



SHAPE 2018
 Celebrating 20 years of health trends

Adult Survey

for an adult aged 18 or over

Dear Hennepin County resident:

Your household was randomly selected to participate in SHAPE 2018, a voluntary health survey that helps improve the health of local residents. Your participation in the survey and your responses are very important. **SHAPE 2018 is anonymous** (we don't ask for anyone's name) and your responses are combined with those of hundreds of other residents taking the survey.

The SHAPE 2018 survey asks about your health, diet, exercise, neighborhood, and ability to get health care. It will take about 15 minutes to complete.

To complete the survey, please follow these steps:

1. **Ask the adult (age 18 or older) with the next birthday** in your household to take the survey. (This helps us get responses from adults of all age groups).
2. **Complete the paper survey** and return by mail in the enclosed prepaid return envelope.

SHAPE 2018 is sponsored by Hennepin County Public Health. Your responses will help us identify the health concerns and needs of adults in Hennepin County. More information is available at www.hennepin.us/SHAPE. If you have questions about the survey, call 612-543-3034 or email SHAPE@hennepin.us.

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



Incorrect marks

Survey Instructions

- 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



Hennepin County
 Public Health





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-hypertension
- 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 health care 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
- 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
- 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 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 → GO TO 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

BEVERAGE HABITS

F13. How often did you drink the following beverages in the past week?

a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)

- Never or less than 1 time per week
- 1 time per week
- 2-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4+ times per day

b. Sport drinks (such as Gatorade or Powerade); these drinks usually do not have caffeine

- Never or less than 1 time per week
- 1 time per week
- 2-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4+ times per day

c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)

- Never or less than 1 time per week
- 1 time per week
- 2-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4+ times per day

d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine

- Never or less than 1 time per week
- 1 time per week
- 2-4 times per week
- 5-6 times per week
- 1 time per day
- 2-3 times per day
- 4+ times per day

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

Thank you!

