Cook County Health Survey





INTRODUCTION

Thank you for completing this survey! It is being conducted on behalf of the Cook County Department of Public Health (CCDPH). Information you provide will help CCDPH learn about the health of people in <u>your</u> neighborhood and how to make things better. For example, your information will help CCDPH create programs to reduce smoking, improve access to health services, and ensure residents can get healthy food.

Completing this survey takes about 25 minutes, and any information you provide will be confidential. Participation is voluntary.

If you have any questions or concerns about this survey, please visit <u>www.CookCountyHealthSurvey.org</u>, call us toll-free at 1-800-844-4587 or email us at <u>CookCountyHealthSurvey@rti.org</u>.

We'll ask questions about your health and things that can influence your health, like your neighborhood and whether you have access to health services.

INSTRUCTIONS

- This survey should be completed by the adult (18 years of age or older) in the household who will have the next birthday. This helps to ensure a representative study of Cook County residents.
- Answer all of the questions by completely filling in the circle to the left of your answer, like this:
 - Yes
- You are sometimes told to skip over some questions in this survey. When this happens, you will see an arrow with a note that tells you which question to answer next, like this:

22.	pr	as a doctor, nurse, or other health ofessional <u>ever</u> told you that you Id <u>asthma</u> ?
	-0	Yes No → Skip to question 24
4		
	23.	Do you still have asthma?
		○ Yes
		○ No

In this example, if you answer "Yes" to Question 22, you should continue to Question 23.

If you answer "No" to Question 22, you should skip to Question 24.

> Use a black or blue pen, if available.

START HERE

GENERAL HEALTH

- 1. Would you say that in general your health is...?
 - Excellent
 - Very good
 - Good
 - ⊖ Fair
 - O Poor
- 2. Do you have at least one person you think of as your personal doctor or health care provider?
 - O Yes

No

3. About how long has it been since you last visited a doctor or health care provider for a routine checkup? A routine checkup is when a doctor

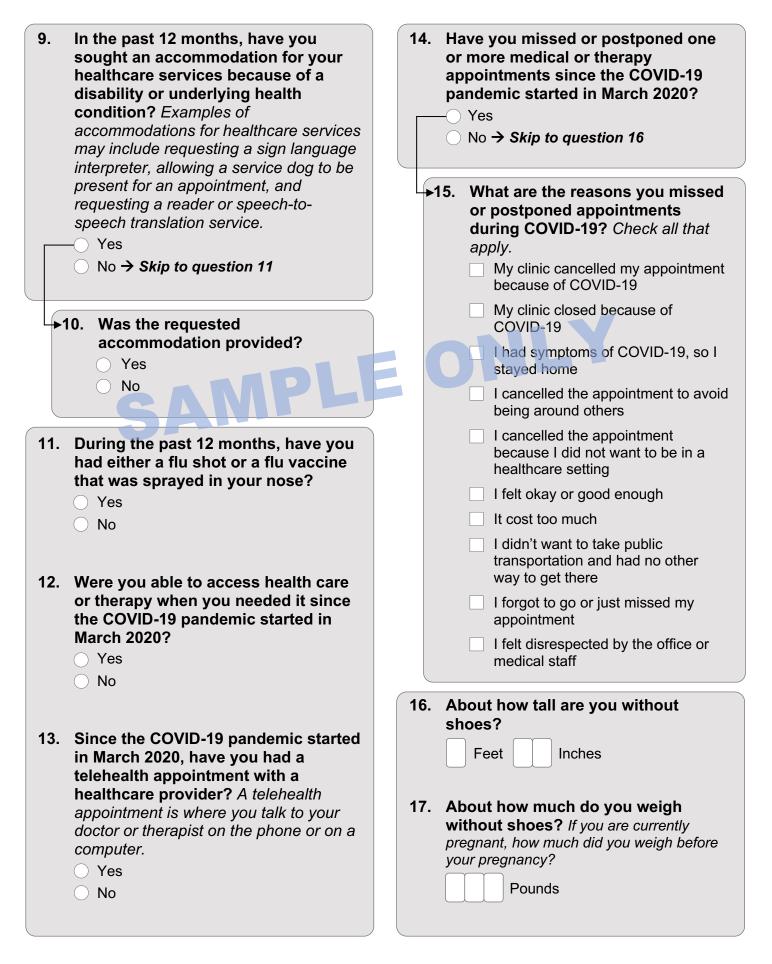
checks your general health (e.g., blood pressure, temperature, height and weight, eyes, ears, nose and throat).

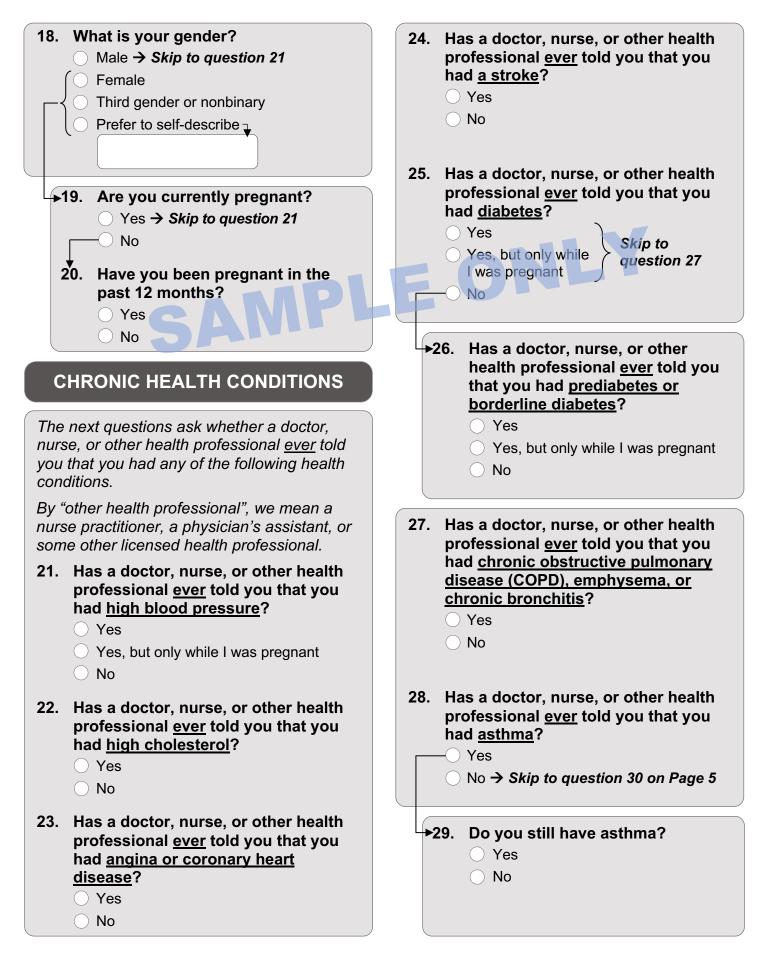
- Within the past year
- One or more years ago
- O Never
- 4. In general, how happy are you with the health care you received in the past 12 months?
 - Very happy
 - Somewhat happy
 - Not at all happy
 - I did not receive any health care in the past 12 months

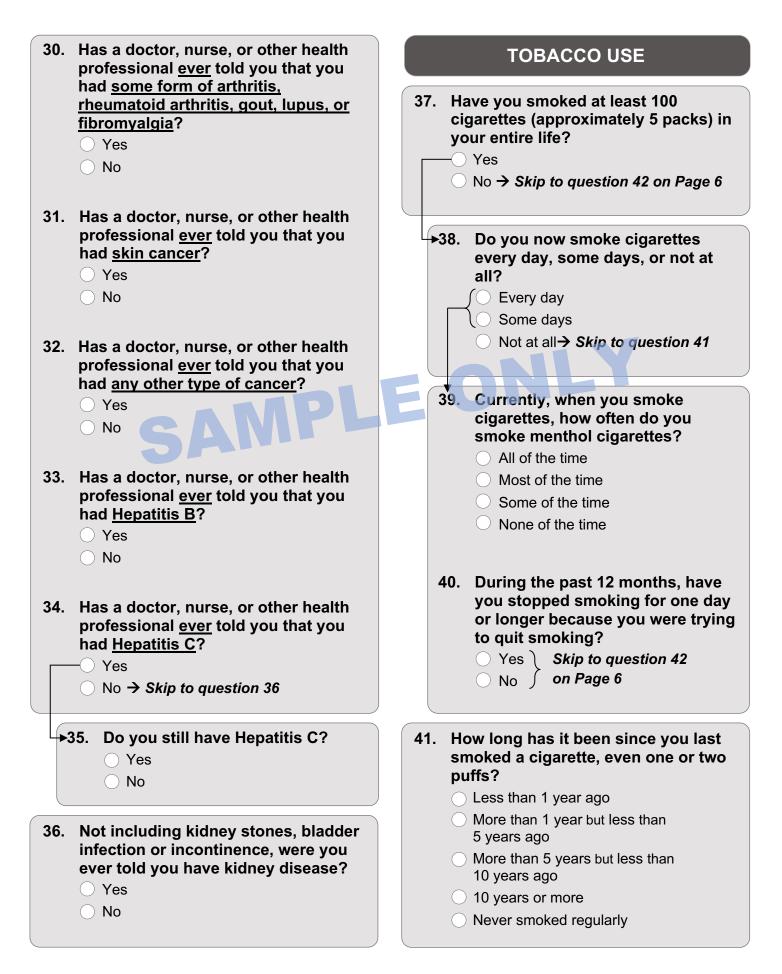
5. How long has it been since you had your teeth cleaned by a dentist or dental hygienist? 6 months or less More than 6 months, but not more than one year ago More than one year ago Never 6. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicaid, Medicare, or Indian Health Services? Yes No \rightarrow Skip to question 9 on Page 3 ₽7. What is the main source of your

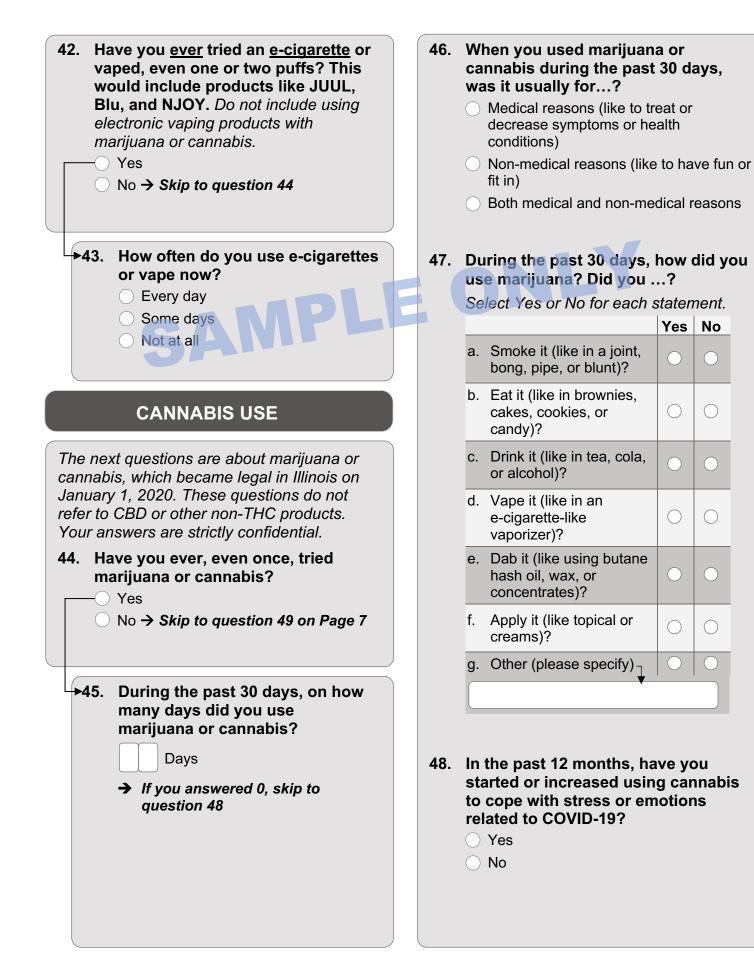
health care coverage?

- A plan purchased through an employer or union (includes plans purchased through another person's employer)
- A plan that you or another family member buys on your own
- Medicare
- Medicaid or other state program
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source
- 8. In the past 12 months, how often was it easy to get the care, tests, therapy, or treatment you thought you needed through your health plan?
 - O Never
 - Sometimes
 - Usually
 - Always
 - I didn't need care, tests, therapy or treatment in the past 12 months









DIET & PHYSICAL ACTIVITY

49. How many total servings of <u>fruit</u> did you eat yesterday?

A serving would equal one medium apple or a handful of grapes. Please think about all forms of fruits including cooked or raw, fresh, frozen, or canned.

Please think about all meals, snacks, and food consumed at home and away from home. If none, please enter 0.

Servings

50. How many total servings of <u>vegetables</u> did you eat yesterday?

A serving would equal a handful of broccoli or a cup of carrots. Please think about all forms of vegetables including cooked or raw, fresh, frozen, or canned.

Please think about all meals, snacks, and food consumed at home and away from home. If none, please enter 0.



51. How easy or difficult is it for you to get fresh fruits and vegetables?

Very difficult

Somewhat difficult

Somewhat easy `

O Very easy

Skip to question 53

- ► 52. What are the reasons it is difficult to get fresh fruits and vegetables? Please select all that apply.
 - The store(s) within a half mile of where I live don't sell fresh fruits and vegetables
 - The quality of fresh fruits and vegetables where I shop is poor
 - Fresh fruits and vegetables are too expensive where I shop

The store(s) where I use my EBT/SNAP benefits does not sell fresh fruits and vegetables

- 53. In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?
 - O Yes
 - \bigcirc No
- 54. How true is the following statement: "In the past 12 months, we worried whether our food would run out before we got money to buy more."
 - Often true
 - Sometimes true
 - O Never true
- 55. During the past 30 days, how many regular soda or pop or other sweetened drinks like sweetened iced tea, sports drinks, fruit punch, or other fruit-flavored drinks have you had?

Do <u>not</u> include diet soda, sugar free drinks, or 100% juice. If none, please enter 0.

Drinks –

Select the period of time (per day/week/month):

- Orinks per day
- Orinks per week
- O Drinks per month
- 56. Which of the following best describes the water that you most often drink at home?
 - O Unfiltered tap water
 - O Filtered tap water
 - Bottled water
 - O Water from another source

57. During the past month, other than **ALCOHOL &** your regular job, did you participate **PRESCRIPTION DRUGS** in any physical activities or exercises such as running, dance, playing **61.** The next few questions are about basketball, taking an exercise class, drinking alcohol. One drink is equivalent gardening, or walking for exercise? to a 12-ounce beer, a 5-ounce glass of ○ Yes wine, or a drink with one shot of liquor. O No A 40-ounce beer would count as 3 drinks. or a cocktail drink with 2 shots would count as 2 drinks. 58. In the past 12 months, how often did During the past 30 days, how many you or someone in your household days did you have at least one drink use the parks, playgrounds, and/or of any alcoholic beverage? sport fields in your neighborhood? If none, please enter 0. Once a week or more Days Several times a month → If you answered 0, skip to question 64. At least once a month A few times a year Never 62. [If you are male] Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on one 59. In the past 12 months, how often occasion? have you ridden a bicycle, adult If none, please enter 0. tricycle, or adaptive bicycle in your neighborhood? Times Once a week or more \rightarrow Skip to question 64 Several times a month At least once a month A few times a year 63. [If you are not male] Considering all Never types of alcoholic beverages, how many times during the past 30 days I am not physically able to ride a bike did you have 4 or more drinks on one occasion? If none, please enter 0. 60. During the past 7 days, did you ever walk or use a wheelchair or scooter Times to get to and from places such as work, shopping, or other activities? ○ Yes 64. In the past 12 months, have you started or increased drinking alcohol No to cope with stress or emotions I am not physically able to walk or use related to COVID-19? a wheelchair or scooter ○ Yes O No

The next few questions are about medications that require a prescription. Do not include 'over the counter' medications such as aspirin, Tylenol, or Advil which can be bought in drug stores without a doctor's prescription. Your answers are strictly confidential.

65. In the past 12 months, have you ever taken a prescription pain reliever such as oxycodone or hydrocodone that was prescribed to you?

No → Skip to guestion 67

- ▶66. When you took prescription pain relievers in the past 12 months, did you ever, even once, take more than was prescribed for you? This includes taking a higher dosage or taking it more often than directed.
 - O Yes

Yes

- 🔿 No
- 67. In the past 12 months, have you ever, even once, taken a prescription pain reliever such as oxycodone or hydrocodone that was <u>not</u> prescribed for you?
 - O Yes
 - 🔿 No

The next few questions are about drug use. The answers that people give us about their drug use help us provide services to those who need them. We know this information is personal but remember your answers will be kept confidential.

68. Have you ever, even once, used any form of heroin?



►69. How long has it been since you last used any form of heroin?

- Within the past 30 days
- More than 30 days ago but within the past 12 months
- O More than 12 months ago

CANCER SCREENING

70. →If you are male, skip to question 75 on Page 10. Else, continue here.

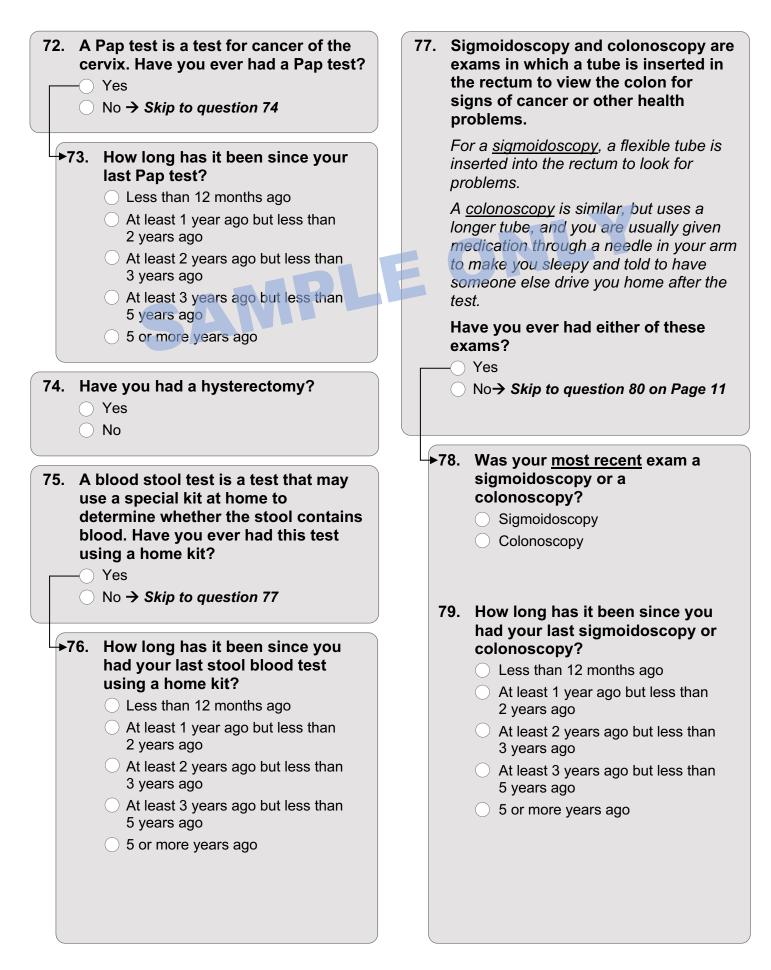
> A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?

- Yes

No→ Skip to question 72 on Page 10

►71. How long has it been since you had your last mammogram?

- Less than 12 months ago
- At least 1 year ago but less than 2 years ago
- At least 2 years ago but less than 3 years ago
- At least 3 years ago but less than 5 years ago
- 5 or more years ago



MENTAL HEALTH

During the past 30 days, how often did you feel...

- 80. ...<u>nervous</u>?
 - All of the time
 - O Most of the time
 - O Some of the time
 - A little of the time
 - O None of the time

81. ...<u>hopeless</u>?

- All of the time
- Most of the time
- O Some of the time
- A little of the time
- O None of the time

82. ...<u>restless and fidgety</u>?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

83. ...<u>so depressed that nothing could</u> <u>cheer you up</u>?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- O None of the time

84. ...<u>everything was an effort</u>?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

85. ...<u>worthless</u>?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

86. How often do you feel that you lack companionship?

- O Hardly ever
- Some of the time
- Often

87. How often do you feel left out?

- Bardly ever
- Some of the time
- Often

88. How often do you feel alone?

- Hardly ever
- Some of the time
- Often

If you or someone you know is struggling with mental health, substance use, housing, and/or domestic violence, please contact NAMI Chicago at 833-626-4244 or by visiting <u>https://www.namichicago.org</u>

- 89. Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?
 - O Yes
 - 🔘 No
- 90. On average, how many hours of sleep do you get in a 24-hour period?

Hours

Minutes

a h	any time when you needed mental health treatment or counseling for yourself but didn't get it?						
	Yes No → Skip to question 93						
 ▶92. Was the following a reason why you did not get the mental health treatment or counseling you needed? Select Yes or No for each statement. 							
_		Yes	No				
<u>a.</u> b.	getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you	0	0				
C.	You were concerned that getting mental health treatment or counseling might have a negative effect on your job	0	0				
d.	Your health insurance does not cover or pay enough for mental health treatment or counseling	\bigcirc	0				
e.	You did not know where to go to get services	\bigcirc	\bigcirc				
f.	You were concerned that the information you gave the counselor might not be kept confidential	\bigcirc	0				
g.	You were concerned that you might be committed to a psychiatric hospital or might have to take medicine	\bigcirc	0				
h.	You tried to get mental health treatment or counseling but were put on a waitlist	\bigcirc	0				
i.	You could not find a therapist who was culturally or disability competent	0	0				
j.	Other (please specify) –	\bigcirc	0				
	*						

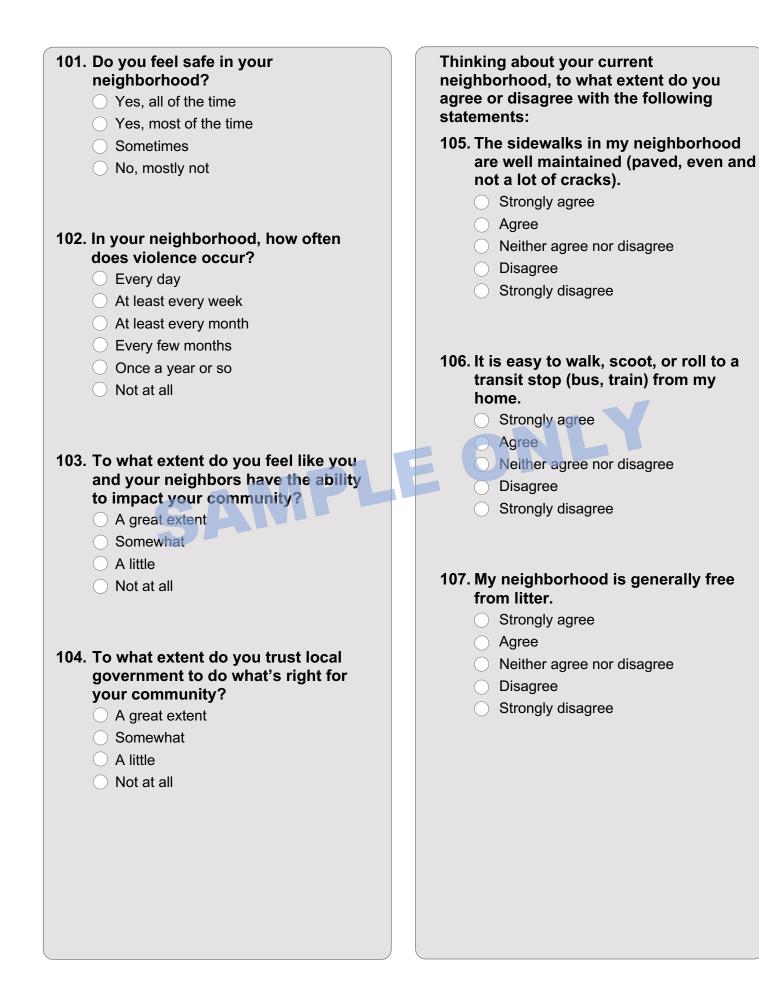
FINANCIAL SECURITY

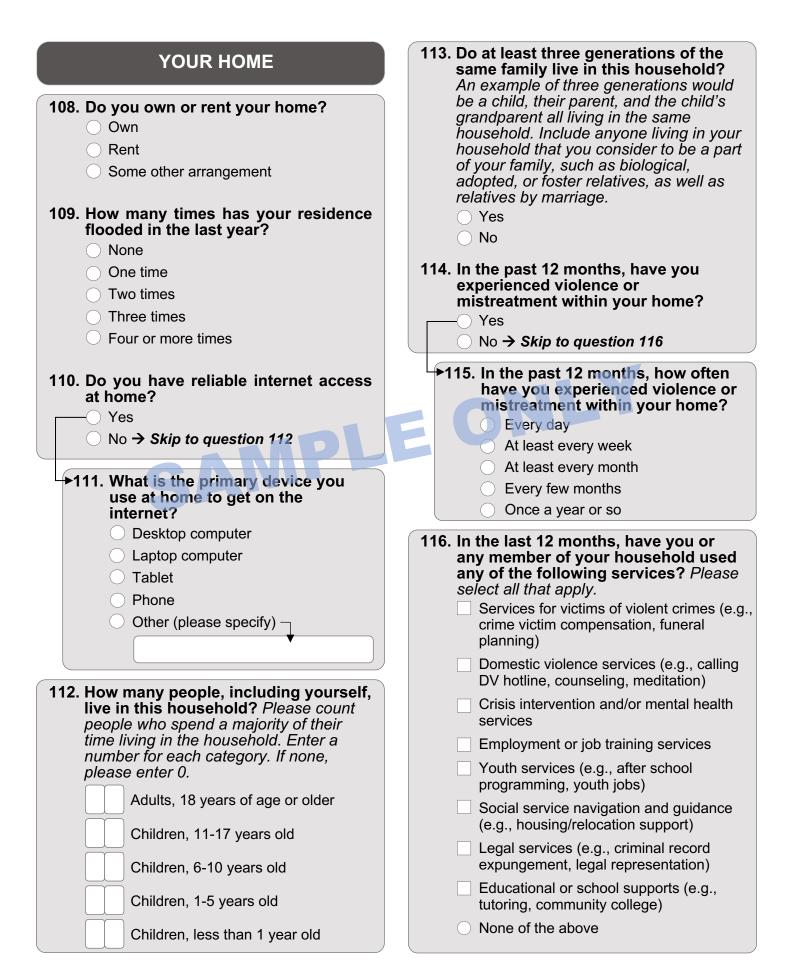
93.	err Ba sit	ppose that you have an nergency expense that cost sed on your current financ uation, would you? lect Yes or No for each state	ial	
			Yes	No
	a.	Put it on your credit card and pay it off in full at the next statement	0	0
	b.	Put it on your credit card and pay it off over time	\bigcirc	\bigcirc
	C.	Pay with the money currently in your checking/savings account or with cash	0	0
	d.	Use money from a bank loan or line of credit	\bigcirc	\bigcirc
	e.	Borrow from a friend or family member	\bigcirc	\bigcirc
	f.	Use a payday loan, deposit advance or overdraft	\bigcirc	\bigcirc
	g.	Sell something	\bigcirc	\bigcirc
	h.	Not be able to pay for the expense right now	\bigcirc	\bigcirc
	i.	Other (please specify)	\bigcirc	\bigcirc
		•		

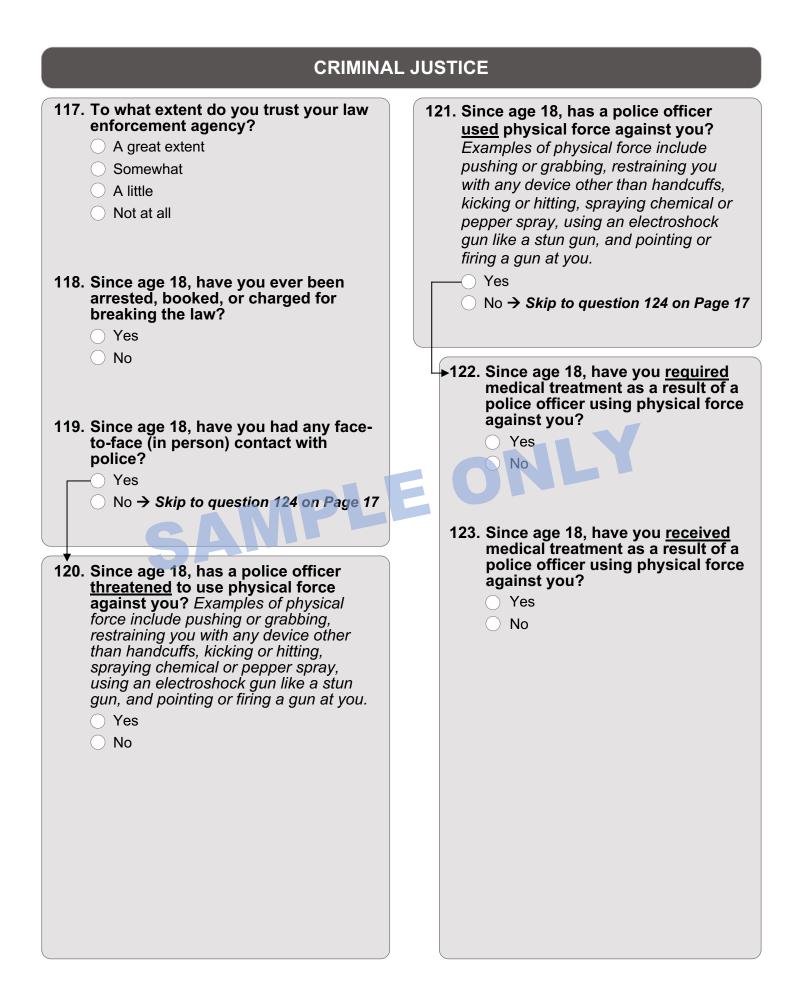
94. Do you or anyone in your household currently have a checking or savings account?

- O Yes
- O No

YOUR NEIGHBORHO	OD			97	7. Since the start of the COVID-19 pandemic in March 2020, have
 95. How long have you lived in neighborhood? Less than one year At least 1 year, but less than 5 years At least 5 years, but less than 10 years At least 10 years, but less than 20 years 20 years or longer 	Skip			98	 you been evicted or forced to move? Yes No 8. Has your household had to "double up" or combine with another household since the start of the COVID-19 pandemic in March 2020?
▶96. People move for many d reasons. Thinking of you recent move, did you mo Select Yes or No for each	ur mo ove	ost ?			 Yes No
	Yes	No			
a. To be closer to work or school	0	0	9		Would you say that you really feel part of your neighborhood?
 b. To be closer to family or friends 	0	\bigcirc		(Strongly agree Agree
c. For better quality neighborhood or schools	0	0		(Neither agree not disagree Disagree
d. Because you received an eviction notice	\bigcirc	\bigcirc		(Strongly disagree
e. Because your previous home or apartment was foreclosed	\bigcirc	0			
f. Your rent increased at previous home or apartment	\bigcirc	\bigcirc	1		About how many people in your neighborhood do you know well
g. Your landlord would not fix things at previous home or apartment	0	0			enough to ask for help if you needed it?
h. To save money	\bigcirc	\bigcirc		1	If none, please enter 0.
i. To relocate to new city	\bigcirc	0			People
j. Because your family status changed (e.g., marriage, divorce, children, adult child moved out)	0	0			
k. For a better quality or larger home	0	0			
I. Because you bought a home	\bigcirc	\bigcirc			
m. Other (please specify)	0				







CHILDREN & TEENS

124. How big of a problem do you feel the following issues are for children and teens in your neighborhood? Select an answer for each statement.

	A big problem	Somewhat of a problem	Not a problem	Don't know/not sure
a. Gun-related violence in neighborhoods	\bigcirc	\bigcirc	\bigcirc	\bigcirc
 Worse health for children of color than for white children, also known as racial inequalities 	0	\bigcirc	\bigcirc	0
c. Discrimination and racism	0	0	\bigcirc	\bigcirc
d. Poverty	0	0	\bigcirc	0
e. Bullying, including cyberbullying	0	0	0	0
f. Drug abuse by youth	\bigcirc	\bigcirc	\bigcirc	0
 g. Smoking and tobacco use by youth, including vaping or using e-cigarettes 	0	0	0	0
h. Lack of adult supervision and involvement for children and teens	0		0	0
i. Stress among children and teens			0	0
AMPL				

125. How big of a problem do you feel the following issues are for children and teens in your neighborhood? Select an answer for each statement.

	A big problem	Somewhat of a problem	Not a problem	Don't know/not sure
a. Depression among children and teens	\bigcirc	0	\bigcirc	0
 b. Not enough job opportunities for parents 	\bigcirc	\bigcirc	\bigcirc	0
c. Not enough job opportunities for teens and young adults	0	0	0	0
d. Child abuse and neglect	\bigcirc	\bigcirc	\bigcirc	\bigcirc
e. Suicide among children and teens	0	0	0	0
f. Childhood obesity	0	0	\bigcirc	0
g. Social media	0	0	0	0
h. Violence in schools	0	0	0	0
i. Teen pregnancy	0	0	0	0

126. How big of a problem do you feel the following issues are for children and teens in your neighborhood? Select an answer for each statement.

		A big problem	Somewhat of a problem	Not a problem	Don't know/not sure
a. Alcohol abuse by youth		\bigcirc	\bigcirc	\bigcirc	\bigcirc
b. Injuries from accidents amo children and teens	ong	\bigcirc	\bigcirc	\bigcirc	\bigcirc
c. COVID-19 pandemic effect mental health	s on youth	\bigcirc	\bigcirc	\bigcirc	\bigcirc
d. Unsafe housing		\bigcirc	\bigcirc	\bigcirc	\bigcirc
e. Parent's health problems a their children	ffecting	\bigcirc	\bigcirc	\bigcirc	\bigcirc
f. Childhood asthma		\bigcirc	\bigcirc	\bigcirc	\bigcirc
g. Hunger		\bigcirc	\bigcirc	\bigcirc	0
h. Infant mortality		\bigcirc	\bigcirc	\bigcirc	\bigcirc
i. COVID-19 infections		\bigcirc	\bigcirc	\bigcirc	\bigcirc

CORONAVIRUS & COVID-19

127. Have you received a positive COVID-19 test result since the COVID-19 pandemic started in March 2020?

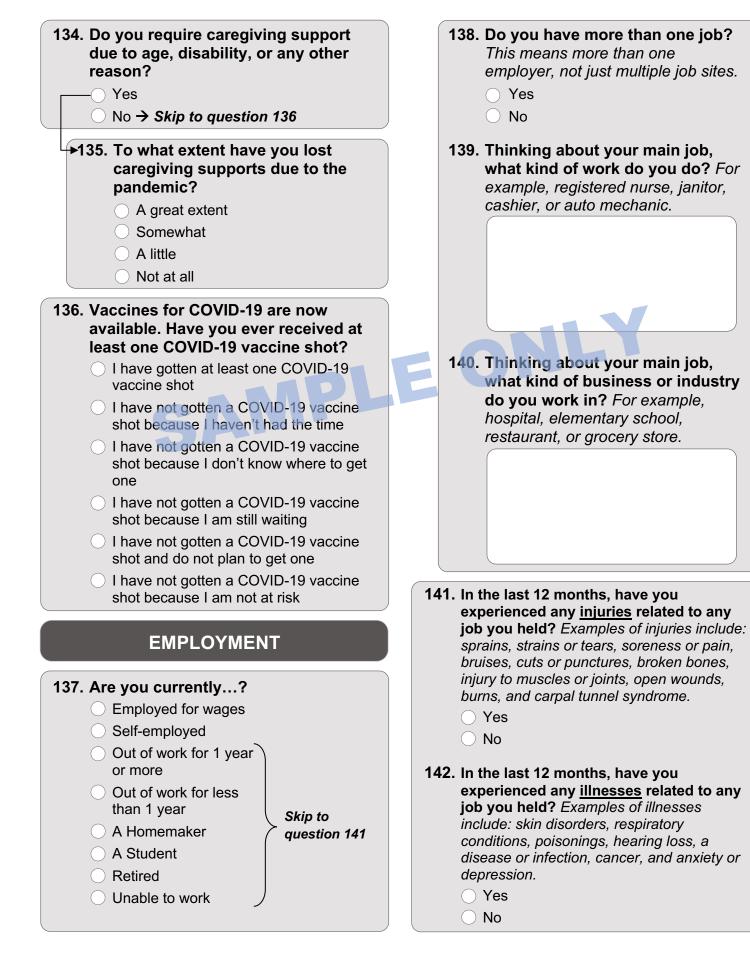
- O Yes
- O No

128. How would you describe your mental health compared to before the COVID-19 pandemic?

- O Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse
- 129. Have you or someone in your household experienced grief from losing someone who died from COVID-19?
 - O Yes
 - O No
- 130. Have you been let go, had to reduce work hours, or had a reduction in pay because of COVID-19?
 - O Yes

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\bigcirc No \rightarrow Skip to question 134 on Page 19
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- 131. To what extent was this because you had to take on increased childcare responsibilities?
 - A great extent
 - Somewhat A little
 - Not at all
- 132. To what extent was this because you had to take on increased caregiving responsibilities for people with disabilities?
 - A great extent
 - Somewhat
 - O A little
 - Not at all
- 133. To what extent was this because you had to take on increased caregiving responsibilities for elderly people?
 - A great extent
 - Somewhat
 - A little
 - Not at all



ADVERSE CHILDHOOD EXPERIENCES

Some of these next questions are personal and could be upsetting. Remember that you can skip any question you don't want to answer. The information that you provide is confidential.

143. Looking back before you were 18 years of age... Please answer Yes or No for each statement.

_		Yes	No
a	Did you live with anyone who was depressed, mentally ill, or suicidal?	0	\bigcirc
b	. Did you live with anyone who was a problem drinker or alcoholic?	\bigcirc	\bigcirc
C.	Did you live with anyone who used illegal street drugs or abused prescription medications?	\bigcirc	0
d	Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	\bigcirc	\bigcirc
e	. Were your parents separated or divorced?		0

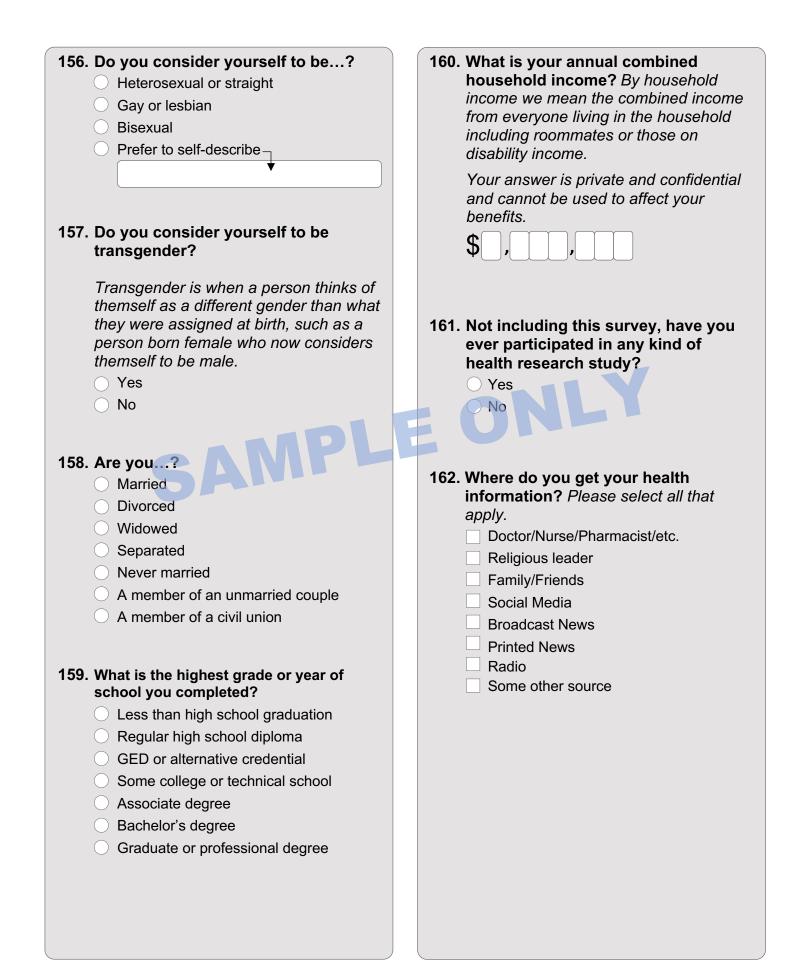
144. Looking back before you were 18 years of age... Please answer Yes or No for each statement.

		Yes	No
a.	Did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?	0	0
b.	Not including spanking, did a parent ever hit, beat, kick, or physically hurt you in any way?	\bigcirc	\bigcirc
c.	Did a parent or adult in your home ever swear to you, insult you, or put you down?	0	0
d.	Did anyone at least 5 years older than you or an adult ever touch you sexually?	\bigcirc	\bigcirc
e.	Did anyone at least 5 years older than you or an adult try to make you touch them sexually?	0	0
f.	Did anyone at least 5 years older than you or an adult force you to have sex?	\bigcirc	\bigcirc

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If you need other assistance, please call 311. If you need immediate help, please call 911.

ABOUT YOU	150. Are you deaf, or do you have serious difficulty hearing?
145 What is your ago?	
145. What is your age?	○ No
0 18-24	
0 25-29	
30-44	151 Are you blind or do you have carious
0 45-64	151. Are you blind, or do you have serious difficulty seeing, even when wearing
○ 65 or older	glasses?
146. Are you Hispanic or Latino/a, or of Spanish origin?	○ Yes ○ No
○ No \rightarrow Skip to question 148	
→147. Would you say you are? Select Yes or No for each statement.	t 152. Because of a physical, mental, or emotional condition, do you have
Yes	o serious difficulty concentrating, remembering, or making decisions?
a. Mexican, Mexican-	
American, or Chicano/a	
b. Puerto Rican	
c. Cuban	
d. Another Hispanic, Latino/a, or Spanish	
origin	153. Do you have serious difficulty
	walking or climbing stairs?
148. Which one or more of the following	Yes
would you say is your race? Check	all O No
that apply.	
☐ White	
Black or African American	154. Do you have difficulty dressing or
American Indian or Alaska Native	bathing?
Asian	⊖ Yes
Native Hawaiian or Pacific Islander	
Some other race	
→ If you are not Asian, skip to question a	50
• If you are not Asian, skip to question	
149 Would you say you are 2 Sele	155. Because of a physical, mental, or
→149. Would you say you are? Seled Yes or No for each statement.	emotional condition, do you have
Yes	 difficulty doing errands alone such as visiting a doctor's office or
a. Asian Indian	shopping?
b. Chinese	
c. Filipino	
d. Japanese	
e. Korean	
f. Vietnamese	
g. Another Asian origin	



163. How easy or difficult is it for you to do each of the following? Select an answer for each statement.

each statement.					
	Very difficult	Somewhat difficult	Somewhat easy	Very easy	
a. Get trustworthy advice about your health?	\bigcirc	0	0	0	
b. Understand what doctors say to you?	\bigcirc	0	\bigcirc	\bigcirc	
c. Fill out medical forms by yourself?	\bigcirc	0	0	\bigcirc	
d. Understand health information in the media?	\bigcirc	0	0	\bigcirc	
e. Take advantage of activities and resources in your community to improve your health?	0	•	0	Ο	
f. Find someone in your neighborhood to give you health information or health advice?	\bigcirc	0	0	\bigcirc	
THANK YOU! 164. May we contact you if we have more questions? 166. Please provide your contact information so we can send you your					
 Yes No 165. Do we have permission to text you? Yes No Sample of the second	F	First Name: Last Name: Email: Phone: Area Code Numb			
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Thank you for participating in the Cook County Health Survey! Please return this questionnaire in the envelope provided or return to:

> Cook County Health Survey c/o RTI International 0218457.000.001 5265 Capital Boulevard Raleigh, NC 27616-2925

You will receive your \$10 Amazon gift card in four to six weeks.