

Health Risk Factor Survey

We need your help in gathering information about health related problems in your community.

Health care services in rural Kansas are facing challenges on many fronts, and community leaders are working to develop new approaches to address these challenges and improve local health care. To assure they are doing a thorough job, a local Health Futures Taskforce is seeking the help of area residents in defining the various problems, especially those that pertain to "health risk behaviors". The extent of those behaviors such as little exercise, poor diet, and smoking, as well as limited access to care caused by such issues as lack of health care insurance or a primary care practitioner, can shed light on the best steps the community should take to improve overall health and personal well being.

The Taskforce has developed a survey based on the Centers for Disease Control and Prevention's (CDC) "Behavioral Risk Factor Surveillance System" which is routinely conducted in most states, including Kansas. However, in many rural areas, the number of people surveyed is too small for reliable localized estimates and statistical analyses. More knowledge about the community is needed to better understand residents' concerns and target programs at the most pressing needs. This survey is particularly important because most data on a community's health is several years old and may really be more indicative of long-standing health problems and medical conditions rather than contemporary health risk behaviors which have been found to be of equal if not greater importance.

The plans developed by your local Taskforce may have new programs which will encourage positive change in some health behaviors. Hence it is important for us to gather "baseline" data which we may use to assess the impact of the project. The local Taskforce is part of a larger pilot project serving four communities and six counties in western Kansas, funded by six private not-for-profit foundations in Kansas and will be conducted over a three year period ending in October 2016. A report on the initial year of the project including the results of this survey, will be available in December 2014.

All information is confidential.

You may have received this survey through multiple contacts. One response is all that is needed, but if you have more than one adult in your household, we would appreciate it if they would also complete the survey.

This survey can also be completed ONLINE at:

<https://www.surveymonkey.com/s/CHY-HC>

Questions? Please contact:

Carl Sloper, Cheyenne Taskforce Coordinator

785-332-2104 x 170

csloper@cheyennecountyhospital.com

Thank you for your help.

Tell us about yourself

1. What is your age?

- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

2. What is your gender?

- Female
- Male

3. What is your marital status?

- Single
- Married
- Divorced
- Separated
- Widowed

4. Where do you reside?

- Within Cheyenne County
- Outside of Cheyenne County

5. If you reside in the county, what is your zip code?

Enter zip code.

6. What is your current employment status?

- Employed
- Unemployed
- Retired

7. If you are employed, what is your type of employment?

- Farming
- Ranching
- Health Care
- Human Services
- Education
- Government
- Manufacturing
- Banking

Other (please specify)

8. If you are employed, where do you work?

- Within Cheyenne County
- Outside of Cheyenne County

9. Are you currently in poor, fair, good, very good, or excellent general health?

- Poor
- Fair
- Good
- Very good
- Excellent

10. General Health and Wellbeing

	Yes	No
Were there 14 or more days within the past month when your physical health was not good?	<input type="radio"/>	<input type="radio"/>
Were there 14 or more days within the past month when your mental health was not good?	<input type="radio"/>	<input type="radio"/>
Were there 14 or more days within the past month when your physical or mental health prevented usual activities such as self-care, work or recreation?	<input type="radio"/>	<input type="radio"/>

11. Health Care Insurance

	Yes	No
Do you have any kind of health care coverage, including health insurance, prepaid plans such as health maintenance organizations, or government plans such as Medicare?	<input type="radio"/>	<input type="radio"/>
Are you interested in getting more information on health care coverage options in Kansas?	<input type="radio"/>	<input type="radio"/>

12. Access to Care

	Yes	No
Do you have a personal doctor or health care provider?	<input type="radio"/>	<input type="radio"/>
Have you needed to see a doctor within the past year but not been able to because of cost?	<input type="radio"/>	<input type="radio"/>
Have you visited a doctor for a routine checkup (general physical exam, not an exam for a specific injury, illness or condition) within the past year?	<input type="radio"/>	<input type="radio"/>
Have you visited a dentist or a dental clinic for any reason within the past year?	<input type="radio"/>	<input type="radio"/>
Have you had at least one permanent tooth extracted because of tooth decay or gum disease?	<input type="radio"/>	<input type="radio"/>
Have you had all permanent teeth extracted because of tooth decay or gum disease?	<input type="radio"/>	<input type="radio"/>
If you are a woman, have you ever had a mammogram?	<input type="radio"/>	<input type="radio"/>
If you are a woman, have you ever had a Pap test?	<input type="radio"/>	<input type="radio"/>
If you are a man, have you ever had a digital rectal exam?	<input type="radio"/>	<input type="radio"/>
If you are a man, have you ever had a prostate specific antigen (PSA) test?	<input type="radio"/>	<input type="radio"/>
If you are a man, have you ever been told by a health professional that you had prostate cancer?	<input type="radio"/>	<input type="radio"/>
Have you ever used a home blood stool test?	<input type="radio"/>	<input type="radio"/>
Have you ever had a sigmoidoscopy or colonoscopy?	<input type="radio"/>	<input type="radio"/>
Have you ever been told by a health professional that you have high blood pressure?	<input type="radio"/>	<input type="radio"/>
If you have high blood pressure, are you currently taking medicine for high blood pressure?	<input type="radio"/>	<input type="radio"/>
Have you ever had your blood cholesterol checked?	<input type="radio"/>	<input type="radio"/>
Have you ever been told by a health professional that you had a heart attack or angina or a stroke?	<input type="radio"/>	<input type="radio"/>
Have you ever been told by a doctor that you had diabetes (excluding prediabetes and gestational-only diabetes)?	<input type="radio"/>	<input type="radio"/>
Have you ever been told by a health professional that you had asthma?	<input type="radio"/>	<input type="radio"/>
If so, do you still have asthma?	<input type="radio"/>	<input type="radio"/>
Have you ever had a pneumonia shot?	<input type="radio"/>	<input type="radio"/>
Have you ever had a flu shot?	<input type="radio"/>	<input type="radio"/>
Have you ever had a vaccine for shingles?	<input type="radio"/>	<input type="radio"/>
Do you currently receive health care from a provider located in or whose main location is in Cheyenne County?	<input type="radio"/>	<input type="radio"/>

13. Health Problems

	Yes	No
Have you had symptoms of pain, aching or stiffness in or around a joint during the past 30 days which began more than 3 months ago?	<input type="radio"/>	<input type="radio"/>
Do you have activity limitations due to physical, mental or emotional problems or do you have health problems that require the use of special equipment?	<input type="radio"/>	<input type="radio"/>
In the past year, have you been bothered by emotional issues (such as feeling anxious, depressed or irritable)?	<input type="radio"/>	<input type="radio"/>
Have you smoked at least 100 cigarettes in your lifetime AND are you currently smoking every day or some days?	<input type="radio"/>	<input type="radio"/>
Have you had 4 or more drinks (women) or 5 or more drinks (men) on more than one occasion within the past month?	<input type="radio"/>	<input type="radio"/>
Have you averaged more than 1 alcoholic drink per day (women) or more than 2 alcoholic drinks per day (men) within the past month?	<input type="radio"/>	<input type="radio"/>
Would you consider your body to be overweight or obese?	<input type="radio"/>	<input type="radio"/>
Would you consider your body to be underweight?	<input type="radio"/>	<input type="radio"/>
Have you been advised by a doctor, nurse or other health professional about your weight (lose, gain, or maintain)?	<input type="radio"/>	<input type="radio"/>
Has a health professional advised you to lose weight?	<input type="radio"/>	<input type="radio"/>
Do you participate in any physical activities or exercises such as running, calisthenics, golf, gardening or walking for exercise?	<input type="radio"/>	<input type="radio"/>
Do you consume 5 or more servings of fruits and vegetables in an average day?	<input type="radio"/>	<input type="radio"/>
Do you have any health problem that requires you to use special equipment such as a cane, wheelchair, special bed or special telephone?	<input type="radio"/>	<input type="radio"/>
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	<input type="radio"/>	<input type="radio"/>
Do you currently use chewing tobacco or snuff every day or some days?	<input type="radio"/>	<input type="radio"/>
Have you had your eyes examined by any doctor or eye care provider within the past 2 years?	<input type="radio"/>	<input type="radio"/>
Have you had your teeth or gums examined by any doctor or dental care provider within the past 2 years?	<input type="radio"/>	<input type="radio"/>
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?	<input type="radio"/>	<input type="radio"/>

14. Have you previously completed this Health Survey?

- Yes
- No

If so, what year did you complete it?

15. Which types of professional services have you used within the past 12 months for personal health care (check all that apply):

- Physician or Physician's Assistant
- Nurse or Nurse Practitioner
- Gynecologist / Obstetrician
- Physical Therapist
- Respiratory Therapist
- Oncologist
- Orthopedist
- Cardiologist
- Emergency Medical Technician (EMT)
- Dermatologist
- Dentist
- Optometrist
- Chiropractor

16. Which types of health services have you used in the past 2 years? (check all that apply):

- Assisted Living
- Child birthing
- Chiropractic Care
- County Health Services (Educational)
- County Health Services (Immunization)
- Dental Services
- Emergency Room
- Emergency Medical Services (Ambulance / EMT)
- Gynecologist / Obstetrician
- Home Health Services
- Hospice
- Hospital (short-term / acute)
- Hospital (long-term / swing bed)
- Mental Health Services
- Neonatal care
- Pharmacy
- Primary Care Physician
- Physical Therapy
- Skilled Nursing Care
- Vision Services
- Wellness Center

17. Which types of health services should be available within 30 minutes of where you live? (check all that apply):

- Assisted Living
- Child birthing
- Chiropractic Care
- County Health Services (Educational)
- County Health Services (Immunization)
- Dental Services
- Emergency Room
- Emergency Medical Services (Ambulance / EMT)
- Gynecologist / Obstetrician
- Home Health Services
- Hospice
- Hospital (short-term / acute)
- Hospital (long-term / swing bed)
- Mental Health Services
- Neonatal care
- Pharmacy
- Primary Care Physician
- Physical Therapy
- Skilled Nursing Care
- Vision Services
- Wellness Center

18. What is the most critical health problem facing your community?

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