

Blue Ridge HealthCare Community Health Survey

Blue Ridge HealthCare is interested in your opinions on our community's health. By taking this brief survey, you will help identify the most important health issues in Burke County, so we can develop plans to address them.

- Please do not write your name on this survey.
- Your responses are completely confidential.
- Combined results from all surveys will become part of Blue Ridge HealthCare's 2013 Community Health Needs Assessment.

If you do not live in Burke County, please STOP here.

	Circle one number for each statement			
	Strongly Disagree	Disagree	Agree	Strongly Agree
1. There is a good health care system in Burke County.	1	2	3	4
2. Burke County is a good place for children and youth.	1	2	3	4
3. Burke County is a good place to grow old.	1	2	3	4
4. There are plenty of ways to earn a living in Burke County.	1	2	3	4
5. Burke County is a safe place to live.	1	2	3	4
6. There is plenty of support for individuals and families during times of stress and need in Burke County.	1	2	3	4

7. Please put check marks next to what you think are the **top 5** health issues in Burke County.

- | | | |
|---|---|---|
| <input type="checkbox"/> <i>Aging problems</i> | <input type="checkbox"/> <i>Infant death</i> | <input type="checkbox"/> <i>Oral/dental health</i> |
| <input type="checkbox"/> <i>Asthma</i> | <input type="checkbox"/> <i>Infectious/contagious diseases</i>
<i>(TB, pneumonia, flu, etc.)</i> | <input type="checkbox"/> <i>Sexually transmitted</i>
<i>diseases</i> |
| <input type="checkbox"/> <i>Cancer</i> | <input type="checkbox"/> <i>Kidney disease</i> | <input type="checkbox"/> <i>Teenage pregnancy</i> |
| <input type="checkbox"/> <i>Diabetes/Obesity</i> | <input type="checkbox"/> <i>Liver disease</i> | <input type="checkbox"/> <i>Motor vehicle accidents</i> |
| <input type="checkbox"/> <i>Drug abuse (prescription</i>
<i>and illegal drugs)</i> | <input type="checkbox"/> <i>Lung disease</i> | <input type="checkbox"/> <i>Gun-related injuries</i> |
| <input type="checkbox"/> <i>Heart disease</i> | <input type="checkbox"/> <i>Mental health</i> | <input type="checkbox"/> <i>Other: _____</i> |
| <input type="checkbox"/> <i>HIV/AIDS</i> | <input type="checkbox"/> <i>Stroke</i> | |

8. Please put check marks next to the 5 most important “unhealthy behaviors” in Burke County.

- | | | |
|---|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> <i>Not</i> using child safety seats | <input type="checkbox"/> Reckless/drunk driving |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> <i>Not</i> using seat belts | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Unhealthy eating | <input type="checkbox"/> <i>Not</i> going to a dentist for
regular check ups | <input type="checkbox"/> Violent behavior |
| <input type="checkbox"/> Tobacco use | <input type="checkbox"/> <i>Not</i> going to the doctor
for check ups | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drug abuse | | |
| <input type="checkbox"/> Having unsafe sex | | |
| <input type="checkbox"/> Second-hand smoke | | |
| <input type="checkbox"/> <i>Not</i> getting immunizations | | |

9. During the past 12 months, did you have a problem filling a **prescription ordered for you by your doctor**?
___ Yes (*Go to Question #10*) ___ No
10. If your answer to Question #10 was **yes**, why couldn't you fill the **prescription** you needed? *Check all the answers that apply.*
___ I didn't have health insurance
___ My insurance didn't cover what I needed
___ I couldn't afford it/My share of the cost was too high
___ Pharmacy would not take my insurance or Medicaid
___ I had a problem with Medicare Part D
___ I didn't have transportation
___ I didn't know where to go
___ Other: _____
11. If one of your friends or family members needed counseling for a mental health, substance abuse, or developmental disability problem, whom would you suggest they go see? (*Check all that apply*)
___ I don't know
___ Mental Health Partners
___ Children's Developmental Services Agency
___ Counselor or therapist in private practice
___ Doctor
___ Minister/pastor
___ School counselor
___ Vocational Rehabilitation/Independent Living
___ Hospital Emergency Department
___ Narcotics Anonymous
___ Burke Council on Alcoholism and Chemical Dependency
___ Other: _____
12. During the past 4 weeks, other than your regular job, did you engage in any physical activity that lasted at least 30 minutes?
___ Yes (*Go to Question #13*) ___ No (*Go to Question #14*)
13. If your answer to Question #12 was **yes**, how frequently did you engage in physical activity for at least 30 minutes during the past four weeks?
___ Less than once a week
___ Once a week
___ 2-3 times a week
___ 4-6 times a week
___ Daily
(*Now skip to Question #15*)
14. If your answer to Question #12 was **no**, why didn't you engage in physical activity?

- My job is physical or hard labor
- I don't have enough time for physical activity
- I'm too tired for physical activity
- I have a health condition that limits my physical activity
- I don't have a place to exercise
- Weather limits my physical activity
- Physical activity costs too much (equipment, shoes, gym expense)
- Physical activity is not important to me
- Other:

21. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following?

- | | | |
|--------------------------------|------------------------------|-----------------------------|
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart disease | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes or a risk of diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High blood pressure | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High cholesterol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Overweight/obesity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cancer | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Depression | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PART 4. Please answer this next set of questions so we can see how different types of people feel about local health issues. Remember, your answers are confidential and cannot be linked to you in any way.

1. Do you live in Burke County? Yes No
2. What is your zip code? _____
3. How old are you?

<input type="checkbox"/> 18-24	<input type="checkbox"/> 40-44	<input type="checkbox"/> 60-64
<input type="checkbox"/> 25-29	<input type="checkbox"/> 45-49	<input type="checkbox"/> 65-69
<input type="checkbox"/> 30-34	<input type="checkbox"/> 50-54	<input type="checkbox"/> 70-74
<input type="checkbox"/> 35-39	<input type="checkbox"/> 55-59	<input type="checkbox"/> 75+
4. Are you: Male Female
5. What is your race or ethnicity?

<input type="checkbox"/> White – Non-Hispanic	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Black – Non-Hispanic	<input type="checkbox"/> Native American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other:
6. What is the highest education level you have completed? **Check only one (1) answer.**
 - Less than high school (Highest grade completed: _____)
 - High school diploma or GED
 - Some college but no degree
 - Associate's Degree
 - College degree (Bachelor's degree)
 - Graduate degree (Masters or Doctoral degree)
 - Other: _____
7. What is your employment status? **Check all answers that apply.**

- Employed full-time
- Employed part-time
- Unemployed
- Retired
- Disabled; unable to work
- Student
- Homemaker