

ACTION for Healthy Communities

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J1 Telephone Questionnaire

Introduction

My name is _____ and I am calling on behalf of San Luis Obispo County, the United Way, the YMCA and several other local organizations. We are conducting a survey of the quality of life in San Luis Obispo County. Your opinions are crucial to help develop plans for our community during the next five years. You will not be asked to buy anything or make a donation of any kind. May I please ask the first question?

If they ask for names of other sponsoring organizations, say: San Luis Obispo Community Health Foundation, Cal Poly, and the Economic Opportunity Commission.

1. {Do not ask} Respondent is:

- (1) Male
- (2) Female

2. What city/town do you live in or live closest to?

- | | |
|------------------------|----------------------|
| (01) Adelaida | (17) Los Osos |
| (02) Arroyo Grande | (18) Morro Bay |
| (03) Atascadero | (19) Nipomo |
| (04) Avila Beach | (20) Oceano |
| (05) Baywood | (21) Paso Robles |
| (06) California Valley | (22) Pismo Beach |
| (07) Cambria | (23) Pozo |
| (08) Camp Roberts | (24) San Luis Obispo |
| (09) Cayucos | (25) San Miguel |
| (10) Cholame | (26) Santa Margarita |
| (11) Creston | (27) San Simeon |
| (12) Cuesta-by-the-Sea | (28) Shandon |
| (13) Grover Beach | (29) Shell Beach |
| (14) Halcyon | (30) Templeton |
| (15) Harmony | (31) Welsona |
| (16) Huasna | (32) Whitley Gardens |

[If response is 02, 03, 13, 18, 21, 22, 24 or 29, ask Q3.1 and skip Q3.2; otherwise, skip Q3.1 and ask Q3.2]

3. **3.1 {added}** Do you live within the city limits of _____{insert previous answer}?

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

3.2 {added} Do you live within the service district boundary of _____{insert previous answer}?

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

4. How concerned are you about the following issues in your community? For each one, please answer “Very Concerned,” “Somewhat Concerned” or “Not at All” concerned. **[Rotate order]**

(01) Traffic congestion	(1) Very	(2) Somewhat	(9) Not at all
(02) Drug, tobacco & alcohol abuse	(1) Very	(2) Somewhat	(9) Not at all
(03) Family violence	(1) Very	(2) Somewhat	(9) Not at all
(04) Child abuse	(1) Very	(2) Somewhat	(9) Not at all
(05) Senior abuse	(1) Very	(2) Somewhat	(9) Not at all
(06) Racism	(1) Very	(2) Somewhat	(9) Not at all
(07) Crime	(1) Very	(2) Somewhat	(9) Not at all
(08) Homelessness	(1) Very	(2) Somewhat	(9) Not at all
(09) Employment opportunities	(1) Very	(2) Somewhat	(9) Not at all
(10) Gangs	(1) Very	(2) Somewhat	(9) Not at all
(11) Housing costs	(1) Very	(2) Somewhat	(9) Not at all
(12) Building in open space	(1) Very	(2) Somewhat	(9) Not at all
(13) Loss of wildlife habitat	(1) Very	(2) Somewhat	(9) Not at all
(14) Water quality	(1) Very	(2) Somewhat	(9) Not at all
(15) Air pollution	(1) Very	(2) Somewhat	(9) Not at all

5. How safe would you say you feel in your neighborhood?

- (1) Very safe
- (2) Somewhat safe
- (3) Not at all safe
- (8) Refused **[Don't Prompt]**
- (9) Don't Know **[Don't Prompt]**

6. Have you felt discriminated against in San Luis Obispo County in the last twelve months?

- (1) Yes **[If YES, Ask question 6.1]**
- (2) No **[If NO, Skip to question 7]**

6.1 For what reason? [Do not read list. Enter up to two responses]

- (1) Ethnicity / race
- (2) Gender
- (3) Age
- (4) Language
- (5) Sexual orientation
- (6) Income
- (7) Disability
- (8) Other **[please specify]** _____

7. Including yourself, how many people live in your household?

- (1) one (5) five
- (2) two (6) six
- (3) three (7) seven or more
- (4) four

8. Do you have children living with you under the age of 18?

- (1) Yes
- (2) No **[If NO, Skip to question 20]**

9. What are the ages of your children living at home? **[enter all that apply]**

- | | | | | | | | | | | |
|---------|----|----|----|----|----|----|-------------|---|---|----|
| Under 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 and over | | | |

10. Is this a single parent household?

- (1) Yes
- (2) No

[if youngest child is age 5 or under, go on to question 11; if youngest child is ages 6-14, skip to question 13; if youngest child is 15 or older, skip to question 15]

11. **{for CFC}** In the past year, have you taken part in any parent or family education programs or classes?

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

12. **{for CFC}** In a typical week, how many times do you or other adults in your household read to your child or children? **[Read categories]**

- (1) None
- (2) 1-2
- (3) 3-5
- (4) 6-10
- (5) More than 10
- (8) Refused
- (9) Don't Know

13. **Now, thinking about your childcare needs**, is there a kind of childcare you need for your children but cannot get? **[read list and check all that apply]**

- (1) Yes **[If Yes, Prompt with list below]**
- (2) No **[if No, Skip to question 15]**
- (8) Refused
- (9) Don't Know

<input type="checkbox"/> 0 –2 years <input type="checkbox"/> (2) Part time (0-6hrs/day) <input type="checkbox"/> (3) Full time (6-8hrs/day) <input type="checkbox"/> (4) Non traditional hours (weekends, holidays, evenings) <input type="checkbox"/> (5) {added} Child care for a child who is sick	<input type="checkbox"/> 3 – 5 years <input type="checkbox"/> (2) Part time (0-6hrs/day) <input type="checkbox"/> (3) Full time (6-8hrs/day) <input type="checkbox"/> (4) Non traditional hours (weekends, holidays, evenings) <input type="checkbox"/> (5) {added} Child care for a child who is sick	<input type="checkbox"/> 6-14 years <input type="checkbox"/> (2) Part time (0-6hrs/day) <input type="checkbox"/> (3) Full time (6-8hrs/day) <input type="checkbox"/> (4) Non traditional hours (weekends, holidays, evenings) <input type="checkbox"/> (5) {added} Child care for a child who is sick
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14. Where is childcare needed? **[check all that apply]**

- (1) Near home
- (2) At or near school
- (3) Near work

15. Do you have children in local schools?

- (1) Yes **[If yes, Ask questions 16 - 19]**
- (2) No **[If no, Skip to question 20]**

16. Are they in: **[Circle all that apply]**

- (1) Elementary School
- (2) Middle School / Junior High
- (3) High School

17. How often do you participate in activities in your **[enter previous response(s)]** child's educational and extra curricular activities?

Elementary (K-5)

- (1) Often
- (2) Sometimes
- (3) Never

Junior High/Middle School(6-8)

- (1) Often
- (2) Sometimes
- (3) Never

High School(9-12)

- (1) Often
- (2) Sometimes
- (3) Never

18. How serious would you say the alcohol and drug abuse problem is at your **[enter previous response(s)]** child's school?

Elementary(K-5)

- (1) Very serious
- (2) Somewhat serious
- (3) Not at all serious
- (9) Don't know

Junior High/Middle School (6-8)

- (1) Very serious
- (2) Somewhat serious
- (3) Not at all serious
- (9) Don't know

High School(9-12)

- (1) Very serious
- (2) Somewhat serious
- (3) Not at all serious
- (9) Don't know

19. Does your child or children have enough activities after school and on weekends, including recreational activities?

Elementary(K-5)

(1) Yes

(2) No

(9) Don't know

Junior High/Middle School(6-8)

(1) Yes

(2) No

(9) Don't know

High School (9-12)

(1) Yes

(2) No

(9) Don't know

20. Do you, or does anyone in your household, have a permanent physical or mental impairment that substantially limits a major life activity?

(1) Yes

(2) No

(8) Refused

(9) Don't Know

21. Are you the care giver to a disabled child, disabled adult or older person?

(1) Yes **[If YES, ask question 21.1]**

(2) No

(8) Refused

(9) Don't Know

21.1 Would that include a... **[Read list and enter all that apply]**

(1) Disabled child

(2) Disabled adult

(3) Older person

22. Do you feel you are better off this year than last year economically?

(1) Yes

(2) No

(3) About the same

23. **{Re-wording}** Is one third or more of your income used to pay for housing, including utilities, such as gas and electricity?

(1) Yes **[If Yes, Ask question 23.1]**

(2) No **[If No, Skip to question 24]**

(8) Refused

(9) Don't Know

23.1 Is half or more of your income used to pay for housing, including utilities, such as gas and electricity?

(1) Yes

(2) No

(8) Refused

(9) Don't Know

24. In any given month, do you have to go without basic needs such as food, clothing, childcare, housing or health care?

- (1) Yes **[If Yes, Ask question 24.1]**
- (2) No **[If No, skip to question 25]**

24.1 If yes, what need do you go without? **{added} (check all that apply)**

- (1) Food _____ (3) Childcare _____ (5) Health Care _____
- (2) Clothing _____ (4) Housing _____ (6) Other (specify) _____

25. Have you or a member of your household needed health care in the past year and been unable to receive it because you could not afford it?

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

26. Have you ever felt the need to talk to a mental health professional but have not had the money or insurance to do so?

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

27. Do you have health insurance?

- (1) Yes **[If YES, Ask question 27.1]**
- (2) No **[If NO, why not? please specify] _____**

27.1 Does that include insurance through: **[Read each one and enter all that apply]**

- (1) your employer or spouse's employer
- (2) a State or Federal program such as MediCal or MediCare
- (3) private insurance you purchased on your own
- (8) Refused
- (9) Don't Know

27.2 Does it cover: **[Read each one and enter all that apply]**

- | | | | |
|-------------------------------|---------|--------|----------------|
| (1) Outpatient surgery | (1) Yes | (2) No | (9) Don't know |
| (2) Dental care | (1) Yes | (2) No | (9) Don't know |
| (3) Mental health benefits | (1) Yes | (2) No | (9) Don't know |
| (4) Regular physical exams | (1) Yes | (2) No | (9) Don't know |
| (5) Substance abuse treatment | (1) Yes | (2) No | (9) Don't know |
| (6) Prescriptions | (1) Yes | (2) No | (9) Don't know |
| (7) Hospitalization | (1) Yes | (2) No | (9) Don't know |
| (8) Dependent spouse/children | (1) Yes | (2) No | (9) Don't know |

28. Do you have a regular source of primary health care?

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

29. How satisfied are you with your medical care? **[Read list]**

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Not at all satisfied

30. How long has it been since you last visited a doctor for a routine check up? **[read list]**

- (1) Within the past year
- (2) 1-2 years
- (3) 3-5 years
- (4) More than 5 years ago
- (5) Never

[If youngest child is age 14 or younger, ask Q31 and Q32; otherwise, skip to Q33]

31. **{for CFC}** How long has it been since any of your children visited a doctor for a routine check up? **[read list]**

- (1) within past 6 months (since August 2000)
- (2) from 6 months to 1 year ago
- (3) more than 1 year ago

32. **{for CFC}** Have you ever heard of the Healthy Families Program? [If asked about description, say "The Healthy Families Program provides low-cost health insurance for children who do not already have insurance, and whose parents have limited income."]

- (1) Yes
- (2) No
- (9) Don't Know

33. Do you have a regular source of dental care?

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

34. How long has it been since you last visited a dentist for a routine check up? **[read list]**

- (1) Within the past year
- (2) 1-2 years
- (3) 3-5 years
- (4) More than 5 years ago
- (5) Never
- (9) Don't Know

[If youngest child is age 14 or younger, ask Q 35-37; otherwise, skip to Q38]

35. **{for CFC}** How long has it been since any of your children visited a dentist for a routine check up?
[read list]
- (1) Within the past year
 - (2) 1-2 years
 - (3) 3-5 years
 - (4) More than 5 years ago
 - (5) Never
 - (9) Don't Know
36. **{for CFC}** (Has your child / Have any of your children) ever had their teeth sealed by a dentist?
[If necessary, say: "That is when a dentist applies sealant material to permanent teeth of children between the ages of 7 and 12 to help protect against cavities"]
- (1) Yes
 - (2) No
 - (8) Refused
 - (9) Don't Know
37. **{for CFC}** In the past year, have you received any information, education, or training on how to take care of your child(ren)'s teeth and gums, from a dentist, health class, or school?
- (1) Yes
 - (2) No
 - (8) Refused
 - (9) Don't Know
38. **{added from CHIS}** [INSERT IF FEMALE: "Other than during pregnancy, ...]
Has a doctor ever told you that you have diabetes or sugar diabetes?
- (1) Yes
 - (2) No **[if NO, Skip to 40]**
 - (8) Refused **[if Refused, Skip to 40]**
 - (9) Don't Know **[if Don't Know, Skip to 40]**
39. **{added from CHIS}** About how many times per day, per week, or per month do you or a family member or friend check your blood for glucose or sugar?
- _____ times per day
 - _____ times per week
 - _____ times per month
- (1) Never
 - (8) Refused
 - (9) Don't Know
40. **{added from CHIS}** Has a doctor ever told you that you have asthma?
- (1) Yes
 - (2) No **[if No, Skip to 42]**
 - (8) Refused **[if Refused, Skip to 42]**
 - (9) Don't Know **[if Don't Know, Skip to 42]**

41. **{added from CHIS}** Are you currently taking any medications to control your asthma, including an inhaler?
- (1) Yes
 - (2) No
 - (8) Refused
 - (9) Don't Know

42. Do you regularly donate blood?
- (1) Yes
 - (2) No **[if NO, ask 42.1]**
 - (8) Refused
 - (9) Don't Know

42.1 What would you say is the main reason that you do not donate blood?
(specify) _____

43. How many days a week do you spend 30 minutes or more doing some kind of physical activity such as brisk walking, going to the gym, cleaning house or gardening?
- (1) None
 - (2) 1-2 days
 - (3) 3-4 days
 - (4) 5 or more days

44. **{added from CHIS}** {IF FEMALE, ASK} Have you EVER had a mammogram?

[IF NECESSARY, SAY: "A mammogram is an x-ray taken of each breast separately by a machine that flattens or squeezes each breast."]

- (1) Yes
- (2) No
- (8) Refused
- (9) Don't Know

45. **{for tobacco control}** Do you now smoke cigarettes everyday, some days, or not at all? (same as CHIS and CDC)

- (1) Everyday
- (2) Some days
- (3) Not at all **[if Not at all, Skip to 47]**
- (8) Refused **[if Refused, Skip to 47]**

46. **{for tobacco control}** In the past 12 months, have you:

- a. Quit smoking for 1 day or longer? (same as CDC)
(1) Yes (2) No (3) Refused
- b. Attended any class or participated in any program to help you stop smoking?
(1) Yes (2) No (3) Refused

47. **{for tobacco control}** In the past 30 days has anyone, including yourself, smoked cigarettes, cigars, or pipes anywhere inside your home? (same as CDC)
- (1) Yes
 - (2) No **[if No, Skip to 49]**
 - (8) Refused **[if Refused, Skip to 49]**
 - (9) Don't Know **[if Don't Know, Skip to 49]**
48. **{for tobacco control}** Have there been any non-smokers present in your home while someone was smoking?
- (1) Yes
 - (2) No
 - (8) Refused
 - (9) Don't Know
49. **{for tobacco control}** Do you currently use any smokeless tobacco products, such as chewing tobacco or snuff?
- (1) Yes
 - (2) No
 - (8) Refused
 - (9) Don't Know
50. Do you currently smoke cigars or a pipe?
- (1) Yes
 - (2) No
 - (8) Refused
 - (9) Don't Know
51. How many servings of alcohol do you generally drink in a week?
- (1) None
 - (2) 1-2
 - (3) 3-5
 - (4) 6 or more
52. Would you say that in general, your physical health (including physical illness and injury) is:
- (1) Excellent
 - (2) Very good
 - (3) Good
 - (4) Fair
 - (5) Poor
53. Would you say that in general, your mental health (which includes stress, depression and problems with emotions) is:
- (1) Excellent
 - (2) Very good
 - (3) Good
 - (4) Fair
 - (5) Poor

54. **{added for County Health Dept.}** These next questions are about safety and firearms. All of your answers will be kept confidential. Do you have any firearms kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicles.
- (1) Yes
 - (2) No **[if No, Skip to question 57]**
 - (8) Refused **[if Refused, Skip to question 57]**
 - (9) Don't Know **[if Don't Know, Skip to question 57]**
55. **{added from CHIS}** Are any of the firearms in or around your home handguns, such as pistols or revolvers?
- (1) Yes
 - (2) No **[if No, Skip to question 57]**
 - (8) Refused **[if Refused, Skip to question 57]**
 - (9) Don't Know **[if Don't Know, Skip to question 57]**
56. **{from County Health Department}** How many of the firearms are currently stored under lock and key? **[Read List]**
- (1) All of them
 - (2) Some of them
 - (3) None of them
57. **{added }** In the past three months, how many times have you visited any outdoor recreation facility in SLO County such as a park, trail, or beach? **[Read list]**
- (1) None
 - (2) 1-2
 - (3) 3-5
 - (4) 6-10
 - (5) 11-25
 - (6) 26-50
 - (7) more than 50
58. **{added }** How many times have you visited any public library in the past three months? **[Read list]**
- (1) None
 - (2) 1-2
 - (3) 3-5
 - (4) 6-10
 - (5) 11-25
 - (6) 26-50
 - (7) 50 or more

59. **{added }** How would you rate SLO county in the following areas:

	Excellent	Very Good	Good	Fair	Poor	DK
(1) Parks & recreation opportunities	(1)	(2)	(3)	(4)	(5)	(9)
(2) Public transportation services	(1)	(2)	(3)	(4)	(5)	(9)
(3) Library services	(1)	(2)	(3)	(4)	(5)	(9)
(4) County government, including major units such as the sheriff, social services, County planning & building, Elections office, health department, assessor, tax collector, roads, and the County board of Supervisors	(1)	(2)	(3)	(4)	(5)	(9)

60. **{added }** Please indicate your level of agreement with the following statements:

“The county should spend more money to: ...”

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	DK
(1) Buy and preserve open spaces	(1)	(2)	(3)	(4)	(5)	(6)
(2) Construct public recreation facilities	(1)	(2)	(3)	(4)	(5)	(6)
(3) Expand library services, including extending the hours they are open	(1)	(2)	(3)	(4)	(5)	(6)

61. Generally speaking, what one thing contributes most to your quality of life in San Luis Obispo County? (What do you like about San Luis Obispo County?)

62. Generally speaking, what one thing do you think takes away most from your quality of life? (What don't you like about San Luis Obispo County?)

Demographics

63. Finally, we have a few questions just for confidential classification purposes. How long have you lived in San Luis Obispo County? **[Read choices and select one]**

- (1) less than 1 year
- (2) 1 to 4 years
- (3) 5 to 10 years
- (4) 11 to 20 years
- (5) 21 years or more
- (6) 60 to 64 years
- (7) 65 to 69 years
- (8) Refused
- (9) Don't Know

64. Which of the following age groups are you in? **[Read list and circle one response] {response ranges changed from 1999}**

- (1) 18 to 24 years
- (2) 25 to 34 years
- (3) 35 to 44 years
- (4) 45 to 54 years
- (5) 55 to 59 years
- (6) 60 to 64 years
- (7) 65 to 69 years
- (8) 70 to 79 years
- (9) 80 years and over
- (88) Refused

65. **[For those age 55 or older]** Please tell me if each of the following items is a "Major Problem," a "Minor Problem," or "Not a Problem" for you personally:

- | | | | |
|---|-----------|-----------|-------------------|
| (01) Housing | (1) Major | (2) Minor | (9) Not a Problem |
| (02) Transportation | (1) Major | (2) Minor | (9) Not a Problem |
| (03) Loneliness | (1) Major | (2) Minor | (9) Not a Problem |
| (04) Not Having Enough Money | (1) Major | (2) Minor | (9) Not a Problem |
| (05) Taking Care of Yourself Physically | (1) Major | (2) Minor | (9) Not a Problem |
| (06) Getting Prescription Drugs | (1) Major | (2) Minor | (9) Not a Problem |
| (07) Dental Care | (1) Major | (2) Minor | (9) Not a Problem |
| (08) Eating Nutritious Food | (1) Major | (2) Minor | (9) Not a Problem |
| (09) In-home Care | (1) Major | (2) Minor | (9) Not a Problem |

66. Which of the following best describes your ethnic group?

- | | |
|----------------------|--------------------------|
| (1) Caucasian | (5) Asian |
| (2) Latino | (6) Multi-racial |
| (3) Native American | (7) Other (specify)_____ |
| (4) African American | (8) Refused |

67. How many wage earners (18 and over) live in your household?

- (1) one
- (2) two
- (3) three
- (4) four
- (5) five
- (6) over 5
- (8) Refused

68. Which income range best describes your household income? **[Read list and circle one response]**

- (01) Less than \$15,000 per year
- (02) \$15,000 - \$25,000 per year
- (03) \$25,000 - \$35,000 per year
- (04) \$35,000 - \$45,000 per year
- (05) \$45,000 - \$65,000 per year
- (06) \$65,000 - \$80,000 per year
- (07) \$80,000 - \$100,00 per year
- (08) \$100,00- \$125,000 per year
- (09) \$125,000- \$150,000 per year
- (10) Over \$150,000 per year
- (88) Refused

69. **{added}** Excluding Social Security retirement checks, are you or is anyone in your household now receiving regular payments or benefits from any government program? This would include programs such as Medicare, food stamps, and rent subsidies as well as others.

- (1) Yes **[If Yes, ask 69.1]**
- (2) No
- (8) Refused
- (9) Don't Know

69.1 What program or programs would that be?

[Don't prompt unless asked; select all that apply]

- (01) Medicare
- (02) Medical
- (03) CalWORKS, Temporary Assistance for Needy Families (TANF) **(was AFDC)**
- (04) Food stamps
- (05) Social Security retirement payments
- (06) Social Security survivors payments (payments to family members when a worker dies)
- (07) Social Security disability payments (for adult or child with a disability)
- (07) General Assistance
- (08) Section 8 Housing, rent assistance
- (09) Women Infants and Children (WIC)
- (10) Other (write in) _____

70. What is your highest level of education? **[Read list and circle one response {prompt added}]**

- (1) No formal education
- (2) Elementary School
- (3) Junior High School
- (4) High School
- (5) Vocational/Trade School
- (6) Community College / Junior College
- (7) Four-year College
- (8) Graduate School

71. Do you own or rent your primary residence?

- (1) Own
- (2) Rent

72. What is your employment status? **[Read list and circle up to two responses]**

- (1) Employed full-time
- (2) Employed part -time
- (3) Unemployed
- (4) Self-employed
- (5) Retired
- (6) Student
- (7) Homemaker
- (8) Disabled

73. What is the zip code where you live? _____

Closing script: Thank you for taking the time to talk with me today.

74. Language:

- (1) English
- (2) Spanish

J2 Community Survey

ACTION for Healthy Communities

San Luis Obispo schools, hospitals, government and other local organizations are conducting a survey of the quality of life in San Luis Obispo County. Your opinions are crucial to help develop plans for the community during the next few years. Please take a few minutes to give us your opinions. **ONLY ADULT RESIDENTS OF SAN LUIS OBISPO COUNTY SHOULD COMPLETE THIS SURVEY PLEASE.**

1. **How concerned are you about the following issues in your community? For each one, please circle one answer: "Very" "Somewhat" or "Not at All" concerned.**

- | | | | |
|------------------------------------|----------|--------------|----------------|
| (01) Traffic congestion | (1) Very | (2) Somewhat | (9) Not at all |
| (02) Drug, tobacco & alcohol abuse | (1) Very | (2) Somewhat | (9) Not at all |
| (03) Family violence | (1) Very | (2) Somewhat | (9) Not at all |
| (04) Child abuse | (1) Very | (2) Somewhat | (9) Not at all |
| (05) Senior abuse | (1) Very | (2) Somewhat | (9) Not at all |
| (06) Racism | (1) Very | (2) Somewhat | (9) Not at all |
| (07) Crime | (1) Very | (2) Somewhat | (9) Not at all |
| (08) Homelessness | (1) Very | (2) Somewhat | (9) Not at all |
| (09) Employment opportunities | (1) Very | (2) Somewhat | (9) Not at all |
| (10) Gangs | (1) Very | (2) Somewhat | (9) Not at all |
| (11) Housing costs | (1) Very | (2) Somewhat | (9) Not at all |
| (12) Building in open space | (1) Very | (2) Somewhat | (9) Not at all |
| (13) Loss of wildlife habitat | (1) Very | (2) Somewhat | (9) Not at all |
| (14) Water quality | (1) Very | (2) Somewhat | (9) Not at all |
| (15) Air pollution | (1) Very | (2) Somewhat | (9) Not at all |

2. **How safe would you say you feel in your neighborhood?**

- (1) Very safe
- (2) Somewhat safe
- (3) Not at all safe

3. **Do you feel you are better off this year than last year economically?**

- (1) Yes
- (2) No
- (3) About the same

4. **In any given month, do you have to go without basic needs such as food, clothing, childcare, housing or health care?**

- (1) Yes **[If Yes, Answer question 4.1]**
- (2) No **[If No, skip to question 5]**

4.1 **If yes, what do you go without? (check all that apply)**

- | | | |
|--------------------|---------------------|---------------------------|
| (1) Food _____ | (3) Childcare _____ | (5) Health Care _____ |
| (2) Clothing _____ | (4) Housing _____ | (6) Other (specify) _____ |

5. Have you felt discriminated against in San Luis Obispo County in the last twelve months?

- (1) Yes [If YES, Answer question 5.1]
- (2) No [If NO, Skip to question 6]

5.1 For what reason?

- (1) Ethnicity / race
- (2) Gender
- (3) Age
- (4) Language
- (5) Sexual orientation
- (6) Income
- (7) Disability
- (8) Other [please specify]_____

6. Have you or a member of your household needed health care in the past year and been unable to receive it because you could not afford it?

- (1) Yes
- (2) No

7. Have you ever felt the need to talk to a mental health professional but have not had the money or insurance to do so?

- (1) Yes
- (2) No

8. Do you have health insurance?

- (1) Yes
- (2) No [If NO, why not? please specify]_____

9. Do you have a regular source of primary health care?

- (1) Yes
- (2) No
- (9) Don't Know

10. Would you say that in general, your physical health (including physical illness and injury) is:

- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

11. **Do you have a permanent physical or mental impairment that substantially limits a major life activity?**
 - (1) Yes
 - (2) No

12. **Are you currently homeless?**
 - (1) Yes
 - (2) No

13. **Which of the following best describes you?**
 - (1) Working full time (35 hours a week or more)
 - (2) Working part time
 - (3) Looking for work
 - (4) Homemaker
 - (5) Retired
 - (6) Student
 - (7) Unable to work because of a disability

14. **Are you a single parent?**
 - (1) Yes
 - (2) No

15. **Is one third or more of your income used to pay for housing, including utilities, such as gas and electricity?**
 - (1) Yes
 - (2) No

16. **Is there a working telephone where you live?**
 - (1) Yes
 - (2) No
 - (8) Don't Know

17. **Do you have any firearms kept in or around your home? Include those kept in a garage, outdoor storage area, car, truck, or other motor vehicles. (Answers will be kept confidential)**
 - (1) Yes
 - (2) No
 - (8) Don't Know

18. **Including yourself, how many people live in your household?**
 - (1) one
 - (2) two
 - (3) three
 - (4) four
 - (5) five
 - (6) six
 - (7) seven or more

19. **Excluding Social Security retirement checks, are you or is anyone in your household now receiving regular payments or benefits from any government program? This would include programs such as Medicare, food stamps, and rent subsidies as well as others.**

- (1) Yes
- (2) No
- (9) Don't Know

If yes, what program(s) would that be? _____

20. **Which of the following age groups are you in? [circle one response]**

- (1) 18 to 24 years
- (2) 25 to 34 years
- (3) 35 to 44 years
- (4) 45 to 54 years
- (5) 55 to 59 years
- (6) 60 to 64 years
- (7) 65 to 69 years
- (8) 70 to 79 years
- (9) 80 years and over

21. **Which income range best describes your household income? [circle one response]**

- (01) Less than \$15,000 per year
- (02) \$15,000 - \$25,000 per year
- (03) \$25,000 - \$35,000 per year
- (04) \$35,000 - \$45,000 per year
- (05) \$45,000 - \$65,000 per year
- (06) \$65,000 - \$80,000 per year
- (07) \$80,000 - \$100,00 per year
- (08) \$100,000- \$125,000 per year
- (09) \$125,000- \$150,000 per year
- (10) Over \$150,000 per year

22. **Which of the following best describes your ethnic group?**

- | | |
|----------------------|--------------------------|
| (1) Caucasian/White | (5) Asian |
| (2) Latino | (6) Multi-racial |
| (3) Native American | (7) Other (specify)_____ |
| (4) African American | |

23. **What is the zip code where you live?** _____