average?

Days per week _____

Days per month _____

- Don't know
 None/Do not drink – **GO TO THE ORAL HEALTH SECTION**

19. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days you drank, about how many drinks did you consume on average?

Number of drinks _____

- Don't know

20. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

Number of times _____

- None
 Don't know

21. During the past month, how many times have you driven when you've had perhaps too much to drink?

Number of times _____

- None
 Don't know

22. During the past four months, have you experienced any of the following? (**CHECK ALL THAT APPLY**)

- Had to drink more to get same effect
 Drank more than you expected
 Gave up other activities to drink
 Spent a lot of time drinking
 Tried to quit or cut down (but couldn't)
 Continued to drink despite problems caused by drinking
 Drank to ease withdrawal symptoms
 None of the above
 Don't know/Not sure

Oral Health

23. How long has it been since you last visited a dentist or a dental clinic for any reasons? Include visits to dental specialists, such as orthodontists.

- Within the past year (anytime less than 12 months ago)
 Within the past 2 years (1 year but less than 2 years ago)
 Within the past 5 years (2 years but less than 5 years ago)
 5 or more years ago
 Don't know/Not sure
 Never

24. How many of your permanent teeth have been removed because of tooth decay or gum disease? (Do not include teeth lost for other reasons, such as injury or orthodontics).

- 1 to 5
 6 or more but not all
 All
 None
 Don't know/Not sure

Preventive Medicine and Health Screenings

25. To lower your risk of developing heart disease or stroke, has a doctor advised you to...

- Eat fewer high fat or high cholesterol foods
 Exercise more
 Neither

26. To lower your risk of developing heart disease or stroke, are you...

- Eating fewer high fat or high cholesterol foods
 Exercising more
 Neither



27. Has a doctor, nurse or other health professional ever told you that you had any of the following?

a.) A heart attack, also called a myocardial infarction (MI)

- Yes
- No
- Don't know/Not sure

b.) Angina or coronary heart disease

- Yes
- No
- Don't know/Not sure

c.) A stroke

- Yes
- No
- Don't know/Not sure

28. Has a doctor ever told you that you had diabetes?

- Yes
- No
- Don't know

29. Has a doctor, nurse or other health professional ever told you that you had the following: (**CHECK ALL THAT APPLY**)

- Some form of arthritis
- Rheumatoid arthritis
- Gout
- Lupus
- Fibromyalgia
- Asthma
- None
- Don't know/Not sure

30. Has a doctor ever told you that you had high blood pressure?

- Yes
- No
- Don't know

31. Has a doctor ever told you that you had high blood cholesterol?

- Yes
- No
- Don't know

32. Has a doctor ever told you that you had arthritis?

- Yes
- No
- Don't know

33. During the past 12 months, have you had a flu shot?

- Yes
- No
- Don't know

34. Have you ever had a pneumonia vaccination?

- Yes
- No
- Don't know

35. When did you last have your blood pressure taken by a doctor, nurse, or other health professional?

- Less than six months ago
- 6 to 12 months ago
- 1 to 2 years ago
- 3 to 5 years ago
- 5 or more years ago
- Don't know
- Never
- Never, did myself at self-operated location

36. Blood cholesterol is a fatty substance found in the blood. When did you last have your blood cholesterol checked?

- 1 to 12 months ago
- 1 to 2 years ago
- 2 to 5 years ago
- 5 or more years ago
- Have never had it checked
- Don't know



37. Have you had the following screenings or exams within the past 24 months?

Skin cancer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/Not sure
Osteoporosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't know/Not sure

38. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. How long has it been since your last blood stool test using a home kit?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Never
- Don't know/Not sure

39. A sigmoidoscopy or colonoscopy is when a tube is inserted in the rectum to view the bowel for signs of cancer and other health problems. When did you have your last sigmoidoscopy or colonoscopy?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- Never
- Don't know/Not sure

40. How often do you wear a seat belt when in a car?

- Never
- Rarely
- Sometimes
- Most of the time
- Always

41. When was the last time you or someone else deliberately tested all of the smoke detectors in your home?

- Less than a month ago
- 1 to 6 months ago
- 6 to 12 months ago
- One or more years ago
- Never
- No smoke detectors in home
- Don't know/not sure

42. How often do you wear sunscreen or sun block with an SPF of 15 or higher when you are outside for more than one hour on a sunny day?

- Always
- Nearly always
- Sometimes
- Seldom
- Never
- Don't stay out more than an hour
- Don't know

Preventive Counseling Services

43. Has a doctor or other health professional talked to you about the following topics? Please check the box that indicates if you have discussed this topic within the past year, before the past year, or not at all.

	Within past year	Before the past year	Not at all
Your diet or eating habits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injury prevention such as safety belt use, helmet use, or smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting smoking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual practices, including family planning, sexually transmitted diseases, AIDS, or the use of condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Tobacco Use

44. Have you smoked at least 100 cigarettes in your entire life?
- Yes
 - No
 - Don't know/Not sure
45. Do you now smoke cigarettes everyday, some days, or not at all?
- Everyday
 - Some days
 - Not at all
46. During the past 12 months, have you stopped smoking for 1 day or longer because you were trying to quit smoking?
- Yes
 - No
 - Did not smoke in the past 12 months
 - Don't know/Not sure
47. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?
- Yes, chewing tobacco
 - Yes, snuff
 - Yes, both
 - No, neither
 - Don't know/Not sure
48. Do you currently use chewing tobacco or snuff every day, some days, or not at all?
- Every day
 - Some days
 - Not at all
 - Don't know/Not sure

49. Do you currently use any tobacco products other than cigarettes, such as cigars, pipes, bidis, kreteks, Black and Milds, Swishers or any other tobacco product? (Bidis are small, brown, hand-rolled cigarettes from India and other southeast Asian countries. Kreteks are clove cigarettes made in Indonesia that contain clove extract and tobacco.)
- Yes
 - No
 - Don't know/Not sure
50. In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home?
- Yes
 - No
 - Don't know
51. On the average, about how many cigarettes a day do you smoke?
- Number of cigarettes _____
- Do not smoke cigarettes
 - Don't know

Marijuana Use

52. During the past 6 months, have you used any of the following: **(CHECK ALL THAT APPLY)**
- Marijuana or hashish
 - Amphetamines, Methamphetamines or speed
 - Cocaine, crack, or coca leaves
 - Heroin
 - LSD, mescaline, peyote, psilocybin, DMT, or mushrooms
 - Inhalants such as glue, toluene gasoline, or paint
 - Ecstasy or E
 - I have not used any of these substances in the past 6 months
 - Don't know/Not sure



53. How frequently have you used the drugs checked above during the past six months?

- Almost every day
- 3 to 4 days a week
- 1 or 2 days a week
- 1 to 3 days a month
- Less than once a month
- I have not used any of these drugs during the past six months
- Don't know/Not sure

54. Have you used any of the following medications during the past six months that were either not prescribed for you, or you took more than was prescribed to feel good or high, more active or alert? **(CHECK ALL THAT APPLY)**

- Oxycontin
- Tranquilizers such as Valium or Xanax, sleeping pills, barbituates, or Seconal
- Codeine, Demerol, Morphine, Percodan, Methadone, Darvon, or Dilaudid
- I have not used any of these medications in the past 6 months
- Don't know/Not sure

55. How frequently have you used the medications checked above during the past six months?

- Almost every day
- 3 to 4 days a week
- 1 or 2 days a week
- 1 to 3 days a month
- Less than once a month
- I have not used any of these medications during the past six months
- Don't know/Not sure

56. As a result of using drugs, have you regularly failed to fulfill obligations at work or home, placed yourself in dangerous situations, or had legal problems?

- Yes
- No
- I do not use drugs
- Don't know/Not sure

Women's Health

MEN SKIP 57-60. GO TO MEN'S HEALTH.

57. A mammogram is an X-ray of each breast. How long has it been since your last mammogram?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Never
- Don't know/Not sure

58. A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps. How long has it been since your last breast exam?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Never
- Don't know/Not sure

59. A Pap test is a test for cancer of the cervix. How long has it been since your last Pap test?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 3 years (2 years but less than 3 years ago)
- Within the past 5 years (3 years but less than 5 years ago)
- 5 or more years ago
- Never
- Don't know/Not sure
- Don't know



60. What is your usual source of services for female health concerns, such as family planning, annual exams, breast exams, tests for sexually transmitted diseases, and other female health concerns?
- A clinic:
Name of clinic _____
 - A private gynecologist
 - A general or family physician
 - Some other kind of place
 - Don't know
 - Don't have a usual source

Men's Health

WOMEN SKIP 61-63. GO TO SEXUAL BEHAVIOR SECTION.

61. A Prostate-Specific Antigen test, also called a PSA test, is a blood test used to check men for prostate cancer. How long has it been since you had your last PSA test?
- Within the past year (anytime less than 12 months ago)
 - Within the past 2 years (1 year but less than 2 years ago)
 - Within the past 5 years (2 years but less than 5 years ago)
 - 5 or more years ago
 - Never
 - Don't know/Not sure
62. A digital rectal exam is an exam in which a doctor, nurse, or other health professional places a gloved finger into the rectum to feel the size, shape, and hardness of the prostate gland. How long has it been since you had your last digital rectal exam?
- Within the past year (anytime less than 12 months ago)
 - Within the past 2 years (1 year but less than 2 years ago)
 - Within the past 5 years (2 years but less than 5 years ago)
 - 5 or more years ago
 - Never
 - Don't know/Not sure

63. Have you ever been told by a doctor, nurse, or other health professional that you had prostate cancer?
- Yes
 - No
 - Don't know/Not sure

Sexual Behavior

64. Due to what you know about HIV, have you made any of the following sexual behavior changes in the past 12 months? (**CHECK ALL THAT APPLY**)
- Decrease the number of sexual partners or become abstinent
 - Now have sexual intercourse with only the same partner
 - Always use condoms for protection
 - Did not make any of these changes
 - Don't know
65. During the past twelve months, with how many different people have you had sexual intercourse?
- Number of people _____
- Don't know
 - Have not had intercourse in past 12 months



66. What are you or your partner doing now to keep from getting pregnant?
- No partner/not sexually active (abstinent)
 - Not using any birth control
 - Tubes tied (female sterilization)
 - Hysterectomy (female sterilization)
 - Vasectomy (male sterilization)
 - Pill, all kinds (Ortho Tri-Cyclen, etc.)
 - IUD (including Mirena)
 - Condoms (male or female)
 - Contraceptive implants (Jadelle or implants)
 - Diaphragm, cervical cap or vaginal ring (Nuvaring or others)
 - Shots (Depo-Provera, Lunelle, etc.)
 - Contraceptive Patch
 - Emergency contraception (EC)
 - Withdrawal
 - Not having sex at certain times (rhythm method)
 - Other method (Foam, jelly, or cream, etc.)
 - Don't know/Not sure

67. What are your reasons for not using any birth control now?
- I am not having sex
 - I want to get pregnant
 - I don't want to use birth control
 - My partner does not want to use any
 - I don't think I can get pregnant
 - I can't pay for birth control
 - Other _____
 - _____
 - Don't know

68. How long has it been since you used the services at a family planning clinic?
- Less than a year ago
 - 1 to 2 years ago
 - 3 to 5 years ago
 - 5 or more years ago
 - Don't know
 - Never
69. In the past five years, have you been treated for a sexually transmitted or venereal disease?
- Yes
 - No
 - Don't know
70. Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include saliva tests.
- Yes
 - No
 - Don't know / Not Sure

Weight Control

71. Are you now trying to...
- Maintain your current weight, that is, to keep from gaining weight
 - Lose weight
 - Gain weight
 - None of the above
72. Are you eating fewer calories or less fat to lose weight/keep from gaining weight?
- Yes, eating fewer calories and less fat
 - Yes, eating fewer calories
 - Yes, eating less fat
 - No
 - Don't know



73. Are you using physical activity or exercise to lose weight/keep from gaining weight?
- Yes
 - No
 - Don't know
74. In the past two years, have you taken any weight loss pills prescribed by a doctor? Do not include water pills or thyroid medications.
- Yes, I am currently taking them
 - Yes, I have taken them but I am not currently taking them
 - No
 - Don't know
75. During the last 7 days, how many days did you engage in some type of exercise or physical activity for at least 30 minutes?
- 0 days
 - 1 days
 - 2 days
 - 3 days
 - 4 days
 - 5 days
 - 6 days
 - 7 days
 - Not able to exercise

Fruits and Vegetables

76. During the past 7 days, how many times did you eat fruit or drink 100% fruit juice? (Do not count punch, Kool-aid, sports drinks, or other fruit flavored drinks.)
- I did not eat any the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
77. During the past 7 days, how many times did you eat vegetables such as green salad, carrots, or potatoes? (Do not count french fries, fried potatoes, or potato chips.)
- I did not eat any during the past 7 days
 - 1 to 3 times during the past 7 days
 - 4 to 6 times during the past 7 days
 - 1 time per day
 - 2 times per day
 - 3 times per day
 - 4 or more times per day
78. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal.)
- I did not drink milk during the past 7 days
 - 1 to 3 glasses during the past 7 days
 - 4 to 6 glasses during the past 7 days
 - 1 glass per day
 - 2 glasses per day
 - 3 glasses per day
 - 4 or more glasses per day



Depression and Suicide

79. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
- Yes
 - No
80. During the past 12 months, did you ever seriously consider attempting suicide?
- Yes
 - No – **GO TO QUALITY OF LIFE SECTION**
81. During the past 12 months, did you make a plan about how you would attempt suicide?
- Yes
 - No
82. During the past 12 months, how many times did you actually attempt suicide?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

Quality of Life

83. What major impairments or health problems limit your activities?
- I am not limited by any impairments or health problems – **GO TO SOCIAL CONTEXT SECTION**
 - Arthritis/rheumatism
 - Back or neck problem
 - Fractures, bone/joint injury
 - Walking problem
 - Lung/breathing problem
 - Hearing problem
 - Eye/vision problem
 - Heart problem
 - Stroke problem
 - Hypertension/high blood pressure
 - Diabetes
 - Cancer
 - Depression/anxiety/emotional problems
 - Other impairment/problem
84. Because of any impairment or health problem, do you need the help of other persons with your personal care needs, such as eating, bathing, dressing, or getting around the house?
- Yes
 - No
 - Don't know
85. Because of any impairment or health problem, do you need the help of other persons in handling your routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?
- Yes
 - No
 - Don't know



Social Context

86. Are any firearms now kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicle.
- Yes, and they are unlocked and loaded
 - Yes, but they are not unlocked and/or loaded
 - No – **GO TO QUESTION 88**
 - Don't know – **GO TO QUESTION 88**
87. What is the main reason that there are firearms in or around your home?
- Hunting or sport
 - Protection
 - Work
 - Some other reason
 - Don't know
88. During the past 12 months, have any of the following threatened to abuse you?
- A spouse or partner
 - A parent
 - Another family member living in your household
 - Someone else
 - No one has threatened to abuse me in the past 12 months
89. During the past 12 months, were you abused by any of the following? Include physical, sexual, emotional, and verbal abuse.
- A spouse or partner
 - A parent
 - Another family member living in your household
 - Someone else
 - I was not abused in the past 12 months

90. In the past 30 days, have you needed help meeting your general daily needs such as food, clothing, shelter, or paying utility bills?
- Yes
 - No – **GO TO PARENTING SECTION**
 - Don't know – **GO TO PARENTING SECTION**
91. Where did you get assistance?
- I didn't look for assistance
 - I looked for assistance but didn't get any
 - A friend or family member
 - A church
 - WSOS/CAC
 - The Welfare Department/Job & Family Services
 - United Way
 - First Call for Help
 - Somewhere else: _____

Parenting

IF YOU HAVE NO CHILDREN OR YOUR CHILDREN ARE 18 OR OLDER, GO TO THE DEMOGRAPHICS SECTION.

92. On average, how many times in the past 12 months has your child (children) been to the doctor for:
- Regular checkups (well visits): _____ times
- Sick visits (for any illness): _____ times
- Injuries or poisonings: _____ times
- Ear infections: _____ times
- Flu: _____ times

Demographics

93. What is your zip code? _____
94. What is your age? _____
95. What is your gender?
- Male
 - Female



96. Which one of these groups would you say best represents your race?
- White
 - Black or African-American
 - Asian
 - Native Hawaiian/Other Pacific Islander
 - American Indian/Alaska Native
 - Other (specify): _____
 - Don't know/Not sure

97. Are you Hispanic or Latino?
- Yes
 - No
 - Don't know/Not sure

98. Are you...
- Married
 - Divorced
 - Widowed
 - Separated
 - Never been married
 - A member of an unmarried couple

99. How many children live in your household who are...
- Less than 5 years old _____
- 5 to 12 years old _____
- 13 to 17 years old _____
- None

100. What is the highest grade or year of school you completed?
- Never attended school or only attended kindergarten
 - Grades 1 through 8 (Elementary)
 - Grades 9 through 11 (Some high school)
 - Grade 12 or GED (High school graduate)
 - College 1 year to 3 years (Some college or technical school)
 - College 4 years or more (College graduate)

101. Are you currently...
- Employed for wages-full time
 - Employed for wages-part time
 - Self-employed
 - Out of work for more than 1 year
 - Out of work for less than 1 year
 - A Homemaker
 - A Student
 - Retired
 - Unable to work

102. Is your annual household income from all sources...
- Less than \$10,000
 - \$10,000 to \$14,999
 - \$15,000 to \$19,999
 - \$20,000 to \$24,999
 - \$25,000 to \$34,999
 - \$35,000 to \$49,999
 - \$50,000 to \$74,999
 - \$75,000 or more
 - Don't know/Not sure

103. About how much do you weigh without shoes?
Weight - POUNDS _____

104. How much would you like to weigh?
Weight - POUNDS _____

105. About how tall are you without shoes?
FEET _____
INCHES _____

Thank you for your time and opinions!

Please place your completed survey in the pre-stamped and addressed envelope provided and mail today!

Certain questions provided by:
Centers for Disease Control and Prevention. *Behavioral Risk Factor Surveillance System*. Atlanta: U.S. Department of Health and Human Services, CDC, 2002, 2003, and 2004.