



**Metro SHAPE
2014**

**Your health matters
Your answers matter**



Adult Survey

for an adult aged 18 or over

- ▶ Please have the **adult who will have the next birthday** answer the questions in this survey booklet, based on his or her own health.
- ▶ Please answer all of the questions in order, unless you are told to skip ahead.
- ▶ For more instructions, please see the inside cover.

HELP *improve the health
of residents in*
OUR COMMUNITY





How do I fill out the survey?

EXAMPLE 1:

Q1. How difficult is it to pay for your prescription medications each month

- Very difficult
- Somewhat difficult
- Not too difficult
- Not at all difficult

Read all of the answers before making a choice.

Fill in the whole circle completely with dark ink.

EXAMPLE 2:

Q2. What is your age in years?

64

Clearly print the number in the box provided.

EXAMPLE 3:

Q3. Are you currently...

MARK ALL THAT APPLY

- Employed for wages
- A homemaker or stay-at-home parent
- Self-employed or farmer
- A student
- Unemployed or out of work
- Retired
- Unable to work because of a disability

Here you may choose one or more of the answers that fit.

EXAMPLE 4:

Q4. Were you born in the United States?

- Yes → GO TO Q6
- No

Skip question Q5 and go directly to Q6.
Leave question Q5 blank.



Metro SHAPE 2014 Adult Survey

Survey of the Health of All of 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 that 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 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as work, recreation, and taking care of yourself?

Number of days

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
- No

b. Borderline high blood pressure or pre-hypertension

- Yes
- Yes, but only during pregnancy
- No

c. Diabetes or sugar disease

- Yes
- Yes, but only during pregnancy
- No

d. Pre-diabetes or borderline diabetes

- Yes
- Yes, but only during pregnancy
- No

e. High blood cholesterol

- Yes
- No

f. A heart attack, also called a myocardial infarction

- Yes
- No

g. Angina or coronary heart disease

- Yes
- No

h. A stroke

- Yes
- No

i. Arthritis or rheumatism

- Yes
- No

j. Asthma

- Yes
- No → GO TO A7

A6. Do you still have asthma?

- Yes
- No





A7. How tall are you without shoes?

Feet Inches

– OR –

Centimeters

A8. 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

A9. Has a doctor or other health care professional ever told you that you should lose weight?

- Yes, within the past year
- Yes, more than one year ago
- No

A10. Are you limited in any activities because of physical, mental, or emotional problems?

- Yes
- No

A11. Because of any impairment or health problem, do you have any difficulty in getting, keeping, or working at a job or business?

- Yes
- No

A12. 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 home?

- Yes
- No

A13. Because of any impairment or health problem, do you need help from another person in handling routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

- Yes
- No

SECTION B. ACCESS TO HEALTH CARE

B1. Do you currently have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medical Assistance, Medicare, Indian Health Services, or any plan through MNSure?

- Yes
- No

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, was there a time when you needed medical care?

- Yes
- No → GO TO B7

B5. Did you delay or not get the care you thought you needed?

- Yes
- No → GO TO B7





B6. Was that because of cost or lack of insurance?

- Yes
- No

B7. 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, a psychiatrist, a psychologist, a therapist, or a counselor.*

- Yes
- No → **GO TO B10**

B8. Did you delay or not get the care you thought you needed?

- Yes
- No → **GO TO B10**

B9. Was that because of cost or lack of insurance?

- Yes
- No

B10. Do you have one person you think of as your personal doctor or health care provider?

- Yes, only one person
- More than one person
- No, no personal doctor or provider

B11. When you are sick or need medical care, where do you usually go?

CHOOSE ONLY ONE

- Doctor’s office, clinic, public health, or community clinic
- Veterans Affairs clinic or hospital
- Hospital emergency room
- Urgent care center
- Clinic located in a drug or grocery store
- No usual place
- Other – please specify:

B12. Do you take any prescription medication on a regular basis, other than birth control pills?

- Yes
- No → **GO TO B14**

B13. During the past 12 months, was there any time you skipped doses, took smaller amounts of your prescription, or did not fill a prescription because you could not afford it?

- Yes
- No

B14. During the past 12 months, have you seen a doctor, nurse, or other health professional about your own health?

- Yes
- No → **GO TO B16**

B15. Did the doctor, nurse or other health professional discuss with you or ask you about your:

MARK ALL THAT APPLY

- Physical activity or exercise
- Diet or nutrition
- Weight loss/losing weight
- Smoking or other tobacco use
- Stress
- Alcohol use

B16. During the past 12 months, have you seen a psychiatrist, psychologist, therapist, counselor, or other mental health professional for your own health?

- Yes
- No

B17. How long has it been since your last complete physical exam?

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





B18. Blood cholesterol is a fatty substance found in the blood. About how long ago has it been since you last had your blood cholesterol checked?

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

B19. 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

B20. Do you currently have insurance that pays for all or part of your dental care?

- Yes
- No

SECTION C. HEALTHY LIFESTYLES AND BEHAVIORS

C1. A serving of vegetables is a cup of salad greens, or a half cup of any other vegetables, not including french fries. Yesterday, how many servings of vegetables did you eat?

Number of servings

C2. A serving of fruit is one medium sized fruit, a half cup of chopped, cut, or canned fruit, or 6 ounces of 100% fruit juice. Yesterday, how many servings of fruit did you eat?

Number of servings

C3. In a typical week, on how many days do you eat breakfast?

Number of days per week:

- -
 -
 -
 -
 -
 -
 -
- 0 1 2 3 4 5 6 7

C4. About how often do you drink...?

a. Pop or soda (regular)

- Never
- Occasionally but not every week
- At least once per week but not daily
- Once per day
- More than once per day

b. Pop or soda (diet)

- Never
- Occasionally but not every week
- At least once per week but not daily
- Once per day
- More than once per day

c. Energy drinks such as Red Bull, 5-hour Energy, or Monster

- Never
- Occasionally but not every week
- At least once per week but not daily
- Once per day
- More than once per day

d. Other sugar-sweetened drinks such as sweet tea, coffee drinks, juice drinks, Kool-Aid, or Gatorade

- Never
- Occasionally but not every week
- At least once per week but not daily
- Once per day
- More than once per day

e. Water

- Never
- Occasionally but not every week
- At least once per week but not daily
- Once per day
- More than once per day

f. Milk

- Never
- Occasionally but not every week
- At least once per week but not daily
- Once per day
- More than once per day



C5. 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

C6. Now, think about the moderate activities you do. In a usual week, on how many days do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

Number of days per week:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

C7. Would you say you get most of this activity...

- At work
- Outside of work

C8. On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Hours per day

– OR –

Minutes per day

C9. Now, think about the vigorous activities you do. In a usual week, on how many days do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

Number of days per week:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

C10. Would you say you get most of this activity...

- At work
- Outside of work

C11. On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Hours per day

– OR –

Minutes per day

C12. During a typical day, how many hours do you do each of the following?

a. Use a TV to watch shows, movies, videos, or play games

- 0 hours
- 1 hour
- 2 hours
- 3 to 5 hours
- 6 or more hours

b. Talk, text, or use an app on a phone

- 0 hours
- 1 hour
- 2 hours
- 3 to 5 hours
- 6 or more hours

c. Use a computer, laptop, or tablet for work or enjoyment

- 0 hours
- 1 hour
- 2 hours
- 3 to 5 hours
- 6 or more hours

C13. Do you consider yourself:

- Overweight
- About the right weight
- Underweight

C14. Have you smoked at least 100 cigarettes in your entire life? 100 cigarettes = 5 packs

- Yes
- No





C15. Do you now smoke cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

C16. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- Yes
- No

C17. 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

C18. Does anyone, including yourself, smoke regularly inside your home?

- Yes
- No

C19. In the past 7 days, have you been in a car or other vehicle with someone who was smoking?

- Yes
- No

For the next questions, 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.

C20. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

Number of days

C21. During the past 30 days, on the days when you drank, about how many drinks did you have on average?

Number of drinks

C22. Considering 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

SECTION D. HOW YOU FEEL

D1. Have you ever been told by a doctor or other health professional that you have depression or anxiety?

a. Depression

- Yes
- No

b. Anxiety

- Yes
- No

D2. Are you currently taking any medication that was prescribed for you to treat depression or anxiety?

a. Depression

- Yes
- No

b. Anxiety

- Yes
- No

Questions D3 to D8 ask about how you have been feeling during the past 30 days.

D3. 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



D4. 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

D5. 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

D6. 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

D7. 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

D8. 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

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 together or talk with friends or neighbors? *This includes on the phone or online.*

- Daily
- Weekly
- Monthly
- Less often than monthly
- Never

E3. Overall, how would you rate your neighborhood as a place to walk?

- Very pleasant
- Somewhat pleasant
- Not very pleasant
- Not at all pleasant

E4. For walking in your neighborhood, would you say the sidewalks, trails, and walking paths are:

- Very well maintained
- Somewhat maintained
- Not very well maintained
- Not at all maintained
- There are no sidewalks in my neighborhood

E5. In general, how easy is it to safely cross the streets or roads in your neighborhood?

- Very easy
- Somewhat easy
- Not very easy
- Not at all easy

For E6 and E7, please rate the extent to which you agree or disagree.

E6. This is a good community to raise children in.

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

E7. People in this neighborhood are willing to help one another.

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





- E8. In general, how safe from crime do you consider your neighborhood to be?**
- Very safe
 - Somewhat safe
 - Somewhat unsafe
 - Not at all safe
- E9. How often are you in situations where you feel unaccepted because of your race, ethnicity, or culture?**
- At least once a week
 - Once or twice a month
 - A few times a year
 - Once a year or less often
 - Never

SECTION F. FOOD AND HOUSING

- F1. During the past 12 months, have you or anyone in your household received MFIP, WIC, or food support (food stamps, SNAP, EBT) services?**
- Yes
 - No
 - Don't know
- F2. 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
- F3. During the past 12 months, did you miss a rent or mortgage payment because you did not have enough money?**
- Yes
 - No
- F4. How many times have you moved in the past 2 years?**
- Never
 - 1 time
 - 2 or more times

- F5. What type of home do you live in?**

- Single family home
- Duplex
- Double or multi-family home
- Condominium
- Townhouse
- Apartment building
- Other, please specify:

SECTION G. ABOUT YOU

- G1. Are you:**

- Male
- Female

- G2. What is your age?**

years

- G3. 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

- G4. Are you currently...?**

MARK ALL THAT APPLY

- Employed for wages
- A homemaker or stay-at-home parent
- Self-employed or farmer
- A student
- Unemployed or out of work
- Retired
- Unable to work because of a disability

- G4a. Do you think of yourself as ...?**

MARK ALL THAT APPLY

- Heterosexual or straight
- Gay, lesbian, or homosexual
- Bisexual
- Transgender



G5. Are you a member of any of the following ethnic or cultural groups?

a. Hispanic or Latino/a

- Yes
- No

b. Somali

- Yes
- No

c. Hmong

- Yes
- No

G6. Which of the following do you consider yourself?

MARK ALL THAT APPLY

- Asian or Asian American
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Other – please specify:

G7. If you have selected more than one race in the previous question, which do you identify with most?

CHOOSE ONLY ONE

- Asian or Asian American
- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Bi-racial or Multi-racial
- Other – please specify:

G8. Were you born in the United States?

- Yes → **GO TO G10**
- No

G9. How many years have you lived in the United States?

Number of years

G10. Are you currently:

- Married
- Living with a partner in a marriage-like relationship
- Separated or divorced
- Widowed
- Single, never married

G11. How many adults (including you) and children live in your household?

Number of adults age 18 or older (including you)

Number of children under age 18

G12. Please tell us your annual household income in 2013 from all earners and all sources, before taxes. Remember, your responses are confidential.

- \$23,000 or less
- \$23,001 - 31,000
- \$31,001 - 39,000
- \$39,001 - 47,000
- \$47,001 - 55,000
- \$55,001 - 63,000
- \$63,001 - 71,000
- \$71,001 - 79,000
- \$79,001 - \$100,000
- \$100,001 or more





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Do you have any comments about the Metro SHAPE 2014 survey?
 Please share your comments in the space below.

Thank you for taking the time to participate in this important project. Your health matters. Your answers matter. Please use the enclosed prepaid envelope to return the survey by U.S. mail.

QUESTIONS OR CONCERNS about the survey?
 Call 612-543-3034 or e-mail MetroShape@MPHAN.org

The Metro SHAPE 2014 survey is sponsored by eight local health departments in the Twin Cities.

