

1. How would you rate your overall health?

- Excellent
- Very Good
- Good
- Fair
- Poor

2. Overall, how would you rate the health status of Somerset County?

- Excellent
- Very Good
- Good
- Fair
- Poor

3. Do you have a primary health care provider?

- Yes
- No
- Don't Know

4. In the past year, has cost prevented you from receiving a recommended medical service?

- Yes
- No
- Don't Know

5. In the past year, has transportation prevented you from receiving a recommended medical service?

- Yes
- No
- Don't Know

6. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's or government plans such as Medicare or Medicaid (Medical Assistance)?

- Yes
- No
- Don't Know

7. Is the cost of your deductible affordable? A deductible is a specific dollar amount that your health insurance company may require that you pay out-of-pocket each year before your health insurance plan begins to make payments for claims.

- Yes
- No
- Don't Know

8. Do you have a high deductible health plan?

- Yes
- No
- Don't Know

9. Is the cost of your monthly premiums affordable? A monthly premium is the total amount paid to the insurance company for health insurance coverage.

- Yes
- No
- Don't Know

10. Is the cost of your copays affordable? A copay is a specific charge that your health insurance plan may require that you pay for a specific medical service or supply.

- Yes
- No
- Don't Know

11. How often do you engage in the following activities?

	Always	Sometimes	Rarely	Never
Participate in any physical activity or exercise for 30 minutes per day, outside of your regular job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eat at least 5 servings of fruits and vegetables per day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep for 7-8 hours per night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Wear a seatbelt when you are traveling in a vehicle, either as a driver or passenger	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke Cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use chewing tobacco, snuff, or snus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Binge drink alcoholic beverages (defined as 5 or more drinks for males and 4 or more drinks for females per day)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use illegal drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Text while driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Have you ever been told by a doctor, nurse, or other health care professional that you have any of the following conditions?

	Yes	No	Don't Know
Diabetes/Pre-Diabetes/Gestational Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Blood Pressure/Hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High Cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD (Chronic Obstructive Pulmonary Disease)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overweight/Obesity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. Do you receive the following tests/screenings/examinations on a recommended basis?

	Yes	No	Don't Know	N/A
Blood Pressure (All adults over the age of 18 should have blood pressure checked at least once every 2 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cholesterol (All adults over the age of 20 should have cholesterol checked at least once every 5 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Colorectal Cancer (All adults should be screened beginning at age 50, either by visualization such as colonoscopy, stool based testing or serology tests)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blood Glucose (All adults over the age of 45 should have glucose checked once every 3 years)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Examination (At least once per year)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PAP Smear (Women only, once every 3 years starting at the age of 21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mammogram (Women only, once per year starting at the age of 40)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PSA-prostate specific antigen test (Men only, beginning at age 50 if at average risk)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Demographic Information

14. What is the zip code where you currently live?

15. How many children under 18 live in your household?

16. Do you have access to affordable childcare?

- Yes
- No
- Don't Know
- Not Applicable

17. How many people currently live in your household?

18. Does the place where you are currently residing have the following in working order?

	Yes	No	Don't Know	N/A
Electricity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Running Water	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flush Toilet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heating System	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. What is your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75 and older

20. Which race/ethnicity best describes you? (Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic
- White / Caucasian
- Multiple ethnicity / Other (please specify)

21. What is your gender?

- Male
- Female
- Prefer not to answer
- Prefer to specify

22. What is your marital status?

- Single, never married
- Married
- Divorced
- Widowed
- Separated
- Member of an unmarried couple

23. Which of the following categories best describes your employment status?

- Employed, working full-time
- Employed, working part-time
- Not employed, looking for work
- Not employed, NOT looking for work
- Student
- Retired
- Disabled, not able to work

24. What is the highest level of school you have completed or the highest degree you have received?

- Less than high school degree
- High school degree or equivalent (e.g., GED)
- Some college/Technical school
- Associate degree
- Bachelor degree
- Graduate degree

25. Are you a veteran?

- Yes
- No

26. What is your approximate average household income?

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000-\$149,999
- \$150,000-\$174,999
- \$175,000-\$199,999
- \$200,000 and up
- Prefer not to answer

If you would like to have your name entered into a drawing for a \$25 Walmart gift card, please provide the following information. If you prefer to provide this information independently from your survey, please email corporatecommunications@somersethospital.com. Otherwise, you may leave the information blank.

27. Please provide your contact information.

**Name and Telephone
Number**

Thank you for taking the time to complete our Community Survey.