



Onslow County Health Department
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2012 Onslow County Community Health Opinion Survey

Read the following section to each potential participant:

Hello, I am _____ and this is _____ representing Onslow County Health Department, Onslow Community Health Improvement Process (CHIP), and The United Way of Onslow County. (Show badges.) We are conducting a survey of our county to learn more about the health and quality of life in Onslow County. We will use the results of this survey to help address the major health and community issues in our county.

Your address was one of many randomly selected from our county. The survey is completely voluntary, and it should take no longer than 20 minutes to complete. Your answers will be completely confidential. The information you give us will not be linked to you in any way.

1. Do you presently live at this address? ___ Yes or ___ No
 If yes, please continue answering the survey.
 If no, STOP. You do not need to complete this survey.

2. Where do you go most often when you are sick? (Please choose only one.)

- | | |
|--|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Military or Other VA Healthcare | <input type="checkbox"/> Mental Health Provider |
| <input type="checkbox"/> Don't seek care | |

3. Where do you get your healthcare information? (Please choose all that apply.)

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Family Doctor | <input type="checkbox"/> Friends/Relatives | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Church | <input type="checkbox"/> School |
| <input type="checkbox"/> Help Lines | <input type="checkbox"/> Insurance | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Publications-Books/newspapers/magazines | <input type="checkbox"/> Health Department | |
| <input type="checkbox"/> Base/ Military | | |

4. In the past 12 months, have you attended any organized health promotion activities, such as health fairs, health screenings, or seminars, either through your work, hospital, church or community organizations?

Yes or No

5. Do you have health insurance? If no skip to question 7.

Yes or No

6. What is your primary health insurance plan? This is the plan which pays the medical bills first or pays most of the medical bills? (*Please choose only one.*)

- Tricare, CHAMPUS, or the VA
- Health insurance through employer/spouse's employer
- Health insurance I bought for myself
- Medicare
- Medicaid/NC Health Choice

7. Do you have dental insurance?

Yes or No

8. How many times do you go to a dentist in a year?

- 0
- 1
- 2
- > 2

9. How many people are in your household? _____

10. Is your total household income less than or more than \$XX, XXX?

Less than \$XX,XXX More than \$XX,XXX

11. How would you rate your own health? Please choose only one of the following:

- Poor
- Fair
- Good
- Very Good
- Excellent

12. In your opinion, are the following health issues a problem in Onslow county? (Circle one answer for each.) Not a Problem; Somewhat of a problem; Major Problem; I Don't Know

Not a Problem: No action is needed on the issue

Somewhat of a problem: The existing level of action on the issue should continue

Major Problem: Additional attention and immediate resources are needed on the issue

	Not a Problem	Somewhat of a problem	Major Problem	I Don't Know
Heart disease/ High Blood Pressure	1	2	3	88
Cancer	1	2	3	88
Stroke	1	2	2	88
Lung disease (e.g. emphysema)	1	2	3	88
Asthma	1	2	3	88
Diabetes	1	2	3	88
Unintentional injuries i.e. falling	1	2	3	88
Motor vehicle injuries	1	2	3	88
Alzheimer's disease	1	2	3	88
Pneumonia and influenza	1	2	3	88
Suicide and Suicidal Thoughts	1	2	3	88
HIV/AIDS	1	2	3	88
Dental problems	1	2	3	88
Infant deaths	1	2	3	88
Mental health issues including depression and anxiety	1	2	3	88
Post Traumatic Stress Disorder	1	2	3	88
Overweight/ Obesity in adults	1	2	3	88
Overweight/ Obesity in children	1	2	3	88
Sexually transmitted diseases	1	2	3	88
Teen pregnancy	1	2	3	88
Disease outbreaks, passed person to person	1	2	3	88
Regular physical activity or exercise	1	2	3	88
Eating habits/ nutrition	1	2	3	88
Tobacco use (smoking, chewing, or dipping)	1	2	3	88
Adult Alcohol abuse	1	2	3	88
Adult Illegal drug use	1	2	3	88
Adult prescription drug abuse	1	2	3	88
Not wearing a seatbelt	1	2	3	88
Driving under the influence	1	2	3	88
Smoking during pregnancy	1	2	3	88
Unintended pregnancy	1	2	3	88

	Not a Problem	Somewhat of a problem	Major Problem	I Don't Know
Underage drinking and drug use	1	2	3	88
Work related injuries	1	2	3	88
Homelessness	1	2	3	88
Family violence/abuse of children or adults	1	2	3	88

13. In your opinion, is it a problem for you to find or use the following? (Circle one answer for each.)
Not a Problem; Somewhat of a Problem; A Major Problem; I Don't Know

	Not a Problem	Somewhat of a Problem	A Major Problem	I Don't Know
Education and job training for adults	1	2	3	88
Job opportunities	1	2	3	88
Public transportation	1	2	3	88
Recreation opportunities	1	2	3	88
Parks, greenways, sidewalks, & bike paths	1	2	3	88
Access to a doctor	1	2	3	88
Access to a specialist	1	2	3	88
Access to a dentist	1	2	3	88
Access to mental health care	1	2	3	88
Access to prescription medications	1	2	3	88
Doctors/ dentists who accept Medicaid/ Medicare	1	2	3	88
Doctors/ dentists who see people without insurance	1	2	3	88
Affordable housing	1	2	3	88
Utilities assistance	1	2	3	88
Food assistance	1	2	3	88
Available fresh fruits and vegetables	1	2	3	88
Affordable child care	1	2	3	88
Available child care	1	2	3	88
Affordable elder care	1	2	3	88
Available elder care	1	2	3	88
Doctors/ dentists who speak my language & understand my culture	1	2	3	88
Information about emergency preparedness (preparing for natural disasters such as hurricanes or disease outbreaks such as pandemic flu, etc.)	1	2	3	88
Access to childhood vaccinations	1	2	3	88

	Not a Problem	Somewhat of a Problem	A Major Problem	I Don't Know
Access to flu/pneumonia vaccinations	1	2	3	88
Access to alcohol/ drug counseling and support	1	2	3	88
Access to alcohol/drug treatment centers/programs	1	2	3	88
Access to STD testing/counseling	1	2	3	88
Access to affordable gyms/rec. centers	1	2	3	88
Access to smoking cessation products and resources	1	2	3	88
Access to sexual/domestic violence counseling	1	2	3	88
Access to recreational programs	1	2	3	88
Access to quality after school programs for young children	1	2	3	88
Access to after school programs for teens	1	2	3	88
Availability of financial management/credit counseling services	1	2	3	88

14. Of the topics below, please choose the top 3 **health** issues for your community to address.

- Wearing a seatbelt/using a carseat
- Tobacco use
- Exercise
- Unprotected sex
- Eating Habits/Nutrition
- Areas to walk and play
- Available quality foods
- Smoke-Free public areas

15. Of the topics below, please choose the top 3 **mental and behavioral health** issues for your community to address.

- Domestic Assault Counseling
- Sexual Assault Counseling
- Child Sexual Abuse Counseling
- Depression
- Suicide
- Alcohol/ Drug Use
- Alcohol/ Drug Treatment
- Post Traumatic Stress Disorder

16. Of the topics below, please choose the top 3 **environmental** issues for your community to address.

- Food Safety
- Air Pollution
- Lead Poisoning
- Litter
- Drinking Water Quality
- Cleanliness and Protection of rivers, streams, and ocean
- Recycling
- Wastewater (Sewage) Disposal
- Trash Disposal
- Noise pollution

17. Of the topics below, please choose the top 3 **safety** issues for your community to address.

- Driving under the influence
- Stray animals
- Illegal drug use
- Gang Activity
- Property crime
- Violent crime
- Child Abuse/Domestic violence
- Sexual Assault/Rape
- Internet safety
- Disaster Preparedness (hurricanes, hazardous materials incident)
- 911 Emergency Services (fire, police, EMS)
- Traffic safety
- Inappropriate use of prescription medications
- Bullying

18. Of the topics below, please choose the top 3 **economic** issues for your community to address.

- Job opportunities
- Public transportation
- Affordable housing
- Business or Industry development
- Homelessness
- Food, Housing, & Utility Assistance

19. Of the topics below, please choose the top 3 **education** issues for your community to address.

- School dropout rate
- Children prepared for kindergarten
- Highschool students prepared for higher education or employment
- Overcrowded schools
- Summer programs for children
- Technical job training for adults
- Affordable higher education for adults
- Available continuing education and learning opportunities for adults
- Adult literacy

20. Does your household have working smoke and carbon monoxide detectors?
(Mark only one.)

- Yes, smoke detectors only Yes, carbon monoxide detectors only
- Yes, both No
- Don't know/ Not sure

21. Does your family have a minimum of 3 days worth of basic emergency supplies? (Supplies include drinking water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- Yes or No

22. How do you get information about a disaster or emergency during the event? (*Please choose **all** that apply.*)

- Television Radio
- Internet/email Print media (ex: newspaper)
- Social networking site (ex: Facebook) Neighbors/ Word of Mouth
- Text message or phone notification Phone Bank
- Phone notification from county gov't

23. If public authorities announced a mandatory evacuation from your neighborhood or community due to a life-threatening disaster or emergency, would you evacuate?

- Yes No
- Don't know/ Not sure

24. Choose 3 reasons you would **NOT** evacuate if asked to do so.

- Lack of transportation
- Lack of trust in public officials
- Concern about leaving property behind
- Concern about personal safety
- Concern about family safety
- Concern about leaving pets
- Concern about traffic jams and inability to get out
- Health problems (could not be moved)
- Lack of money
- Lack of a place to go

25. If there is an emergency where you had to evacuate, how would you get there? (*Please choose **all** that apply.*)

- Personal vehicle
- Family member/friend's vehicle
- Taxi
- Public Transportation
- Walk
- EMS/ambulance

26. If you do evacuate, where would you go? (*Please choose **all** that apply.*)

- Friend's home
- Shelter
- Stay in car/camp/rest area
- Family member's home
- Hotel

27. What is your marital status?

- Single/Never Married
- Separated
- Widowed
- Divorced
- Married

28. In what community, town, or city in Onslow County do you live? _____

- Camp Lejeune
- Jacksonville
- Piney Green
- Half Moon
- Maple Hill
- Sneads Ferry
- Holly Ridge
- Midway Park
- Swansboro
- Hubert
- North Topsail

29. What year were you born?

30. Are you? Male or Female

31. What is your race? *(Please choose only one.)*

Asian/Pacific Islander Native American
 Black/African American White/Caucasian Other race

32. a. Are you of Hispanic, Latino or Spanish origin?

Yes No

b. If yes, are you:

Mexican, Mexican American, or Chicano Puerto Rican

Cuban Other Hispanic or Latino (please specify)

33. What is the highest level of education you have completed? *(Please choose only one)*

Did not graduate from high school Associate degree from college
 High school graduate or GED Four year degree from college (Bachelor's degree)
 Some college More than a Bachelor's degree

34. Do you speak a language other than English at home?

Yes or No

35. Do you work or go to school in Onslow County?

Yes or No

36. What is your employment status? *(Please choose only one.)*

Employed full-time Disabled Retired
 Employed part-time Student Self –Employed
 Out of work more than 1 year Out of work for less than 1 year
 Homemaker Unable to work

37. How long have you lived in Onslow County?

Less than 1 year 6-10 years
 1-5 years 10+ years

38. Do you live here because of the military? If, so please check why: *(Please choose only one.)*

Active duty Retired
 Dependent of active duty Dependent of retired
 Civilian working on base Do not live here because of the military

39. Do you have access to the internet at your residence?

___ Yes or ___ No

40. Do you have access to a landline telephone at your residence?

___ Yes or ___ No

Thank you for your participation!