Form #: _____

We are asking people who live in the Hudson Valley to take a 10 minute survey to tell us what they think about health needs in their communities. Your opinions are very important to us and will help us understand how to better meet your health care needs. You are not required to answer all questions.

Note: The survey is completely anonymous – we are not asking for any information that can identify you. Please feel free to forward our survey link to friends and family and co-workers.

Thank you for your participation!

<u>First, we would like to ask you some general questions.</u>

1. What county do you live in? (check only one)

☐ Dutchess ☐ Orange ☐ Putnam
☐ Rockland ☐ Sullivan ☐ Ulster
☐ Westchester ☐ Delaware ☐ Don't Know

2. What is your zip code? ___ ___ ___ ___ ___

3. What category <u>best</u> describes your race?

☐ White ☐ Black or African American
☐ Asian or Pacific Islander ☐ Native American
☐ Other (please tell us) _____

4. Are you Hispanic/Latino? ☐ Yes ☐ No

5. What is your country of birth?

☐ United States ☐ Other (please tell us) _____

6. What is your gender?

☐ Male ☐ Female ☐ Other _____

7. Are you currently employed?

☐ Yes, full-time ☐ Yes, part-time ☐ No (skip to question 9)

8. If you are employed, do you work for a healthcare organization?

☐ Yes ☐ No

9. During the past 12 months, what was your total household income before taxes, including wages and other income for everyone who lives there?

- ☐ Less than $10,000
- ☐ $10,000 - $19,999
- ☐ $20,000 - $29,999
- ☐ $30,000 - $39,999
- ☐ $40,000 - $49,999
- ☐ $50,000 - $74,999
- ☐ $75,000 or more

10. What is your age?

- ☐ 18-24 years
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 years and older

11. Do you have any of the following types of health insurance? (check all that apply)

- ☐ Medicaid
- ☐ Medicare
- ☐ Insurance through a private company
- ☐ Other (please tell us) _____
- ☐ None (skip to question 13.)

12. If you have health insurance, do you purchase your insurance through the New York State Health Exchange? ☐ Yes ☐ No

13. If you have no health insurance, are you aware of any ways that you can get health care paid for? ☐ Yes ☐ No

14. Do you have a healthcare provider for checkups and visits when you are sick?

☐ Yes ☐ No

Now, we would like to ask a few questions about your health.

15. How would you describe your overall health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

16. How would you describe your overall mental health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

17. How long has it been since you visited a doctor for a routine physical exam or check-up?

- ☐ In the past year (skip to question 19)
- ☐ In the past 2 years (skip to question 19)
- ☐ In the past 5 years
- ☐ Five or more years ago
- ☐ Never
- ☐ Don't Know

18. If never or more than 2 years ago, what is the main reason(s) you did not have a routine physical exam or check-up? (check all that apply)

- ☐ Cannot afford
- ☐ Co-pay or deductible too high
- ☐ Insurance does not cover
- ☐ Too far to travel
- ☐ Did not have transportation
- ☐ Did not have the time
- ☐ Healthy/ Do not need to see a doctor
- ☐ Cannot find a doctor who speaks my language
- ☐ Health Care Provider said it was not needed
- ☐ Do not like going / Afraid to go
- ☐ Did not have childcare
- ☐ Other (please tell us) _____

19. In the past 12 months, did you have a routine dental check-up?

☐ Yes (skip to question 21) ☐ No

20. If no, what is the main reason(s) you did not have a routine dental check-up? (check all that apply)

☐ Cannot afford
☐ Co-pay or deductible too high
☐ Insurance does not cover
☐ Too far to travel
☐ Did not have transportation
☐ Did not have the time
☐ Healthy/ Do not need to see a dentist
☐ Dentist said it was not needed
☐ Cannot find a dentist who speaks my language
☐ Do not like going / Afraid to go
☐ Did not have childcare
☐ Other (please tell us) _____

21. In the past 12 months, did you receive care in the emergency room?

☐ Yes ☐ No (skip to question 23)

22. If yes, what is the main reason for your emergency room visit? Please only check one response.

☐ Thought problem too serious for a doctor's visit
☐ Health provider said to go to emergency room
☐ Doctor's office not open
☐ No other place to go
☐ Emergency room is closest provider
☐ Receive most of my care at emergency room
☐ Could not find a local provider who speaks my language
☐ Other (please tell us) _____

23. Looking at the list of health issues below, please mark the 5 that you think are the most important in the community where you live. Feel free to add one or more issues not listed here that you think should be in the top 5.

- ☐ Cancer
- ☐ Heart disease
- ☐ Stroke
- ☐ Diabetes
- ☐ Obesity
- ☐ Lack of physical activity
- ☐ Asthma
- ☐ Sexually transmitted infections
- ☐ HIV
- ☐ Family planning
- ☐ Disability
- ☐ Maternal and child health
- ☐ Mental health/depression
- ☐ Substance abuse
- ☐ Tobacco use
- ☐ Injury & violence
- ☐ Lack of services for older adults
- ☐ Other (please specify): _____

24. In the past 12 months, have you or any member of your family, traveled outside your county to get health care services?

☐ Yes ☐ No (skip to question 27)

25. What service(s) did you leave your county for? (check all that apply)

- ☐ Primary Care
- ☐ Dental
- ☐ Ob/Gyn
- ☐ Family Planning
- ☐ Pediatric
- ☐ HIV/STD
- ☐ Mental Health
- ☐ Specialty
- ☐ Hospital Care
- ☐ Other (please tell us) _____

26. What is the main reason(s) for traveling outside of your county for these services? (check all that apply)

- ☐ To get better quality care
- ☐ The health care provider is closer to my home / work
- ☐ No health care provider in my county
- ☐ Other (please tell us) _____

27. Do you know where to go in the County for?

Diabetes Testing	☐ Yes	☐ No
Blood Pressure Testing	☐ Yes	☐ No
Cholesterol Testing	☐ Yes	☐ No
Cancer Screening	☐ Yes	☐ No
Nutrition Education	☐ Yes	☐ No
Weight Loss Programs	☐ Yes	☐ No
Mental Health Services	☐ Yes	☐ No
Substance Abuse Services	☐ Yes	☐ No
Alcohol Abuse Services	☐ Yes	☐ No
Family Planning Services	☐ Yes	☐ No
Maternal and Child Health Services	☐ Yes	☐ No
HIV Testing	☐ Yes	☐ No
STD Testing	☐ Yes	☐ No

28. In the past 12 months, did you go for?

Diabetes Testing	☐ Yes	☐ No
Blood Pressure Testing	☐ Yes	☐ No
Cholesterol Testing	☐ Yes	☐ No
Cancer Screening	☐ Yes	☐ No
Nutrition Education	☐ Yes	☐ No
Weight Loss Programs	☐ Yes	☐ No
Mental Health	☐ Yes	☐ No
Substance Abuse Services	☐ Yes	☐ No
Alcohol Abuse Services	☐ Yes	☐ No
Family Planning Services	☐ Yes	☐ No
Maternal and Child Health Services	☐ Yes	☐ No
HIV Testing	☐ Yes	☐ No
STD Testing	☐ Yes	☐ No

The survey is now complete. Thank you for your time.