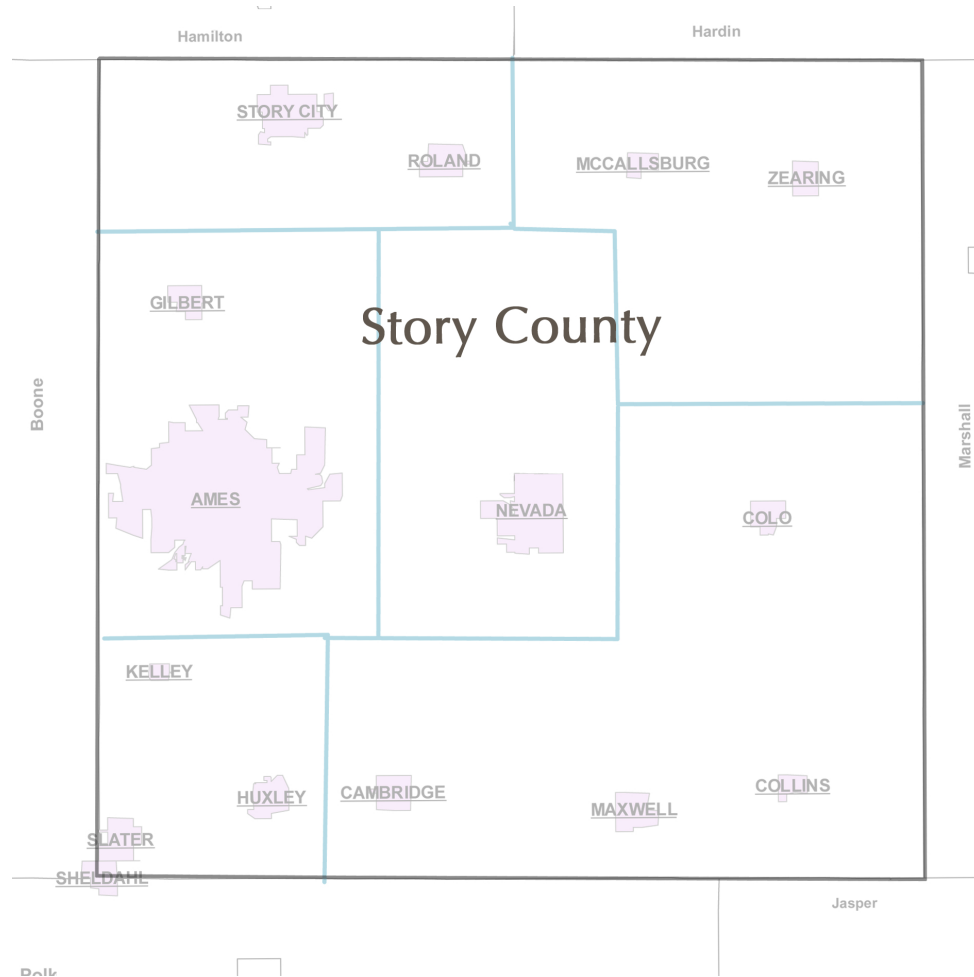


# STORY COUNTY HEALTH AND HUMAN SERVICES ASSESSMENT 2010

Sponsored by the Story County Community Coalition



Conducted in cooperation with Iowa State University Extension Community and Economic Development, the Institute for Design Research and Outreach (IDRO), the Center for Survey Statistics and Methodology (CSSM) and the Iowa State University Department of Kinseology

Please ask any adult, 18 years of age or older, in your household to complete this questionnaire. Fold the questionnaire in half and return it in the enclosed, postage-paid envelope to:

Center for Survey Statistics and Methodology  
2625 North Loop Drive, Building 2, Suite 2140  
Ames, IA 50011-1260



IOWA STATE UNIVERSITY  
University Extension  
Healthy People. Environments. Economies.

# STORY COUNTY HEALTH AND HUMAN SERVICES ASSESSMENT 2010

Instructions: Please respond to each question with your own opinion or information. Do not include opinions of other household members. For each question, circle the number of the correct answer or write your answer in the space provided.

## I. YOUR HOUSEHOLD

A. In what community do you reside? (Circle ONE) (A community includes the city and the surrounding area outside the city limits.)

- |              |                |                |
|--------------|----------------|----------------|
| 1. Ames      | 6. Huxley      | 11. Roland     |
| 2. Cambridge | 7. Kelley      | 12. Sheldahl   |
| 3. Collins   | 8. Maxwell     | 13. Slater     |
| 4. Colo      | 9. McCallsburg | 14. Story City |
| 5. Gilbert   | 10. Nevada     | 15. Zearing    |

B. How many years have you lived in your community? \_\_\_\_\_ years  
in Story County? \_\_\_\_\_ years

C. Do you own or rent your home?

1. Own a house/townhouse/condominium
2. Rent a house
3. Rent an apartment
4. Other: \_\_\_\_\_

D. What are your current living arrangements?

1. Live alone
2. Live with immediate family (spouse and children)
3. Live with parents or other relatives
4. Live with friends/unrelated adults
5. Have other living arrangements

E. How many people currently live in your household?

Total number of people: \_\_\_\_\_

Children under 18: \_\_\_\_\_

Adults over 65: \_\_\_\_\_

## II. YOUR CURRENT HEALTH

- A. Please rate your overall health status:
1. Poor
  2. Fair
  3. Good
  4. Very good
  5. Excellent
- B. In terms of physical health, which includes physical illness and injury, how many days during the past 30 days was your health not good? \_\_\_\_\_ days
- C. In terms of mental health, which includes anxiety, stress, depression and emotional problems, how many days during the past 30 days was your health not good? \_\_\_\_\_ days
- D. Within the past year, have you tried to lose weight?
1. Yes
  2. No

- E. Have you ever been diagnosed with any of the following medical conditions?

	Yes	No
Arthritis	1	2
Asthma	1	2
Cancer (not including skin cancer)	1	2
Chronic heart disease	1	2
Chronic lung disease	1	2
Diabetes (not during pregnancy)	1	2
Chronic low back pain	1	2
Clinical depression	1	2
Osteoporosis	1	2
Skin cancer	1	2
Stroke	1	2
High blood pressure	1	2
If Yes: Are you currently taking medication for this?	1	2
High cholesterol	1	2
If Yes: Are you currently taking medication for this?	1	2

### III. YOUR ACCESS TO HEALTH CARE

A. How long has it been since you last visited a doctor or a dentist for a routine check-up (a general exam, not for a specific problem)?

a. Doctor/physician assistant/nurse practitioner or other medical professional      b. Dentist

1 = Within the past year

1 = Within the past year

2 = From 1 to 2 years

2 = From 1 to 2 years

3 = From 2 to 5 years

3 = From 2 to 5 years

4 = More than 5 years

4 = More than 5 years

5 = Never had a routine check-up

5 = Never had a routine check-up

B. Have you had any of the following health screening tests during the past 2 years?

	Yes	No	Does not apply
a. Mammogram (women only)	1	2	3
b. Prostate (men only)	1	2	3
c. Digital Rectal Exam	1	2	3
d. Colonoscopy	1	2	3

C. During the past 12 months, have you ever traveled outside of Story County to obtain health care?

1. Yes
2. No

C1. IF YES: Why did you travel outside of Story County for your health care? (Circle all that apply)

- 1 = Personal preference
- 2 = Referred by local medical practitioner
- 3 = Lack of available care in Story County
- 4 = To obtain a second opinion
- 5 = Other: \_\_\_\_\_

C2. IF YES: What specific specialty or medical services did you seek outside Story County? (please specify)

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The statements in the table below relate to your access to health care in Story County during the past 12 months. Please indicate the extent to which you disagree or agree with these statements by circling one response for each one.

	Strongly disagree	Disagree	Unsure	Agree	Strongly agree
D. You needed medical care, but had difficulty finding a doctor.	1	2	3	4	5
E. You needed mental care, but had difficulty accessing it.	1	2	3	4	5
F. You had difficulty getting an appointment to see a doctor	1	2	3	4	5
G. You needed to see a doctor, but could not because of the cost	1	2	3	4	5
H. You needed a prescription medicine but did not get it because you could not afford it.	1	2	3	4	5
I. Lack of transportation made it difficult or prevented you from seeing a doctor.	1	2	3	4	5
J. You experienced difficulties or delays in receiving needed health care for ANY reason	1	2	3	4	5

#### IV. INSURANCE COVERAGE

- A. What type of health insurance coverage do you have? (Choose all that apply)
1. No health insurance → [IF YOU DO NOT HAVE ANY HEALTH INSURANCE, GO TO NEXT PAGE]
  2. Insurance through employer (through your job or the job of a family member)
  3. Private health insurance
  4. Government program (Medicare, Medicaid, IowaCare, etc.)
  5. Other: \_\_\_\_\_

B. Does your health insurance cover the following?

	Yes	No	Don't know
Mental health treatment	1	2	3
Substance abuse treatment	1	2	3
Physical therapy, occupational therapy, speech therapy	1	2	3
Prescription drugs	1	2	3
Dental care	1	2	3

## V. CHILD/DEPENDENT HEALTH CARE

If you do not have any children under the age of 18 living in your home, please GO TO PAGE 7.

- A. Please record the number of children living in your household for each of the following age categories:

Less than 1 year \_\_\_\_\_

1 to 2 years \_\_\_\_\_

3 to 5 years \_\_\_\_\_

6 to 13 years \_\_\_\_\_

14 to 17 years \_\_\_\_\_

- B. How long has it been, on average, since your child/children last visited a doctor or a dentist for a routine check-up (a general exam, not for a specific problem)?

a. Doctor/physician assistant/nurse practitioner or other medical professional

1 = Within the past year

2 = From 1 to 2 years

3 = From 2 to 5 years

4 = More than 5 years

5 = Never had a routine check-up

b. Dentist

1 = Within the past year

2 = From 1 to 2 years

3 = From 2 to 5 years

4 = More than 5 years

5 = Never had a routine check-up

	Yes	No
C. Are all children under 18 living in your household covered by some type of health insurance?	1	2
D. Has a doctor or other health professional ever told you that any of the children in your household had asthma?	1	2
E. Has a doctor or other health professional ever told you that any of the children in your household had Type 2 diabetes?	1	2
G. Has a doctor or other health professional ever told you that any of the children in your household was overweight?	1	2
H. Was there a time in the past 12 months when you needed medical care for your child/children, but could not get it?	1	2
I. Was there a time in the past 12 months when you needed dental care for your child/children but could not get it?	1	2
J. If you answered "yes" to either Question H or I, what are the main reasons you could not get medical/dental care for your child/children? (Circle all that apply)		
1 = High cost		
2 = Distance		
3 = Office wasn't open when I could get there		
4 = Too long a wait for an appointment		
5 = No transportation		
6 = No access for persons with disabilities		
7 = Communication problem/language		

K. Which of the following services does your family currently use for your children?

	Use	Do not use
1. Child care	1	2
2. Preschool	1	2
3. Before/Afterschool Program	1	2
4. Child Care Assistance through DHS	1	2
5. Child Health Specialty Clinics	1	2
6. Dental Care Clinics	1	2
7. Family support/home visitation services	1	2
8. Hawk-I (child health insurance)	1	2
9. Early ACCESS	1	2
10. Medicaid/Title XIX	1	2
11. Other: _____	1	2

L. How would you rate the availability of the following in Story County?

	Poor	Fair	Good	Very good	Excellent	Don't know
1. Prenatal Care	1	2	3	4	5	9
2. Child Care	1	2	3	4	5	9
3. Preschool	1	2	3	4	5	9
4. Afterschool Programs	1	2	3	4	5	9
5. Family Support/Home Visitation Services	1	2	3	4	5	9
6. Parenting Education	1	2	3	4	5	9

## VI. YOUR LIFESTYLE: NUTRITION

A. How many servings of the following did you eat/drink yesterday? (Circle one response for each)

1. <b>Fruit or fruit juices</b>	0	1	2	3	4 or more servings
2. <b>Dark green or orange vegetables</b> (e.g. carrots, spinach, broccoli, or sweet potatoes)	0	1	2	3	4 or more servings
3. <b>Other vegetables</b> (e.g. potatoes, corn, onion, peas)	0	1	2	3	4 or more servings

- B. How many glasses (8-oz) of water do you drink daily? \_\_\_\_\_ glasses/day
- C. In a typical week, how often do you eat out? \_\_\_\_\_ times/week
- D. Where do you typically buy or obtain your fresh produce? (Circle all that apply)
- 1 = Grocery store
  - 2 = Organic grocery store
  - 3 = Farmers market
  - 4 = Local food pantry
  - 5 = Grow my own
  - 6 = Other: \_\_\_\_\_

- E. How much do the following factors prevent you from eating properly? (Circle one response for each)

	Not at all	A little	Some	Quite a bit	Very much
Time	1	2	3	4	5
Cost	1	2	3	4	5
Access to good food	1	2	3	4	5
Convenience	1	2	3	4	5
Preference	1	2	3	4	5

- F. Have you ever used any of the following community resources for food?

	Yes	No
1. Home delivered meals (such as Meals on Wheels)	1	2
2. Congregate meals (elderly)	1	2
3. Local food pantry	1	2
4. Food pantry in another community	1	2
5. Community meals offered by churches or civic groups	1	2

- G. In the past 12 months, have you ever been hungry because you could not afford to buy food?
- 1. Yes
  - 2. No

- G1. IF YES: How often has this happened?
- 1 = Once a week
  - 2 = Twice a week
  - 3 = Three or more times a week

- H. Do children within your household ever go hungry because you cannot afford to buy food?
- 1. Yes
  - 2. No
  - 3. No children in my household



## VII. YOUR LIFESTYLE: EXERCISE

- A. During the past month did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise? (Do not include exercise you get at your job.)
1. Yes
  2. No
- B. When you are at work, which of the following best describes what you do?
- 1 = Mostly sitting
  - 2 = Mostly standing
  - 3 = Mostly walking
  - 4 = Mostly heavy labor or physically demanding work
  - 5 = NOT EMPLOYED

The following questions ask about your participation in moderate and vigorous physical activity when you are not working.

**Moderate activities** are those that cause small increases in breathing or heart rate, such as brisk walking, bicycling, vacuuming, gardening, etc.

- C. In a typical week, how often do you do moderate activities (outside of work) for at least 10 minutes at a time?
- \_\_\_\_\_ Number of days per week
- \_\_\_\_\_ Number of minutes per day
- \_\_\_\_\_ No moderate activity in a typical week

**Vigorous activities** are activities that generally last for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate.

- D. In a typical week, how often do you do vigorous activities (outside of work) for at least 10 minutes at a time?
- \_\_\_\_\_ Number of days per week
- \_\_\_\_\_ Number of minutes per day
- \_\_\_\_\_ No vigorous activity in a typical week

## VIII. YOUR LIFESTYLE: SLEEP/STRESS

- A. How many hours of sleep do you receive at night?
- 1 = 3 or fewer hours
  - 2 = 4 to 6 hours
  - 3 = 7 to 9 hours
  - 4 = 10 or more hours
- B. Do you feel rested most days?
- 1. Yes
  - 2. No
- C. How would you rank your stress level?
- 1 = No stress
  - 2 = Low stress
  - 3 = Manageable amount of stress
  - 4 = High stress
  - 5 = Unmanageable amount of stress

## IX. YOUR LIFESTYLE: TOBACCO USE

- A. Do you smoke **cigars** or a **pipe** on a daily basis?
- 1. Yes
  - 2. No
- B. Do you use **smokeless tobacco** (chewing tobacco or snuff) on a daily basis?
- 1. Yes
  - 2. No
- C. Do you smoke **cigarettes**?
- 1. Yes
  - 2. No
- C1. IF YES: Approximately how many cigarettes do you smoke per day? \_\_\_\_\_
- C2. IF YES: During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- 1. Yes
  - 2. No

## X. YOUR LIFESTYLE: ALCOHOL USE

*For these questions, a "drink" is defined as one 12 oz can or bottle of beer, one 5 oz glass of wine, or one 1.5 oz shot of liquor.*

- A. During the past month, on how many days did you have at least one drink of any alcoholic beverage?
- \_\_\_\_\_ days

- B. Considering all types of alcohol beverages, how many TIMES during the past month did you have 5 or more drinks on one occasion?  
\_\_\_\_\_ times with 5+ drinks
- C. Have you ever sought professional help for an alcohol problem?
1. Yes
  2. No
  3. I don't need it (I have never had an alcoholic problem.)
- D. How adequate are the resources available for those who need treatment for mental illness in Story County?
- 1 = Very adequate  
2 = Adequate  
3 = Uncertain  
4 = Not adequate  
5 = Not very adequate

## XI. YOUR LIFESTYLE: DRUG USE

- A. During the past 30 days, have you used a prescription drug that was not prescribed for you?
1. Yes
  2. No
- B. During the past 30 days, have you used an illegal drug?
1. Yes
  2. No
- C. Have you **ever** used marijuana?
- 1 = Yes, within the past year  
2 = Yes, within the past two years  
3 = Yes, more than two years ago  
4 = No, never
- D. Have you **ever** used illegal drugs such as meth or cocaine?
- 1 = Yes, within the past year  
2 = Yes, within the past two years  
3 = Yes, more than two years ago  
4 = No, never

- E. Have you ever sought professional help for a drug-related problem (other than alcohol)?
  - 1. Yes
  - 2. No
  - 3. I don't need it (I have never had a drug-related problem.)
  
- F. Does Story County have adequate resources available for those who want to quit drug use?
  - 1. Yes
  - 2. No
  - 3. Don't know

## XII. COMMUNITY ENVIRONMENT

- A. Within the past two years, do you think that the problem of crime in your neighborhood has been: (Choose one answer)
  - 1. Getting Much Worse
  - 2. Getting a little worse
  - 3. Staying about the same
  - 4. Getting a little better
  - 5. Getting much better
  - 6. Don't know/not sure
  
- B. Overall, how would you rate the social environment in your community, meaning the friendliness of its people, the way people respect and help one another, and the willingness of people to work for the good of the community?
  - 1. Poor
  - 2. Fair
  - 3. Good
  - 4. Very good
  - 5. Excellent
  
- C. Do you think a person in your community from the same background as yours has many more, somewhat more, the same amount of, somewhat fewer, or far fewer opportunities now than in the past? (Choose one answer)
  - 1. Many more
  - 2. Somewhat more
  - 3. The same amount
  - 4. Somewhat fewer
  - 5. Far fewer

D. How would you rate the tolerance in your community for the groups described below?

	Poor	Fair	Good	Very good	Excellent
For people of different races or cultural backgrounds	1	2	3	4	5
For people with different viewpoints or lifestyles	1	2	3	4	5

E. Please rate each of the following characteristics of your community by circling one number per item.

	Poor	Fair	Good	Very good	Excellent	Don't know
<b>Recreation/Parks</b>						
1. Quality of parks and playgrounds in your community	1	2	3	4	5	9
2. Quality of recreational programs in your community	1	2	3	4	5	9
3. Quality of biking/walking trails in your community	1	2	3	4	5	9
<b>Safety</b>						
4. Crime control efforts in your neighborhood	1	2	3	4	5	9
5. Safety walking in your neighborhood during the day	1	2	3	4	5	9
6. Safety walking in your neighborhood at night	1	2	3	4	5	9
7. Safety in parks or recreational areas	1	2	3	4	5	9
<b>Housing</b>						
8. Availability of affordable housing in your community	1	2	3	4	5	9
9. Condition of the homes in your neighborhood	1	2	3	4	5	9
10. Programs/shelters for homeless in your community	1	2	3	4	5	9
<b>Transportation</b>						
11. Quality of public transportation in your community	1	2	3	4	5	9
12. Your access to public transportation	1	2	3	4	5	9

F. Community and Home Experiences

	Yes	No
1. In the past year, have you volunteered for any charitable cause, organization or event?	1	2
2. During the past 12 months have you used public transportation to get to work?	1	2
3. During the past 12 months have you used public transportation to go shopping?	1	2
4. During the past 12 months have you ever walked or biked to work?	1	2
5. During the past 12 months have you ever walked or biked to go shopping in town?	1	2
6. In the past five years have you been a victim of a violent crime in your community?	1	2
7. In the past five years have you been a victim of a theft or other non-violent crime?	1	2
8. In the past five years, have you been the victim of domestic violence?	1	2
9. Do you or your family have an emergency plan in the event of a fire?	1	2
10. Do you or your family have an emergency plan in case of a natural disaster (flood/tornado)?	1	2

XIII. DEMOGRAPHIC INFORMATION

A. Your gender:

- 1. Female
- 2. Male

B. Your age: \_\_\_\_\_

C. Your race:

- 1 = White/Caucasian
- 2 = Black or African-American
- 3 = Asian or Pacific Islander
- 4 = American Indian/Alaskan Native
- 5 = Other: \_\_\_\_\_

D. Your marital status:

- 1 = Single, never married
- 2 = Married or living as married
- 3 = Divorced or separated
- 4 = Widowed

- E. Highest level of education completed:
- 1 = Less than high school
  - 2 = High school diploma or GED certificate
  - 3 = Some college or technical school
  - 4 = Bachelor's degree
  - 5 = Graduate or professional degree
- F. Your annual household income:
- 1 = Under \$25,000
  - 2 = \$25,000 – \$49,999
  - 3 = \$50,000 – \$74,999
  - 4 = \$75,000 – \$99,999
  - 5 = \$100,000 – \$124,999
  - 6 = \$125,000 – \$149,999
  - 7 = \$150,000 – \$199,999
  - 8 = \$200,000 or more
- G. Your employment status:
- 1 = Employed full time
  - 2 = Employed part time
  - 3 = Unemployed, looking for work
  - 4 = Unemployed, not looking for work (retired, on disability, caring for home and family, etc.)
- H. Your student status:
- 1 = Not a student
  - 2 = Full-time student
  - 3 = Part-time student
- I. Your height: \_\_\_\_\_ feet, \_\_\_\_\_ inches
- J. Your weight: \_\_\_\_\_ pounds
- K. What is the primary language spoken in your home?
- 1 = English
  - 2 = Spanish
  - 3 = Other (please specify): \_\_\_\_\_
- L. Do you currently have a working computer in your household?
- 1. Yes
  - 2. No

- M. Do you currently have access to the Internet for personal use, either at home, work, or school?
1. Yes
  2. No
- N. Have **you** ever served in the U.S. military?
1. Yes
  2. No
- N1. IF YES: Which of the following best describes your service in the United States military?
- 1 = Currently on active duty
  - 2 = Currently in National Guard or Reserve unit
  - 3 = Retired from military service
  - 4 = Discharged from military service
- N2. IF YES: In the last 12 months, how much of your health care have you received from a VA hospital or clinic?
- 1 = All care through VA
  - 2 = Some care through VA
  - 3 = No care received through VA
  - 4 = Don't know
- N3. IF YES: Since September 11, 2001 have you been deployed to the regions of Afghanistan or Iraq as part of your military service?
1. Yes
  2. No

Thank you for completing this questionnaire!

Please return in the enclosed, postage-paid envelope to:  
Center for Survey Statistics and Methodology  
2625 North Loop Drive, Building 2, Suite 2140  
Ames, IA 50011-1260

**... and justice for all**

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