



Adult Survey

for an adult aged 18 or over

Dear Hennepin County resident:

Your health matters, your answers matter and we need to hear from you. You are invited to participate in the SHAPE survey (Survey of the Health of All the Population, and the Environment). Your answers to the survey will help improve the health of our community. Participation is voluntary, and the information you provide is confidential and will not be shared. Completing this survey will not affect any services you receive from Hennepin County.

If you have already completed this survey, thank you! You do not need to complete it again.

The SHAPE 2018 survey asks about your health, accessing health services, diet, exercise, and the community you live in. The survey will take about 15 minutes to complete. You can skip any questions you do not feel comfortable answering.

Please follow these next steps:

1. Only one person from your family (age 18 or older) who is receiving services here today is requested to complete the survey.
2. Complete the paper survey and return to the survey volunteers/staff at this site.
3. To thank you for your time, we will give you a \$5 gift card for completing the survey.

Our volunteers or survey staff members can help answer your questions, or provide language assistance. If you would like to talk to someone else about the survey, call 612-543-3034 or email SHAPE@hennepin.us. More information is available at www.hennepin.us/SHAPE.

Thank you for taking the time to participate in this important project.

Your health matters. Your answers matter.

Sincerely,

Susan Palchick

Public Health Director

 Correct marks	Survey Instructions
 Incorrect marks	<ul style="list-style-type: none"> • Please use #2 pencil or blue or black pen to complete this survey. • Do not use red pencil or ink • Do not use Xs or check marks to indicate your responses. • Fill response ovals completely with heavy, dark marks



SHAPE 2018 Adult Survey

Survey of the Health of All the Population and the Environment

Please complete the entire survey, answering every question as honestly as you can.
Your responses are confidential.

SECTION A. GENERAL HEALTH AND HEALTH CONDITIONS

A1. In general, would you say your health is ... ?

- Excellent
- Very good
- Good
- Fair
- Poor

A2. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days

A3. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days

A4. During the past two weeks, how often have you been bothered by any of the following problems?

a. Little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day

b. Feeling down, depressed, or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day

A5. Have you ever been told by a doctor, nurse, or other health professional that you had any of the following?

a. Hypertension, also called high blood pressure

- Yes
- Yes, but only during pregnancy
- Borderline high or pre-hypertensive
- No

b. Diabetes or sugar disease

- Yes
- Yes, but only during pregnancy
- Pre-diabetes or borderline diabetes
- No

A6. How tall are you without shoes?

Feet

Inches

OR

Centimeters

A7. How much do you weigh without shoes?

If you are a female and are currently pregnant, please provide your weight before you were pregnant.

Pounds

OR

Kilograms

A8. Are you limited in any activities because of physical, mental, or emotional problems?

- Yes
- No

A9. Because of any impairment or health problem, do you need help from another person with personal care needs such as eating, bathing, dressing, or getting around your house?

- Yes
- No

- A10. Because of any impairment or health problem, do you need help from another person in handling routine needs such as everyday household chores, business, shopping, or getting around for other purposes?**
- Yes
 - No

SECTION B. ACCESS TO HEALTH CARE

- B1. Do you currently have any of the following types of health insurance? (MARK ALL THAT APPLY)**
- Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer
 - Health insurance or coverage bought directly by yourself or your family (not through an employer)
 - Indian or Tribal Health Service
 - Medicare
 - Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)
 - MinnesotaCare
 - Insurance through MNSure
 - CHAMPUS, TRICARE, or Veterans' benefits
 - Other health insurance or coverage (please specify): _____
 - NO health insurance coverage
- B2. During the past 12 months, did you have health insurance for the entire year, only part of the year, or were you not insured for the entire year?**
- Insured the entire year
 - Insured only part of the year
 - Not insured for the entire year
- B3. During the past 12 months, how difficult has it been for you and your family to pay for health insurance premiums, co-pays, and deductibles?**
- Very difficult
 - Somewhat difficult
 - Not too difficult
 - Not at all difficult
 - Not applicable: I do not have insurance with premiums, co-pays, or deductibles

- B4. During the past 12 months, have you seen a doctor, nurse, or other health professional for your own health?**
- Yes
 - No
- B5. During the past 12 months, have you seen a psychiatrist, psychologist, therapist, counselor, or other mental health professional for your own health?**
- Yes
 - No
- B6. During the past 12 months, was there a time when you needed medical care?**
- Yes
 - No → GO TO QUESTION B9
- B7. Did you delay or not get the care you thought you needed?**
- Yes
 - No → GO TO QUESTION B9
- B8. Was that because of cost or lack of insurance?**
- Yes
 - No
- B9. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about stress, depression, a problem with emotions, excessive worrying, or troubling thoughts?**
A health professional here could be a doctor, psychiatrist, psychologist, therapist, or counselor.
- Yes
 - No → GO TO QUESTION B12
- B10. Did you delay or not get the care you thought you needed?**
- Yes
 - No → GO TO QUESTION B12
- B11. Was that because of cost or lack of insurance?**
- Yes
 - No

B12. When you are sick or need medical care, where do you usually go? (CHOOSE ONLY ONE)

- Doctor's office or clinic
- Hospital emergency room
- Urgent care
- Clinic located in a drug or grocery store
- No usual place

B13. During the past 12 months, did you skip doses, take smaller amounts of your prescription, or did not fill a prescription because of cost?

- Yes
- No
- I was not prescribed any medication

B14. How long has it been since you last visited a dentist or dental clinic for any reason?

- Within the past year
- Within the past 2 years
- Within the past 5 years
- 5 or more years ago
- Never

B15. During the past 12 months, how often did your health care providers tell or give you information about your health and health care that was easy to understand?

- Always
- Most of the time
- Some of the time
- None of the time
- I did not see any healthcare provider

B16. During the past 12 months, how often were you treated with respect by your health care providers?

- Always
- Most of the time
- Some of the time
- None of the time
- I did not see any healthcare provider

SECTION C. HEALTHY LIFESTYLES AND BEHAVIORS

C1. A serving of vegetables – not including french fries – is one cup of salad greens or a half cup vegetables. How many servings of vegetables did you have yesterday?

Number of servings

C2. A serving of fruit is a medium-sized piece of fruit or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday? (Do not include fruit juice)

Number of servings

C3. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

Number of servings

C4. During the past 30 days, other than your regular job, did you participate in any physical activity or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- Yes
- No

C5. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity?

Moderate activities cause only light sweating and a small increase in breathing or heart rate.

Number of days

C6. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity?

Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.

Number of days

C7. During an average week, how many days do you WALK to get to and from places (such as to work, stores, run errands)?

Number of days

C8. During an average week, how many days do you BIKE to get to and from places for exercise or recreation?

Number of days

For questions C9 to C11, consider a drink of alcohol to be a can or bottle of beer or malt beverage, a glass of wine or a wine cooler, a shot glass of liquor, or a mixed drink.

- C9. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?**

Number of days

- C10. During the past 30 days, on the days when you drank, about how many drinks did you have on average?**

Number of drinks

- C11. Consider all types of alcoholic beverages, how many times during the past 30 days did you have...?**

FOR FEMALES: 4 or more drinks on one occasion

Number of times

FOR MALES: 5 or more drinks on one occasion

Number of times

- C12. Have you smoked at least 100 cigarettes in your entire life? 100 cigarettes = 5 packs**

- Yes
 No → GO TO QUESTION C16

- C13. Do you now smoke cigarettes every day, some days, or not at all?**

- Every day
 Some days
 Not at all → GO TO QUESTION C16

- C14. Is your usual cigarette brand menthol or non-menthol?**

- Menthol
 Non-menthol
 No usual brand
 I don't smoke cigarettes

- C15. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?**

- Yes
 No
 I don't smoke cigarettes

- C16. During the past 12 months, have you used other tobacco products such as cigars, pipes, snuff, chewing tobacco, bidis, kreteks, snus, a hookah water pipe, or any other type of tobacco product?**

- Yes
 No

- C17. Does anyone, including yourself, smoke cigarettes, cigars, or pipes regularly inside your home?**

- Yes
 No

- C18. Do you currently use electronic cigarettes, such as e-cigarettes, e-hookahs, or vaping pens?**

- Every day
 Some days
 Used to, but not now
 Never

SECTION D. HOW YOU FEEL

Questions D1 to D7 ask about how you have been feeling during the past 30 days.

- D1. About how often did you feel so sad that nothing could cheer you up?**

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

- D2. About how often did you feel nervous?**

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

- D3. About how often did you feel so restless or fidgety that you could not sit still?**

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



D4. About how often did you feel hopeless?

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

D5. About how often did you feel that everything was an effort?

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

D6. About how often did you feel worthless?

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

D7. Stress means a situation in which a person feels tense, restless, nervous, or anxious, or is unable to sleep at night because his/her mind is troubled all the time. About how often did you feel this kind of stress?

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

SECTION E. ABOUT YOUR COMMUNITY

E1. How often are you involved in school, community, or neighborhood activities?

- Weekly
- Monthly
- Several times a year
- About once a year
- Less often than yearly
- Never

E2. How often do you get the social and emotional support you need?

Please include support from any source, such as family, friends, neighbors and/or coworkers.

- Always
- Usually
- Sometimes
- Rarely
- Never

E3. How often do you feel isolated from others?

- Always
- Usually
- Sometimes
- Rarely
- Never

E4. How much do you agree or disagree with the statement? This is a good community to raise children in.

- Strongly agree
- Somewhat agree
- Somewhat disagree
- Strongly disagree

E5. In general, how safe from crime do you consider your neighborhood to be?

- Very safe
- Somewhat safe
- Somewhat unsafe
- Not at all safe

E5a. Have you ever exchanged sex in return for money, shelter, safety, food, clothing, or gang status?

- Yes, within last 12 months
- Yes, more than 12 months ago
- No, never

E6. During the past 12 months, have you or anyone in your household received Medical Assistance (MA), food support (e.g., food stamps, or SNAP), WIC, or cash assistance such as MFIP or General Assistance (GA)?

- Yes
- No
- Don't know

E7. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- Often
- Sometimes
- Rarely
- Never

E8. During the past 12 months, did you or your family miss or delay a rent or mortgage payment because you did not have enough money?

- Yes
- No



E9. During the past 12 months, how often have you stayed in a shelter, somewhere not intended as a place to live, or someone else's home because you had no other place to stay?

- Never
- Once
- Twice
- Three or more times

E10. During the past 12 months, how often did lack of transportation keep you from getting places where you needed to go, such as jobs, medical appointments, or shopping?

- Often
- Sometimes
- Rarely
- Never

E11. How often are you in a situation where you feel you are not accepted because of your race, culture, religion, or immigration status?

- At least once a week
- Once or twice a month
- A few times a year
- Once a year or less often
- Never

E12. How often are you in a situation where you feel you are not accepted because of your sexual orientation or gender identity?

- At least once a week
- Once or twice a month
- A few times a year
- Once a year or less often
- Never

SECTION F. ABOUT YOU

The following questions are used to help us understand who responds to the survey. Again, your answers to these and all other questions will remain confidential.

F1. Are you...

- Male
- Female

F2. Do you consider yourself to be transgender?

- Yes
- No

F3. Do you consider yourself?

- Heterosexual or straight
- Lesbian or gay
- Bisexual

F4. What is your age?

Years

F5. What is the highest grade or year of school you have completed?

- Less than high school
- High school graduate or GED
- Some college, associate's degree or vocational/technical/business school
- Bachelor's degree or higher

F6. Are you Hispanic or Latino/a?

- Yes
- No

F7. Which of the following do you consider yourself? (MARK ALL THAT APPLY)

- White
- Black or African American
Black or African American, are you... ?
 - African American
 - Somali, Oromo, Ethiopian, or from another East African country
 - Liberian, Nigerian, or from another West African country
 - Other, specify _____
- Asian or Asian American
If Asian or Asian American, are you... ?
 - Hmong, Cambodian, Laotian, Thai, Vietnamese or Burmese
 - Other, specify _____

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Other, specify _____

F8. Please tell us your annual household income in 2017 from all earners and all sources, before taxes. Remember, your responses are confidential.

- \$10,000 or less
- \$10,001 - 15,000
- \$15,001 - 24,000
- \$24,001 - 32,000
- \$32,001 - 41,000
- \$41,001 - 49,000
- \$49,001 - 58,000
- \$58,001 - 66,000
- \$66,001 - \$74,000
- \$74,001 or more





F9. INCLUDING YOURSELF, how many adults and children live in your household?

Number of adults age 18 or older
(INCLUDING YOURSELF)

Number of children age 0-5

Number of children age 6-17

F10. Were you born in the United States?

- Yes → SKIP QUESTION F12
- No

F11. How many years have you lived in the United States?

Number of years

F12. Are you currently...

- Married or living with a partner in a marriage-like relationship
- Separated, divorced, or widowed
- Never married

Please provide your address. Your address will only be used by the Hennepin County Survey Team to describe who responded to the survey. As a reminder, you can refuse to answer any question and it will not affect your ability to receive services through Hennepin County in any way. All of the information you provide is private. Only survey staff at Hennepin County Public Health will have access to information you provide.

More information is available at www.Hennepin.us/SHAPE. If you have questions about the survey, call 612-348-3034 or e-mail shape@hennepin.us.

What is your current address?

Street (Example: 123 Elm Street) _____

Apartment/unit # _____

City _____ Zip code _____

Do you have any comments about this survey? Please share your comments in the space below.

Thank you!

