

The logo consists of two overlapping white rectangular shapes. The top shape is slightly offset to the right and contains the text 'SHAPE' in a bold, dark blue, sans-serif font. The bottom shape is slightly offset to the left and contains the text '2022' in the same font style and color.

**SHAPE  
2022**

Have a say in how healthy  
Hennepin can be.



**Have a say in how healthy Hennepin can be!**

Hennepin County Public Health has partnered with several organizations to conduct a health survey called SHAPE. This project helps improve the health of local residents by identifying the greatest health needs in our community.

The SHAPE 2022 survey asks about your health, diet, exercise, neighborhood, how you have been impacted by the COVID-19 pandemic, and your ability to get health care. The survey is voluntary and anonymous (we don't ask for names). Completing this survey will not affect any service you receive from our partner organizations or Hennepin County.

Please follow these steps:

1. Only one adult (age 18 or older) from your family who is receiving services here today is requested to complete the survey.
2. Complete the paper survey and return to the staff at this site.
3. To thank you for your time, we will give you a \$10 gift card for completing the survey.

More information is available at [www.Hennepin.us/SHAPE](http://www.Hennepin.us/SHAPE). If you have questions about the survey call 612-348-3034 or e-mail [shape@hennepin.us](mailto:shape@hennepin.us).

If you need language assistance, call 612-348-8900.

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

Sincerely,  
Susan Palchick, PhD  
Hennepin County Public Health Director

**Survey Instructions**

Please use a blue or black ink pen.

Correct mark:    

Incorrect mark:   

If you make a mistake, cross out the incorrectly marked answer and mark correct answer:



# Section A.

## General health and health conditions

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

- Excellent
- Very Good
- Good
- Fair
- Poor

A2. 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-hypertension
- No

b. Diabetes or sugar disease

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

c. Asthma

- Yes
- No → GO TO QUESTION A3

ci. Do you still have asthma?

- Yes
- No

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

Number of days

A4. Are you limited in any activities because of physical, mental, or emotional problems?

- Yes
- No

A5. During the past 2 weeks, how often have you been bothered by any of the following problems?

a. Feeling nervous, anxious or on edge

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

b. Not being able to stop or control worrying

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

c. Little interest or pleasure in doing things

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

d. Feeling down, depressed or hopeless

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

A6. How tall are you without shoes?

Feet  Inches

OR

Centimeters

A7. How much do you weigh without shoes?

*If you are currently pregnant, please provide your weight before you were pregnant.*

Pounds

OR

Kilograms

## Section B.

### Access to health care

**B1. Do you currently have any of the following types of health insurance or coverage? (MARK ALL THAT APPLY)**

- Insurance provided by an employer or bought directly by myself, my spouse or family
- Medicaid, MA, MinnesotaCare, or other public insurance
- Medicare
- Other, specify \_\_\_\_\_
- No health coverage (uninsured)

**B2. 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

**B3. During the past 12 months, have you seen a doctor, nurse, or other health professional for your own health?**

- Yes
- No

**B4. When you are sick or need medical care, where do you usually go? (CHOOSE ONLY 1)**

- Doctor's office or clinic (including video or phone)
- Hospital emergency room
- Urgent Care
- Clinic located in a drug or grocery store
- No usual place

**B5. During the past 12 months, was there a time when you needed medical care**

- Yes
- No → GO TO QUESTION B8

**B6. Did you delay or not get the care you thought you needed?**

- Yes
- No → GO TO QUESTION B8

**B7. Was this because of cost or lack of insurance?**

- Yes
- No

**B8. 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 could be a doctor, psychiatrist, psychologist, therapist, or counselor.*

- Yes
- No → GO TO QUESTION B11

**B9. Did you delay or not get the care you thought you needed?**

- Yes
- No → GO TO QUESTION B11

**B10. Why did you delay or not get the care you thought you needed? (MARK UP TO 3)**

- Did not know where to go or how to get help
- Could not find provider or appointment
- Could not find provider who speaks my language or understands my culture
- Afraid of what family, community, or people at work would do or think
- Had no insurance or cost was too high
- Had work, family, or other duties
- Other, specify \_\_\_\_\_

**B11. During the past 12 months, did you skip doses, take smaller amounts of your prescription, or not fill a prescription because of cost?**

- Yes
- No
- I was not prescribed any medication

**B12. Telehealth has become a common way to get healthcare. Which of these make it hard for you to get healthcare on a computer, tablet, or smartphone? (MARK ALL THAT APPLY)**

- No or slow computer/tablet/smartphone
- No or slow Internet
- I don't know how
- My provider doesn't offer this option
- Other, specify \_\_\_\_\_
- None

## 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 of 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. How easy or difficult is it for you to get...

a. Fruit and vegetables in your local area?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

b. Food in your local area that reflects your culture that is affordable?

- Very easy
- Somewhat easy
- Somewhat difficult
- Very difficult

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

- Yes
- No

C5. During an average week, other than your regular job, how many days do you participate in any physical activity or exercise for at least 30 minutes per day?

Number of days

C6. During an average week, how many days do you walk/bike to get to and from places such as work, stores, or to run errands?

Number of days

For questions C7 to C9, 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.

C7. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

Number of days

C8. During the past 30 days, on the days when you drank, about how many drinks did you have on average?

Number of drinks

C9. Considering all types of alcoholic beverages, how many times during the past 30 days did you...

a. Have 4 or more drinks on one occasion?

Number of times

b. Have 5 or more drinks on one occasion?

Number of times

C10. During the past 12 months, have any of the following been a problem for you or your family? (MARK ALL THAT APPLY)

- Alcohol
- Marijuana
- Opioids (prescription pain killers, heroin, or fentanyl)
- Other drugs, specify \_\_\_\_\_
- Gambling
- None → GO TO QUESTION C12

C11. During the past 12 months, how often has alcohol, marijuana, opioids, other drugs, or gambling been a problem for you or your family?

- Often
- Sometimes
- Rarely
- Never

## Section D. How you feel

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

- Yes  
 No → GO TO QUESTION C15

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

- Every day  
 Some days  
 Not at all → GO TO QUESTION C15

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

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

**C15. Does anyone, including yourself, smoke regularly inside your home?**

- Yes  
 No

**C16. Do you currently vape or use e-cigarettes?**

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

**C17. During the past 30 days, have you used marijuana or products containing THC in any form? (MARK ALL THAT APPLY)**

- Yes, prescribed by a doctor or healthcare provider  
 Yes, used for other reasons  
 No, I didn't use marijuana or products containing THC

Question D1 to D6 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

## Section E.

### About your community

**D7. 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 co-workers.*

- Always
- Usually
- Sometimes
- Rarely
- Never

**D8. How often do you feel lonely or isolated from others?**

- Always
- Usually
- Sometimes
- Rarely
- Never

**E1. Overall, how much impact do you think you have in making your community a safer and better place to live?**

- Big impact
- Moderate impact
- Small impact
- No impact
- Don't know

**E2. How much do you agree or disagree with the following statements?**

**a. This is a good community to raise children in.**

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

**b. People in my neighborhood have access to safe parks or trails for biking or walking.**

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

**E3. In general, how safe from crime do you consider your neighborhood to be?**

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

**E4. Have you or someone in your household experienced violence?** *This includes any threat with a weapon, attack, or domestic assault.*

- Yes, during the past year
- Yes, more than a year ago
- No

**E5. During the past 12 months, have you or anyone in your household received Medical Assistance (MA), food support (such as, food stamps, SNAP), WIC, or cash assistance such as MFIP or General Assistance (GA)?**

- Yes
- No
- Don't know

**E6. During the past 12 months, how often did you worry that food in your household would run out before you had money to buy more?**

- Often
- Sometimes
- Rarely
- Never

**E7. During the past 12 months, how often did food in your household not last and you did not have money to get 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 at someone else's home, in a shelter, slept outside, or somewhere not intended as a place to live 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, ethnicity, 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

**E13. During the past 12 months, have you experienced any of the following? If yes, have you felt that you were treated unfairly or discriminated against? (MARK ALL THAT APPLY)**

**Have you...**

**Applied for or worked at a job?**

**Did you feel you were treated unfairly or discriminated against?**

- Yes
- No

**Needed medical, mental, or dental care?**

**Did you feel you were treated unfairly or discriminated against?**

- Yes
- No

**Needed to rent or buy a place to live?**

**Did you feel you were treated unfairly or discriminated against?**

- Yes
- No

**Applied for social services or public assistance?**

**Did you feel you were treated unfairly or discriminated against?**

- Yes
- No

**Dealt with the police?**

**Did you feel you were treated unfairly or discriminated against?**

- Yes
- No



## Section F. COVID-19 Pandemic

**F1. The COVID-19 pandemic has affected our community in many areas. Check the ways your life has been negatively impacted by the COVID-19 pandemic. (MARK ALL THAT APPLY)**

- Physical health
- Mental health
- Connections to family and/or friends
- Death of family and/or friends
- Housing
- Job and/or income
- Education access and quality
- Other, specify \_\_\_\_\_
- My life has not been negatively impacted

**F2. Check the ways children (age 0 to 17) in your household have been negatively impacted by the COVID-19 pandemic. (MARK ALL THAT APPLY)**

- Physical health
- Mental health
- Connections to family and/or friends
- Childcare access and quality
- Education access and quality
- Other, specify \_\_\_\_\_
- My child's life has not been negatively impacted
- There are no children age 0 to 17 in this household

**F3. Have you ever tested positive for COVID-19?**

- Yes, but was NOT hospitalized
- Yes and WAS hospitalized
- No → GO TO QUESTION G1

**F4. Did you have any symptoms lasting four weeks or longer due to COVID-19?**

- Yes
- No

## Section G. About you

The following questions are about you and your household. The information will help ensure that the survey data represents all those who live in Hennepin County. Remember, your responses are confidential.

**G1. Are you...?**

- Male
- Female
- Non-binary
- Something else, please specify \_\_\_\_\_

**G2. Do you consider yourself to be transgender?**

- Yes
- No

**G3. Do you consider yourself ...? (MARK ALL THAT APPLY)**

- Straight or heterosexual
- Lesbian or gay
- Bisexual or pansexual
- Queer
- Questioning
- Something else, please specify \_\_\_\_\_

**G4. What is your age?**

Years

**G5. Are you currently ...?**

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

**G6. Do you speak a language other than English most of the time at home?**

- Yes
- No

**G7. INCLUDING YOURSELF, how many adults and children live in your household?**

Number of adults age 18 and older INCLUDING YOURSELF

Number of children age 0-5

Number of children age 6-11

Number of children age 12-17

## Section H. Site specific

### G8. Which of the following do you consider yourself? (MARK ALL THAT APPLY)

- Hispanic or Latino/a
- White
- Black or African American

#### If 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 Alaskan Native
- Native Hawaiian or other Pacific Islander
- Other, specify \_\_\_\_\_

### G9. Were you born in the United States?

- Yes
- No

### G10. Were either of your parents born in another country?

- Yes
- No

### G11. 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

### G12. Please tell us your household income in 2021 from all earners and all sources before taxes.

*Remember your responses are confidential.*

- |   |   |
|---|---|
| <input type="radio"/> No income or less than \$13,000 | <input type="radio"/> \$44,001 - \$53,000 |
| <input type="radio"/> \$13,001 - \$17,000             | <input type="radio"/> \$53,001 - \$62,000 |
| <input type="radio"/> \$17,001 - \$26,000             | <input type="radio"/> \$62,001 - \$71,000 |
| <input type="radio"/> \$26,001 - \$35,000             | <input type="radio"/> \$71,001 - \$80,000 |
| <input type="radio"/> \$35,001 - \$44,000             | <input type="radio"/> \$80,001 or more    |

### H1. How did you hear about this clinic or Neighborhood HealthSource? (MARK ALL THAT APPLY)

- Friends/Family
- Social Media
- Online Search
- Other, specify \_\_\_\_\_
- I have been using the clinic for a while.

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.

**What is your current address?**

Street (Example: 123 Elm Street) \_\_\_\_\_

Apartment/unit # \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

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

**Thank you!**



<<Barcode>>

