



The purpose of this survey is to better understand your opinions about your health and the health of the Yolo County community. The results will help Yolo County Health and Human Services Community Health Branch, area hospitals (Woodland Memorial Hospital, Sutter Davis) and local community clinics support important community health initiatives and projects to improve the health of Yolo County residents.

In order to participate in taking the survey we ask that you meet the following:

- You live in Yolo County
- You understand that taking this survey is voluntary
- You agree to only take the survey once

We deeply appreciate your time as we know it is valuable. The survey should only take about 10 minutes.

If you'd like to be entered to win a \$30 visa gift card, fill out, detach, and return the bottom portion of the last page of your survey. There will be at least ten winners selected.

Background Information

1. What city in Yolo County do you live in?

- | | | |
|-------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Clarksburg | <input type="checkbox"/> Guinda | <input type="checkbox"/> Winters |
| <input type="checkbox"/> Davis | <input type="checkbox"/> Knights Landing | <input type="checkbox"/> Woodland |
| <input type="checkbox"/> Dunnigan | <input type="checkbox"/> Madison | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Esparto | <input type="checkbox"/> West Sacramento | <input type="checkbox"/> Other: _____ |

2. How long have you lived in Yolo County?

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than 1 year | <input type="checkbox"/> 5 – 9 years | <input type="checkbox"/> More than 20 years |
| <input type="checkbox"/> 1 – 4 years | <input type="checkbox"/> 10 – 20 years | |

3. What is your age?

- | | | |
|-----------------------------------|---------------------------------|--|
| <input type="checkbox"/> Under 18 | <input type="checkbox"/> 45-54 | <input type="checkbox"/> 85 or older |
| <input type="checkbox"/> 19-24 | <input type="checkbox"/> 55-64 | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> 25-34 | <input type="checkbox"/> 65- 74 | |
| <input type="checkbox"/> 35-44 | <input type="checkbox"/> 75-84 | |

4. Are you Hispanic or Latino?

- | | | |
|---|-----------------------------|--|
| <input type="checkbox"/> Yes (Hispanic, Latino) | <input type="checkbox"/> No | <input type="checkbox"/> Decline to answer |
|---|-----------------------------|--|

5. What race do you most identify with?

- | | |
|---|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American/Indigenous Persons |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Native Hawaiian or other Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Other: _____ |

6. What is your current gender identity?

- | | |
|--|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> Male | <input type="checkbox"/> Additional Category (please describe): |
| <input type="checkbox"/> Genderqueer | _____ |
| <input type="checkbox"/> Transgender Male/Transman/FTM | |
| <input type="checkbox"/> Transgender Female/Transwoman/MTF | |



7. What is your sexual orientation?

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Straight (Heterosexual) |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Decline to Answer |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Prefer to self-describe as _____ |
| <input type="checkbox"/> Queer | |
| <input type="checkbox"/> Questioning | |

8. Which describes your current employment status?

- | | | |
|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Disabled | |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student | |

9. What is or was your main occupation?

- | | |
|--|---|
| <input type="checkbox"/> City, county, or state government | <input type="checkbox"/> Restaurant/fast food |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Retail store |
| <input type="checkbox"/> Education | <input type="checkbox"/> Technical/Professional |
| <input type="checkbox"/> Farming/agriculture | <input type="checkbox"/> Transport or trucking |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Work from home |
| <input type="checkbox"/> Manufacturing/factory | <input type="checkbox"/> Student |
| <input type="checkbox"/> Power or utility company | |
| <input type="checkbox"/> Other: _____ | |

10. If you are a student, which describes your current enrollment?

- | | |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Part time |
|------------------------------------|------------------------------------|

11. Which college/university/school/program are you enrolled in?

12. What language(s) do you primarily speak at home?

- | | | |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Decline to answer | <input type="checkbox"/> Other: _____ | |

13. How many people live in your home, including yourself? _____

14. What is your annual household income?

- | | | |
|---|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$50,000 to \$59,999 | <input type="checkbox"/> \$100,000 to \$149,999 |
| <input type="checkbox"/> \$10,000 to \$19,999 | <input type="checkbox"/> \$60,000 to \$69,999 | <input type="checkbox"/> \$150,000 to \$249,999 |
| <input type="checkbox"/> \$20,000 to \$29,999 | <input type="checkbox"/> \$70,000 to \$79,999 | <input type="checkbox"/> \$250,000 or greater |
| <input type="checkbox"/> \$30,000 to \$39,999 | <input type="checkbox"/> \$80,000 to \$89,999 | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> \$40,000 to \$49,999 | <input type="checkbox"/> \$90,000 to \$99,000 | |



Your Personal Health

15. In general, you would describe your current overall health status as:

●—————●—————●—————●—————●

Excellent Very Good Good Fair Poor

16. Do you have a condition that limits one or more physical activities?

- Yes
 - Walking, climbing stairs, reaching, lifting, or carrying
 - Dressing, bathing, or getting around inside your home
 - Going outside the home alone to shop or visit the doctor
 - Difficulty working at a job or business
 - Other: _____
- No

17. Have you ever been told by a doctor that you have: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Asthma/lung disease/COPD/emphysema | <input type="checkbox"/> Hypertension (high blood pressure) |
| <input type="checkbox"/> Autoimmune disease
(like Lupus, Type 1 Diabetes) | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Drug or alcohol problem |
| <input type="checkbox"/> Diabetes
(Type 2 Diabetes, Gestational Diabetes) | <input type="checkbox"/> Physical disability |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Obesity/overweight |
| | <input type="checkbox"/> Other: _____ |

18. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your mental health, emotions, nerves, or use of alcohol or drugs?

- Yes (If YES, go to question 18a) No (If NO, go to question 19)

18a. If Yes, have you seen a doctor or mental health professional (counselor, psychiatrist, or social worker) for problems with your mental health, emotions, nerves, or your use of alcohol or drugs?

- Yes (If Yes, go to question 19) No (if No, go to question 18b)

18b. If NO, you did not seek medical care, why not? (Check all that apply)

- I was concerned about the cost of treatment.
- I did not feel comfortable talking with a professional about my personal problems.
- I was concerned about what would happen if someone found out I had a problem.
- My insurance does not cover treatment for mental health problems.
- I was not able to get an appointment.
- I did not know where to go for help.
- Other: _____



19. Do you have health insurance?

- Yes (If YES, go to question 19a) No (If NO, go to question 19b)

19a. If Yes, you do have health insurance, what type:

- | | |
|--|---|
| <input type="checkbox"/> Private – employer or someone else’s employer | <input type="checkbox"/> Military or VA |
| <input type="checkbox"/> Private – Covered California | <input type="checkbox"/> Other government |
| <input type="checkbox"/> Private – individual plan | <input type="checkbox"/> Don’t know |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Medicare | |

19b. If No, you DO NOT have health insurance: Do you plan to get health insurance through Covered California?

- Yes No Not Sure

19c. Are you eligible for Medi-Cal or Medicare?

- Yes No Don’t know

20. Did you see a doctor in the past 12 months?

- Yes (If Yes, go to 20a) No

20a. If YES, I have seen a doctor in the past 12 months: How many times did you see your doctor in the past 12 months?

- | | |
|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Once | <input type="checkbox"/> 6 or more |
| <input type="checkbox"/> 2 - 5 times | <input type="checkbox"/> Don’t know |

20b. Would you have liked to (or felt you needed to) see a doctor more often than this?

- Yes No

21. How far do you travel to your regular doctor?

- | | | |
|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 0-4 miles | <input type="checkbox"/> 15-19 miles | <input type="checkbox"/> More than 30 miles |
| <input type="checkbox"/> 5-9 miles | <input type="checkbox"/> 20-24miles | |
| <input type="checkbox"/> 10-14 miles | <input type="checkbox"/> 25-29miles | |

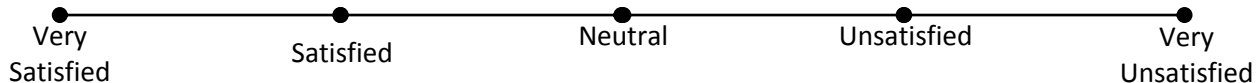
22. How long does it normally take you to get to your regular doctor’s office from your home?

- | | | |
|--|--|--|
| <input type="checkbox"/> 0-14 minutes | <input type="checkbox"/> 30-44 minutes | <input type="checkbox"/> More than an hour |
| <input type="checkbox"/> 15-29 minutes | <input type="checkbox"/> 45-59 minutes | |

23. When you last called the medical clinic for an appointment, how quickly could you be seen by a doctor?

- _____ days or _____ weeks or Don’t know

24. Were you satisfied with how quickly you were able to get an appointment?





25. How important is it to you to have regular healthcare services and medical screenings?

●-----●-----●-----●-----●

Extremely Very Neutral Somewhat Not
Important Important Important Important Important

26. Have you received healthcare services or medical screenings in the past 12 months?

Yes No (If no, go to 26a)

26a. If no, please check all that apply.

- have to wait too long to see a doctor
- I was/am too busy
- The doctor does not speak the same language as I do
- I did not have transportation to the medical clinic
- The medical clinic is not open all of the time, so it is difficult to get an appointment
- There are not enough doctors in my area, so it is difficult to get an appointment
- I did/do not have any health insurance
- I did/do have health insurance, but it does not cover all of my costs
- I did not need healthcare services or medical screenings because I was not sick
- I do not trust the healthcare providers
- Not sure / Don't know
- Other: _____

27. Did you visit the emergency room in the past 12 months?

Yes (If yes, go to question 27a) No (In no, go to question 28)

27a. If Yes, on your last visit, did you go there because you: (Check all that apply)

- Had a life-threatening illness or injury
- Could not get an urgent care appointment with my doctor
- Became ill or injured before 8am or after 5pm on a weekday
- Became ill or injured during the weekend
- Needed to refill a prescription
- Thought it seemed more convenient than waiting for an appointment
- Do not have a regular doctor, this is my usual source of care

28. Did you become sick or injured on the job in the past 12 months?

Yes (if yes, go to 28a) No (if no, go to 29) Not applicable (not working)

28a. If Yes, did you seek medical care for your job-related illness or injury?

Yes No

28b. If No, why not? _____

29. Do you have dental insurance?

Yes No Unsure

30. Have you been to the dentist in the past 12 months?

Yes No



Health Status of the Yolo County Community

31. What do you think are the three biggest HEALTH ISSUES that most affect our community?

Choose three (3):

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcoholism | <input type="checkbox"/> Infectious diseases
(e.g., hepatitis, tuberculosis, etc.) | <input type="checkbox"/> Sexually transmitted diseases |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Child abuse and neglect | <input type="checkbox"/> Motor vehicle/Bicycle accidents | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Obesity | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Poor birth outcomes | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Health problems associated with aging | <input type="checkbox"/> Respiratory illnesses/lung disease/asthma | |
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Sexual abuse | |
| <input type="checkbox"/> Homicide | | |

32. What do you think are the three INDIVIDUAL BEHAVIORS that are most responsible for health issues in our community? Choose three (3):

- | | | |
|--|---|---|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Life stress/lack of coping skills | <input type="checkbox"/> Teenage sex |
| <input type="checkbox"/> Crime/violence | <input type="checkbox"/> Not getting "shots" (vaccines) to prevent disease | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Distracted driving | <input type="checkbox"/> Not getting regular check-ups by a healthcare provider | <input type="checkbox"/> Using weapons/guns |
| <input type="checkbox"/> Domestic or intimate partner violence | <input type="checkbox"/> Poor nutrition/eating habits | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Driving while drunk/on drugs | <input type="checkbox"/> Smoking/tobacco use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Suicide | |
| <input type="checkbox"/> Lack of exercise | | |

33. What do you think are the three SOCIAL AND ECONOMIC CIRCUMSTANCES that are most responsible for health issues in our community? Choose three (3):

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Cultural barriers | <input type="checkbox"/> Not enough food (food insecurity) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Poverty | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack of education/no high school education | <input type="checkbox"/> Racism and discrimination | |
| <input type="checkbox"/> Language barriers | <input type="checkbox"/> Single parenting | |
| <input type="checkbox"/> No health insurance | <input type="checkbox"/> Unemployment | |

34. What do you think are the three ENVIRONMENTAL ISSUES that are most responsible for health issues in our community? Choose three (3):

- | | | |
|---|---|---|
| <input type="checkbox"/> Cigarette smoke | <input type="checkbox"/> Lack of public transportation | <input type="checkbox"/> Trash on streets & sidewalks |
| <input type="checkbox"/> Contaminated drinking water | <input type="checkbox"/> Lack of safe walkways and bikeways | <input type="checkbox"/> Air pollution |
| <input type="checkbox"/> Flooding/drainage problems | <input type="checkbox"/> Pesticide use | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Heat/hot days | <input type="checkbox"/> Poor housing conditions | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lack of access to healthy foods | <input type="checkbox"/> Poor neighborhood design | |
| <input type="checkbox"/> Lack of access to places for physical activity | <input type="checkbox"/> Traffic | |



35. What do you think are the three most important factors of a “HEALTHY COMMUNITY”? Choose three (3):

- | | | |
|---|--|--|
| <input type="checkbox"/> Access to childcare | <input type="checkbox"/> Green/open spaces | <input type="checkbox"/> Tolerance for diversity |
| <input type="checkbox"/> Access to healthcare | <input type="checkbox"/> Job opportunities | <input type="checkbox"/> Well-informed community about health issues |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Low crime/safe neighborhoods | |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Parks and recreation facilities | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Air quality | <input type="checkbox"/> Safe place to raise kids | |
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Support agencies
(faith-based organizations, support groups, social worker outreach) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Elderly care | | |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Time for family | |

36. Is there anything else you would like us to know about your personal health or the health status of the Yolo County Community?

Please hand this survey in before you leave or you may take it with you to complete later and drop off the survey in the lobby of any of the HHSA locations below:

DAVIS	WEST SACRAMENTO	WINTERS	WOODLAND
600 A St.	500 Jefferson Blvd.	111 E. Grant Ave	Gonzales Building 25 N. Cottonwood St.
			Bauer Building 137 N. Cottonwood St

Please tear off and return the information below with your survey for a chance to win a \$30 visa gift card.

Name: _____

Phone Number: _____

Email Address: _____