



# Suburban Cook County Health Survey



Cook County DEPT. of  
Public Health

A division of Cook County Health

**BUILDING**  
**HEALTHIER**  
**COMMUNITIES**

## 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 your 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 all Cook County 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 [www.CookCountyHealthSurvey.org](http://www.CookCountyHealthSurvey.org), call us toll-free at 1-800-844-4587 or email us at [CookCountyHealthSurvey@rti.org](mailto:CookCountyHealthSurvey@rti.org).

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.

# SAMPLE ONLY

## 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  
 No

➤ 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. Has a doctor, nurse, or other health professional <u>ever</u> told you that you had <u>asthma</u> ?
<input type="radio"/> Yes
<input type="radio"/> No → Skip to question 24
→ 23. Do you still have asthma?
<input type="radio"/> Yes
<input type="radio"/> 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
- Poor

**2. Do you have at least one person you think of as your personal doctor or health care provider?**

- 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
- 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 → *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?**

- Never
- Sometimes
- Usually
- Always
- I didn't need care, tests, therapy or treatment in the past 12 months

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9. In the past 12 months, have you sought an accommodation for your healthcare services because of a disability or underlying health condition? *Examples of accommodations for healthcare services may include requesting a sign language interpreter, allowing a service dog to be present for an appointment, and requesting a reader or speech-to-speech translation service.*

- Yes
- No → **Skip to question 11**

→10. Was the requested accommodation provided?

- Yes
- No

11. In the past 12 months, have you been able to access health care or therapy when you needed it?

- Yes
- No

12. In the past 12 months, have you had a telehealth appointment with a health care provider? *A telehealth appointment is where you talk to your doctor or therapist on the phone or on a computer.*

- Yes
- No

13. In the past 12 months, have you missed or postponed one or more medical or therapy appointments?

- Yes
- No → **Skip to question 15**

→14. What are the reasons you missed or postponed appointments in the past 12 months? *Check all that apply.*

- It cost too much
- I had trouble scheduling, either online or telephone
- I couldn't get an appointment soon enough
- Once I got there, I had to wait too long to see the doctor
- The clinic's office wasn't open when I got there
- I didn't have transportation
- I had symptoms of COVID-19, or my clinic cancelled my appointment because of COVID-19
- I felt disrespected by the office or medical staff
- Other (please specify) ↓

- Don't know/Not sure

15. About how tall are you without shoes?

Feet  Inches

16. About how much do you weigh without shoes? *If you are currently pregnant, how much did you weigh before your pregnancy?*

Pounds

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17. What is your gender?

- Male
- Female
- Third gender or nonbinary
- Prefer to self-describe ↓

18. Are you currently pregnant?

- Yes → *Skip to question 20*
- No

19. Have you been pregnant in the past 12 months?

- Yes
- No

20. In the past 12 months, have you had access to reliable transportation when you needed it?

- Yes
- No

## CHRONIC HEALTH CONDITIONS

The next questions ask whether a doctor, nurse, or other health professional ever told you that you had any of the following health conditions.

By “other health professional”, we mean a nurse practitioner, a physician’s assistant, or some other licensed health professional.

21. Has a doctor, nurse, or other health professional ever told you that you had high blood pressure?

- Yes
- Yes, but only while I was pregnant
- No

22. Has a doctor, nurse, or other health professional ever told you that you had high cholesterol?

- Yes
- No

23. Has a doctor, nurse, or other health professional ever told you that you had angina or coronary heart disease?

- Yes
- No

24. Has a doctor, nurse, or other health professional ever told you that you had a stroke?

- Yes
- No

25. Has a doctor, nurse, or other health professional ever told you that you had diabetes?

- Yes
- Yes, but only while I was pregnant
- No

*Skip to question 27*

26. Has a doctor, nurse, or other health professional ever told you that you had prediabetes or borderline diabetes?

- Yes
- Yes, but only while I was pregnant
- No

27. Has a doctor, nurse, or other health professional ever told you that you had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis?

- Yes
- No

28. Has a doctor, nurse, or other health professional ever told you that you had asthma?

- Yes
- No → *Skip to question 30 on Page 5*

29. Do you still have asthma?

- Yes
- No

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## TOBACCO USE

30. Has a doctor, nurse, or other health professional ever told you that you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- Yes  
 No

31. Has a doctor, nurse, or other health professional ever told you that you had skin cancer?

- Yes  
 No

32. Has a doctor, nurse, or other health professional ever told you that you had any other type of cancer?

- Yes  
 No

33. Have you ever had an HPV vaccination?

- Yes  
 No

34. Not including kidney stones, bladder infection or incontinence, were you ever told you have kidney disease?

- Yes  
 No

35. On average, how many hours of sleep do you get in a 24-hour period?

<input type="text"/>	<input type="text"/>	Hours	<input type="text"/>	<input type="text"/>	Minutes
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36. Have you smoked at least 100 cigarettes (approximately 5 packs) in your entire life?

- Yes  
 No → *Skip to question 42 on Page 6*

37. In the past 12 months, did a doctor or other health professional advise you to quit any tobacco use?

- Yes  
 No

38. In the past 12 months, did a doctor or other health professional provide you with any resources related to quitting/cessation from tobacco use?

- Yes  
 No

39. Do you now smoke cigarettes every day, some days, or not at all?

- Every day  
 Some days  
 Not at all → *Skip to question 41 on Page 6*

40. Currently, when you smoke cigarettes, how often do you smoke menthol cigarettes?

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

→ *Skip to question 42 on Page 6*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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41. How long has it been since you last smoked a cigarette, even one or two puffs?

- Less than 1 year ago
- More than 1 year but less than 5 years ago
- More than 5 years but less than 10 years ago
- 10 years or more
- Never smoked regularly

42. Do you currently use chewing tobacco, snuff, or snus every day, some days, not at all, or have you never used?

- Every day
- Some days
- Not at all
- I have never used chewing tobacco, snuff, or snus

43. Have you ever used a nicotine pouch, even once? *These are smokeless and spitless oral pouches that deliver nicotine without tobacco leaves, including products like Zyn.*

- Yes
- No

44. Have you ever tried an e-cigarette or vaped, even one or two puffs? *This includes products like Puff Bar, Blu, NJOY, and JUUL. Do not include using electronic vaping products with marijuana or cannabis.*

- Yes
- No → **Skip to question 47 on page 7**

45. Were any of the e-cigarettes you used in flavors such as mint, fruit, candy, or wine?

- Yes
- No

46. Which of the following are reasons you use or have used electronic nicotine products? *Please select all that apply.*

- They are affordable
- They might be less harmful to me than smoking cigarettes
- They might be less harmful to people around me than cigarettes
- E-liquid comes in flavors I like
- Using electronic nicotine products helps people quit smoking cigarettes
- Electronic nicotine products don't smell
- Using an electronic nicotine product feels like smoking a regular cigarette
- Electronic nicotine products are acceptable to non-tobacco users
- Using electronic products satisfies my cravings for cigarettes
- Some other reason



## CANNABIS USE

The next questions are about marijuana or cannabis, which became legal in Illinois on January 1, 2020. These questions do not refer to CBD or other non-THC products. Your answers are strictly confidential.

47. Have you ever, even once, tried marijuana or cannabis?

- Yes  
 No → Skip to question 52

48. In the past 30 days, on how many days did you use marijuana or cannabis?

Days

→ If you answered 0, skip to question 52

49. When you used marijuana or cannabis during the past 30 days, was it usually for...?

- Medical reasons  
 Non-medical reasons  
 Both medical and non-medical reasons

50. In the past 30 days, how did you use marijuana? Did you ...?

Select Yes or No for each statement.

	Yes	No
a. Smoke it (like in a joint, bong, pipe or blunt)?	<input type="radio"/>	<input type="radio"/>
b. Eat it (like in brownies, cakes, cookies or candy)?	<input type="radio"/>	<input type="radio"/>
c. Drink it (like in tea, cola or alcohol)?	<input type="radio"/>	<input type="radio"/>
d. Vape it (like in an e-cigarette-like vaporizer)?	<input type="radio"/>	<input type="radio"/>
e. Dab it (like using butane hash oil, wax or concentrates)?	<input type="radio"/>	<input type="radio"/>
f. Apply it (like topical or creams)?	<input type="radio"/>	<input type="radio"/>
g. Other (please specify) ↓	<input type="radio"/>	<input type="radio"/>

51. In the past 12 months, have you started or increased using cannabis to cope with stress?

- Yes  
 No

## DIET & PHYSICAL ACTIVITY

52. In 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 not include diet soda, sugar free drinks, or 100% juice. If none, please enter 0.

Drinks

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

- Drinks per day  
 Drinks per week  
 Drinks per month

53. How many total servings of fruit 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

54. How many total servings of vegetables 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.

Servings

55. How easy or difficult is it for you to get fresh produce (fruits and vegetables)?

Very difficult

Somewhat difficult

Somewhat easy

Very easy

} **Skip to question 57**

56. 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

57. In the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

Yes

No

58. 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

Never true

59. In the past 12 months, did you ever have to cut the size of your meals or skip meals entirely because there wasn't enough money for food?

Yes

No

60. In the past month, other than your regular job, did you participate in any physical activities or exercises such as running, dance, playing basketball, taking an exercise class, gardening, or walking for exercise?

Yes

No

61. In the past 12 months, how often did you or someone in your household use the parks, playgrounds, and/or sport fields in your neighborhood?

Once a week or more

Several times a month

At least once a month

A few times a year

Never

62. In the past 12 months, how often have you ridden a bicycle, adult tricycle, or adaptive bicycle in your neighborhood?

Once a week or more

Several times a month

At least once a month

A few times a year

Never

I am not physically able to ride a bike

63. In the past 7 days, did you ever walk or use a wheelchair or scooter to get to and from places such as work, shopping, or other activities?

Yes

No

I am not physically able to walk or use a wheelchair or scooter

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## ALCOHOL & PRESCRIPTION DRUGS

The next few questions are about drinking alcohol. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.

64. In the past 30 days, how many days did you have at least one drink of any alcoholic beverage?

If none, please enter 0.

 Days

→ If you answered 0, skip to question 67

65. [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 occasion?

If none, please enter 0.

 Times

→ Skip to question 67

66. [If you are not male] Considering all types of alcoholic beverages, how many times during the past 30 days did you have 4 or more drinks on one occasion?

If none, please enter 0.

 Times

67. In the past 12 months, have you started or increased drinking alcohol to cope with stress?

- Yes  
 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.

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

- Yes  
 No → Skip to question 70

69. 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.

- Yes  
 No

70. In the past 12 months, have you ever, even once, taken a prescription pain reliever such as oxycodone or hydrocodone that was not prescribed for you?

- Yes  
 No

The next 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.

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

- Yes
- No

72. Narcan nasal spray or naloxone is a medicine that rapidly reverses an opioid overdose. Before this survey, had you heard of Narcan nasal spray or naloxone?

- Yes
- No → Skip to question 76

73. Do you know where you can go to get Narcan nasal spray or naloxone?

- Yes
- No

74. In the past 12 months, have you administered Narcan nasal spray or naloxone to another person?

- Yes
- No

75. In the past 12 months, have you been given Narcan nasal spray or naloxone?

- Yes
- No

## CANCER SCREENING

76. 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 78

77. 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

78. A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- Yes
- No → Skip to question 80

79. How long has it been since your last Pap test?

- 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

80. Have you had a hysterectomy?

- Yes
- No



## MENTAL HEALTH

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

85. ...nervous?

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

86. ...hopeless?

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

87. ...restless or fidgety?

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

88. ...so depressed that nothing could cheer you up?

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

89. ...everything was an effort?

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

90. ...worthless?

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

81. A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?

- Yes
- No

82. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems.

For a sigmoidoscopy, a flexible tube is inserted into the rectum to look for problems.

A colonoscopy is similar, but uses a longer tube, and you are usually given medication through a needle in your arm to make you sleepy and told to have someone else drive you home after the test.

Have you ever had either of these exams?

- Yes
- No → Skip to question 85

83. Was your most recent exam a sigmoidoscopy or a colonoscopy?

- Sigmoidoscopy
- Colonoscopy

84. How long has it been since you had your last sigmoidoscopy or colonoscopy?

- 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

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**91. In the past 12 months, was there 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
a. You couldn't afford the cost	<input type="radio"/>	<input type="radio"/>
b. You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you	<input type="radio"/>	<input type="radio"/>
c. You were concerned that getting mental health treatment or counseling might have a negative effect on your job	<input type="radio"/>	<input type="radio"/>
d. Your health insurance does not cover or pay enough for mental health treatment or counseling	<input type="radio"/>	<input type="radio"/>
e. You did not know where to go to get services	<input type="radio"/>	<input type="radio"/>
f. You were concerned that the information you gave the counselor might not be kept confidential	<input type="radio"/>	<input type="radio"/>
g. You were concerned that you might be committed to a psychiatric hospital or might have to take medicine	<input type="radio"/>	<input type="radio"/>
h. You tried to get mental health treatment or counseling but were put on a waitlist	<input type="radio"/>	<input type="radio"/>
i. You could not find a therapist who was culturally or disability competent	<input type="radio"/>	<input type="radio"/>
j. Other (please specify) <input type="text"/>	<input type="radio"/>	<input type="radio"/>

**93. In the past 12 months, did you ever seriously consider attempting suicide?**

- Yes
- No

**94. 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? We know these questions are personal and want to remind you that your answers will be kept confidential.**

- Yes
- No

***If you are experiencing suicidal thoughts, please call 988 or text 'HOME' to 741741 to reach a Crisis Counselor. Help is available 24 hours a day.***

***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 visit <https://www.namichicago.org>. If you need other assistance, please call 311 or 211. For immediate emergencies, please call 911.***

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95. In the past 12 months, did you receive treatment or counseling for a mental health condition or emotional problem?

- Yes
- No → *Skip to question 97*

96. Thinking about the mental health treatment or counseling you received in the past 12 months, how true or false are the following statements about your experience?

	Always true	Mostly true	Mostly false	Always false
a. I felt comfortable with my provider.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt like my provider listened to and understood my concerns.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I received services in my preferred language.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. I felt that my provider was considerate of my culture in my treatment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I understood my treatment plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I was able to meet my provider when I needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I was able to communicate with my provider when I needed care.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## FINANCIAL SECURITY

97. In the past 12 months, was there ever a time when you did not have enough money to pay your monthly bills?

- Yes, there were times when I did not have enough money to pay my monthly bills
- No, I always had enough money to pay my monthly bills
- I don't know

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

- Yes
- No



## YOUR NEIGHBORHOOD

**99. How long have you lived in your 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

**100. What is your living situation today?**

- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- I have a steady place to live

**101. Would you say that you really feel part of your neighborhood?**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**102. About how many people in your neighborhood do you know well enough to ask for help if you needed it?**

*If none, please enter 0.*

<input type="text"/>	<input type="text"/>	People
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**103. Do you feel safe in your neighborhood?**

- Yes, all of the time
- Yes, most of the time
- Sometimes
- No, mostly not

**104. To what extent do you trust local government to do what's right for your community?**

- A great extent
- Somewhat
- A little
- Not at all

**Thinking about your current neighborhood, to what extent do you agree or disagree with the following statements:**

**105. The sidewalks in my neighborhood are well maintained (paved, even and not a lot of cracks).**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**106. It is easy to walk, scoot, or roll to a transit stop (bus, train) from my home.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**107. My neighborhood is generally free from litter.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**108. Thinking about the past 12 months, have you done any of the following? Select Yes or No for each statement.**

	Yes	No
a. Attended a neighborhood meeting about a local issue (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
b. Voted in the last election	<input type="radio"/>	<input type="radio"/>
c. Attended a block party or event (virtually, socially distanced, or in person)	<input type="radio"/>	<input type="radio"/>
d. Picked up litter or trash on my block	<input type="radio"/>	<input type="radio"/>
e. Cared for a garden or yard on my block	<input type="radio"/>	<input type="radio"/>
f. Volunteered with a local non-profit or community organization	<input type="radio"/>	<input type="radio"/>
g. Participated in a local school council or booster club	<input type="radio"/>	<input type="radio"/>

**109. Please rate how important each of the following services would be for your neighborhood. Select an answer for each statement.**

	Very important	Somewhat important	Neither unimportant nor important	Somewhat unimportant	Very unimportant
a. Vacant lot cleanup	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Street light repair	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Boarding up of abandoned property	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Landscape maintenance of parkways	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bus stop kiosk repairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Installation of bike lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Changes in parking restrictions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Installation of traffic calming measures such as speed bumps, traffic circles or stop signs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Alley clean up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**110. How concerned are you about the following issues, if at all, in your neighborhood?**

Select an answer for each statement.

	<b>Extremely concerned</b>	<b>Very concerned</b>	<b>A little concerned</b>	<b>Not at all concerned</b>	<b>Don't know/ No opinion</b>
a. Air pollution from cars and trucks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pollution from industrial sources and other businesses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Dumping of dangerous chemicals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Drinking water quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Water quality in the lakes or rivers in which you swim, fish, or do other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Lead paint where I live or work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Noisy cars, trucks, or airplanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Soil pollution (e.g., gas stations, hazard sites, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## YOUR HOME

111. Do you own or rent your home?

- Own
- Rent
- Some other arrangement

112. How many times has your residence flooded in the last year?

- None
- One time
- Two times
- Three times
- Four or more times

113. Which do you use to cool your home on the hottest days of the summer?

*Please select all that apply.*

- Air conditioning (e.g., window unit or central air)
- I leave my home to stay somewhere else that is cooler
- Fan(s) (e.g., ceiling fans, floor fans)
- Open windows and doors
- None of the above

114. Do you have reliable internet access at home?

- Yes
- No → **Skip to question 116**

115. What is the primary device you use at home to get on the internet?

- Desktop computer
- Laptop computer
- Tablet
- Phone
- Other

116. How many people, including yourself, live in this household? *Please count people who spend a majority of their time living in the household. Enter a number for each category. If none, please enter 0.*

Adults, 18 years of age or older

Children, 11-17 years old

Children, 6-10 years old

Children, 1-5 years old

Children, less than 1 year old

117. Do at least three generations of the same family live in this household?

*An example of three generations would be a child, their parent, and the child's grandparent all living in the same household. Include anyone living in your household that you consider to be a part of your family, such as biological, adopted, or foster relatives, as well as relatives by marriage.*

- Yes
- No

118. In the past 12 months, have you experienced violence or mistreatment within your home?

- Yes
- No → **Skip to question 120 on page 18**

119. In the past 12 months, how often have you experienced violence or mistreatment within your home?

- Every day
- At least every week
- At least every month
- Every few months
- Once a year or so

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**120. In the last 12 months, have you or any member of your household used any of the following services?**

*Please select all that apply.*

- Services for victims of violent crimes (e.g., crime victim compensation, funeral planning)
- Domestic violence services (e.g., calling DV hotline, counseling, meditation)
- Crisis intervention and/or mental health services
- Employment or job training services
- Youth services (e.g., after school programming, youth jobs)
- Social service navigation and guidance (e.g., housing/relocation support)
- Legal services (e.g., criminal record expungement, legal representation)
- Educational or school supports (e.g., tutoring, community college)
- None of the above

## CRIMINAL JUSTICE

**121. To what extent do you trust your law enforcement agency?**

- A great extent
- Somewhat
- A little
- Not at all

**122. Since age 18, have you ever been arrested, booked, or charged for breaking the law?**

- Yes
- No

**123. Since age 18, have you had any face-to-face (in person) contact with police?**

- Yes
- No → **Skip to question 128 on Page 19**

**124. Since age 18, has a police officer threatened to use physical force against you?** *Examples of physical force include pushing or grabbing, restraining you with any device other than handcuffs, kicking or hitting, spraying chemical or pepper spray, using an electroshock gun like a stun gun, and pointing or firing a gun at you.*

- Yes
- No

**125. Since age 18, has a police officer used physical force against you?** *Examples of physical force include pushing or grabbing, restraining you with any device other than handcuffs, kicking or hitting, spraying chemical or pepper spray, using an electroshock gun like a stun gun, and pointing or firing a gun at you.*

- Yes
- No → **Skip to question 128 on Page 19**

**126. Since age 18, have you required medical treatment as a result of a police officer using physical force against you?**

- Yes
- No

**127. Since age 18, have you received medical treatment as a result of a police officer using physical force against you?**

- Yes
- No



## CHILDREN & TEENS

**128. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Worse health for children of color than for white children, also known as racial inequalities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Discrimination and racism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Bullying, including cyberbullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Drug abuse by youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Smoking and tobacco use by youth, including vaping or using e-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Lack of adult supervision and involvement for children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Stress among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**129. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Not enough job opportunities for parents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Not enough job opportunities for teens and young adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Child abuse and neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Suicide among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Childhood obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Social media	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Violence in schools	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**130. 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Injuries from accidents among children and teens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. COVID-19 pandemic effects on youth mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Unsafe housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parent's health problems affecting their children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Childhood asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Hunger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Infant mortality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. COVID-19 infections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## RESPIRATORY VIRUSES

**131. In the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?**

- Yes
- No

**132. How important do you think getting a COVID-19 vaccine is to protecting yourself against COVID-19?**

- Very important
- Somewhat important
- A little important
- Not at all important
- Don't know

**133. Overall, how hesitant about childhood shots would you consider yourself to be?**

- Very hesitant
- Somewhat hesitant
- Not too hesitant
- Not at all hesitant
- Not sure



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

- Yes
- No → *Skip to question 137*

135. Did you have any symptoms lasting 3 months or longer that you did not have prior to having COVID-19? *Long term symptoms may include: tiredness or fatigue, difficulty thinking or concentrating, forgetfulness, memory problems or “brain fog”, difficulty breathing, shortness of breath, joint pain, muscle pain, fastbeating heart (heart palpitations), chest pain, dizziness on standing, menstrual changes, changes to taste or smell, or inability to exercise.*

- Yes
- No → *Skip to question 137*

136. Did these long-term symptoms reduce your ability to carry out day-to-day activities now compared to the time before you had COVID-19?

- Yes, a little
- Yes, a lot
- Not at all

137. Vaccines for COVID-19 are now available. Have you ever received at least one COVID-19 vaccine shot?

- Yes → *Skip to question 139 on page 22*
- No

138. From the list below, please select the reason(s) you have not received a COVID-19 vaccine. *Select all that apply.*

- I am concerned about possible side effects of a COVID-19 vaccine
- I have concerns about the safety of the vaccine
- I don't know if the vaccine will protect me
- I don't think COVID-19 is a big threat
- I already had COVID-19 and have antibodies
- I don't believe I am at high risk for COVID-19 complications
- I don't believe my friends/family are at high risk for COVID-19 complications
- My doctor has not recommended it
- I don't trust the government
- I don't trust the medical community
- I don't have time to get the COVID-19 vaccine
- I don't know where to go to get the COVID-19 vaccine or cannot get an appointment
- I don't believe in getting vaccinated for religious reasons
- Other



## EMPLOYMENT

139. Are you currently...?

- Employed for wages
- Self-employed
- Out of work for 1 year or more
- Out of work for less than 1 year
- A Homemaker
- A Student
- Retired
- Unable to work

Skip to  
question 144

140. Do you have more than one job?

*This means more than one employer, not just multiple job sites.*

- Yes
- No

141. Thinking about your main job, what kind of work do you do?

*For example, registered nurse, janitor, cashier, or auto mechanic.*

142. Thinking about your main job, what kind of business or industry do you work in? *For example, hospital, elementary school, restaurant, or grocery store.*

143. Does your job allow you to work remotely, for example, from home?

- Yes
- No

144. In the last 12 months, have you experienced any injuries related to any job you held? *Examples of injuries include: sprains, strains or tears, soreness or pain, bruises, cuts or punctures, broken bones, injury to muscles or joints, open wounds, burns, and carpal tunnel syndrome.*

- Yes
- No

145. In the last 12 months, have you experienced any illnesses related to any job you held? *Examples of illnesses include: skin disorders, respiratory conditions, poisonings, hearing loss, a disease or infection, cancer, and anxiety or depression.*

- Yes
- No

146. In the past 12 months, have you lost a job, had to reduce work hours, or had a reduction in pay?

- Yes
- No → Skip to question 148 on page 23

147. What is the reason(s) you lost your job, had to reduce work hours, or had a reduction in pay? *Please select all that apply.*

- I had to take on increased childcare responsibilities
- I had to take on increased responsibilities for people living with disabilities in my household
- I had to take on increased responsibilities for elderly people living in my household
- My employer shut down or went out of business
- My employer downsized
- I was sick and unable to work
- I did not have reliable transportation
- Other reason (please specify):

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## 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.*

### 148. 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?	<input type="radio"/>	<input type="radio"/>
b. Did you live with anyone who was a problem drinker or alcoholic?	<input type="radio"/>	<input type="radio"/>
c. Did you live with anyone who used illegal street drugs or abused prescription medications?	<input type="radio"/>	<input type="radio"/>
d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility?	<input type="radio"/>	<input type="radio"/>
e. Were your parents separated or divorced?	<input type="radio"/>	<input type="radio"/>

### 149. 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?	<input type="radio"/>	<input type="radio"/>
b. Not including spanking, did a parent ever hit, beat, kick, or physically hurt you in any way?	<input type="radio"/>	<input type="radio"/>
c. Did a parent or adult in your home ever swear to you, insult you, or put you down?	<input type="radio"/>	<input type="radio"/>
d. Did anyone at least 5 years older than you or an adult ever touch you sexually?	<input type="radio"/>	<input type="radio"/>
e. Did anyone at least 5 years older than you or an adult try to make you touch them sexually?	<input type="radio"/>	<input type="radio"/>
f. Did anyone at least 5 years older than you or an adult force you to have sex?	<input type="radio"/>	<input type="radio"/>

***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 <https://www.namichicago.org>.***

***If you need other assistance, please call 311 or 211. If you need immediate help, please call 911.***

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## ABOUT YOU

**150. Are you Hispanic or Latino/a, or of Spanish origin?**

- Yes  
 No → **Skip to question 152**

**151. Would you say you are...? Select Yes or No for each statement.**

	Yes	No
a. Mexican, Mexican-American, or Chicano/a	<input type="radio"/>	<input type="radio"/>
b. Central American	<input type="radio"/>	<input type="radio"/>
c. South American	<input type="radio"/>	<input type="radio"/>
d. Puerto Rican	<input type="radio"/>	<input type="radio"/>
e. Cuban	<input type="radio"/>	<input type="radio"/>
f. Dominican	<input type="radio"/>	<input type="radio"/>
g. Another Hispanic, Latino/a, or Spanish origin (please specify):	<input type="radio"/>	<input type="radio"/>

**152. Which one or more of the following would you say is your race? Check all that apply.**

- White  
 Black or African American  
 American Indian or Alaska Native  
 Asian  
 Native Hawaiian or Pacific Islander  
 Some other race

→ **If you are not Asian, skip to question 154**

**153. Would you say you are...? Select Yes or No for each statement.**

	Yes	No
a. Asian Indian	<input type="radio"/>	<input type="radio"/>
b. Chinese	<input type="radio"/>	<input type="radio"/>
c. Filipino	<input type="radio"/>	<input type="radio"/>
d. Japanese	<input type="radio"/>	<input type="radio"/>
e. Korean	<input type="radio"/>	<input type="radio"/>
f. Vietnamese	<input type="radio"/>	<input type="radio"/>
g. Another Asian origin (please specify):	<input type="radio"/>	<input type="radio"/>

**154. What is your age?**

- 18-24  
 25-29  
 30-44  
 45-64  
 65 or older

**155. Are you deaf, or do you have serious difficulty hearing?**

- Yes  
 No

**156. Are you blind, or do you have serious difficulty seeing, even when wearing glasses?**

- Yes  
 No

**157. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?**

- Yes  
 No

**158. Do you have serious difficulty walking or climbing stairs?**

- Yes  
 No

**159. Do you have difficulty dressing or bathing?**

- Yes  
 No

**160. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?**

- Yes  
 No

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**161. Do you consider yourself to be...?**

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Prefer to self-describe

**162. Are you...?**

- Married
- Divorced
- Widowed
- Separated
- Never married
- A member of an unmarried couple
- A member of a civil union

**163. What is the highest grade or year of school you completed?**

- Less than high school graduation
- Regular high school diploma
- GED or alternative credential
- Some college or technical school
- Associate degree
- Bachelor's degree
- Graduate or professional degree

**164. What is your annual combined household income?** *By household income we mean the combined income from everyone living in the household including roommates or those on disability income.*

*Your answer is private and confidential and cannot be used to affect your benefits.*

\$   ,    ,

**165. Gambling is the act of wagering money or material goods on an event with an uncertain outcome, with the intention of winning additional money or material goods. It includes activities such as:**

- Purchasing lottery tickets or scratch tickets
- Participating in bingo
- Participating in an office pool
- Using real money to play casino games
- Playing card games (e.g., Texas Hold'em) with friends
- Betting on horse racing
- Making a wager on a sporting event, among others

**Have you ever, even once, bet or gambled for money or something else of value?**

- Yes
- No → *Skip to question 167 on page 26*

**166. When was the last time you bet or gambled for money or something else of value?**

- Within the past 30 days
- Between 30 days and 12 months ago
- More than 12 months ago
- Don't know

**167. Not including this survey, have you ever participated in any kind of health research study?**

- Yes
- No

**168. Where do you get your health information? Please select all that apply.**

- Doctor / Nurse / Pharmacist/etc.
- Religious leader
- Family / Friends
- Social Media
- Broadcast News
- Printed News
- Radio
- Cook County Department of Public Health or other Cook County officials
- Some other source

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

	Very difficult	Somewhat difficult	Somewhat easy	Very easy
a. Get trustworthy advice about your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Understand what doctors say to you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Fill out medical forms by yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Understand health information in the media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Take advantage of activities and resources in your community to improve your health?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Find someone in your neighborhood to give you health information or health advice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**THANK YOU!**

**170. Please provide your name so we can send you your \$10.**

First Name:

Last Name:

**SAMPLE ONLY**

**Thank you for participating in the Suburban Cook County Health Survey!**

**Please return this questionnaire in the envelope provided or return to:**

**Suburban Cook County Health Survey  
c/o RTI International  
Attn: (37819: 1.1) FDC – Cox Building  
PO Box 12194  
Research Triangle Park, NC 27709-12194**

**You will receive your \$10 in three to four weeks.**

