



Your opinion is important! Please complete the survey below. It will take approximately 10 to 15 minutes. The purpose of this survey is to get your opinions about community health issues and concerns in Mendocino County. Healthy Mendocino will use the results of this survey and other information to identify the most important problems that can be addressed through community action.

If you have already completed this survey, please don't fill out another one. Thank you and if you have any questions, please contact us (*see contact information on the last page*).

Choose a number from the options on the right to fill in the blank spaces

1. How would you rate Mendocino County as a healthy community to live in? _____
2. How would you rate your own personal health? _____
3. How would you rate Mendocino County as a safe place to grow up or raise children? _____

1	2	3	4	5
Very Unsafe	Unsafe	Somewhat Safe	Safe	Very Safe

Question 1 & 2 Options:

1. Very unhealthy
2. Unhealthy
3. Somewhat Healthy
4. Healthy
5. Very Healthy

For the following questions, please circle the number to the left of your answer.

4. In the list below, what do you think are the three most important factors that make this county a good place to live?

Circle only 3 numbers of the 17 below:

1. Community involvement	7. Strong family life	13. Healthy behaviors and lifestyles
2. Low crime/safe neighborhoods	8. Clean environment	14. Low death and disease rates
3. Low level of child abuse	9. Affordable housing	15. Religious or spiritual values
4. Good schools	10. Acceptance of diversity	16. Arts and cultural events
5. Access to health care	11. Nature/Environment	17. Other: _____
6. Parks and recreation	12. Good jobs and healthy economy	

5. In the list below, what do you think are the three most important health issues in Mendocino County? (The most important health issues are those problems that you feel have the greatest impact on overall community health in Mendocino County)

Circle only 3 numbers of the 27 below:

1. Motor vehicle crashes	11. Water quality / Water conservation	22. Agricultural pesticides
2. Violence (e.g., gangs, firearm-related injuries)	12. Hunger	23. Chronic diseases (e.g., obesity, hypertension, diabetes, etc.)
3. Domestic violence	13. Health food access / Poor diet	24. Infectious Diseases (e.g., hepatitis, TB, etc.)
4. Mental health issues	14. Inactivity / Lack of exercise	25. Aging health issues (e.g., arthritis, hearing loss, isolation, etc.)
5. Sexually transmitted diseases (e.g., HIV, HPV)	15. Unsafe roads / sidewalk conditions	26. Oral health access
6. Teenage pregnancy	16. Homelessness	27. Cancer risk
7. Child abuse / Child Neglect	17. Economic Issues	28. Other: _____
8. Childhood obesity	18. Tobacco use	
9. Lack of access to health care	19. Marijuana use	
10. Suicide	20. Alcohol and drug abuse	
	21. Air quality	

6. **Have you or anyone in your immediate family been living with any of the following chronic conditions/ illnesses?**

Circle **all** that apply:

1. None	8. Mental Health
2. Diabetes	9. Alcohol or Drug Dependency
3. Cancer	10. High Blood Pressure
4. Heart Disease	11. Arthritis
5. Lung Disease/ Asthma	12. Hearing/Vision Loss
6. HIV/AIDS	13. Chronic Pain
7. Dementia	14. Other: _____

7. **Where do you go most often to access health care services for yourself and your family?**

Circle only **one** that best applies:

1. Mendocino County hospitals	7. Mobile health vans
2. Mendocino County emergency rooms	8. Alcohol or drug dependency programs
3. Mendocino County Health and Human Services Agency	9. Community-based organizations (i.e., Cancer Resource Center, MCAVHN, Redwood Community Services, etc.)
4. Clinics / health centers in Mendocino County	10. Alternative Medicine Centers
5. Tribal health centers	11. Out of Mendocino County, in / near: _____
6. Doctor's offices	12. Other: _____

8. **Within the past year, what types of mental health services did you or anyone in your family use?**

Circle **all** that apply:

1. None	6. Mental Health services outside of Mendocino County. Where received? _____
2. Crisis Care / ER	7. Needed services, but did not use because: _____
3. Hospitalization	_____
4. Residential treatment	_____
5. Counseling / Therapy	_____

9. **Within the past year, what types of dental health services did you or anyone in your family use?**

Circle **all** that apply:

1. None	6. Oral Health services outside of Mendocino County. Where received? _____
2. Clinics	7. Needed services, but did not use because: _____
3. Tribal health centers	_____
4. Private practice	_____
5. Training schools	_____

10. **If you needed health care services in the past year, were you able to get these services in Mendocino County?**

Circle only **one** that best applies:

1. Yes	3. I was able to get some services in Mendocino County, but not all the services that I needed.
2. No	4. I did not need any health care services.

11. **What are the barriers to accessing health care services in Mendocino County?**

On a scale of 1 to 3, with 1 being the most impactful: Please rank your **top 3** choices that best applies:

<input type="checkbox"/> Lack of transportation	<input type="checkbox"/> Lack of health insurance
<input type="checkbox"/> Hours of services are not convenient	<input type="checkbox"/> Lack of providers accepting Medicare or Medi-Cal
(I prefer: _____)	<input type="checkbox"/> Too expensive
<input type="checkbox"/> There are no providers here for the services I need.	<input type="checkbox"/> None
<input type="checkbox"/> My insurance only covers medical services in another county.	<input type="checkbox"/> Other: _____

12. **How do you pay for your health care?**

Circle **all** that apply:

1. No insurance (out of pocket)	5. Medicare
2. Out of pocket with health insurance	6. Medicare Supplemental Insurance
3. Health Insurance by employer (e.g., private insurance, Blue Shield, HMO, Covered California, etc.)	7. Veterans Benefits
4. Medi-Cal	8. Indian Health Services
	9. Other: _____

13. **Within the past year, what types of social service benefits did you or anyone in your family receive?**

Circle **all** that apply:

1. None	7. Child welfare services	13. Social Security
2. Food stamps (SNAP)	8. In-Home Supportive Services	14. Other: _____
3. TANF (Cash Aid)	9. Hospice / Respite care	_____
4. Unemployment services	10. Legal Aid	_____
5. Housing Assistance	11. Social Security disability income	
6. WIC	12. Subsidized child care	

14. **What are the other types of social services that you or your family need?**

Circle only **one** that best applies:

1. None
2. Other: _____

15. **Does stress have a negative impact on your quality of life?**

Circle only **one** that best applies:

1	2	3	4	5
Never	A little	Sometime	Most of the time	All the time

16. In which type of housing do you currently live?

Circle only **one** that best applies:

1. Apartment	5. Single-family house
2. Condominium	6. Farm labor housing
3. Duplex	7. No stable housing
4. Mobile home	8. Other: _____

17. From the question above, do you:

Circle only **one** number that best applies:

1. Rent	4. Live with others who rent/own
2. Own with a mortgage or loan	5. Occupied without payment of rent
3. Own without a mortgage or loan	

18. Are you satisfied with your housing situation?

Yes No

If no, why not? Circle **all** numbers that apply:

1. Too small	4. Too run down
2. Too many people living in the same home (e.g., overcrowded)	5. Too expensive
3. Problems with other people	6. Too far from town/services
	7. Other: _____

19. In Mendocino County, the place where I go for recreation and/or social interaction most often are:

Circle up to **3** numbers of the 20 below:

1. Parks	7. Bowling alley	14. Homes of friends and family
2. Movie theaters	8. Swimming pools	15. Library
3. Live theater / performances	9. Health / fitness clubs	16. Neighborhood (walking / biking)
4. Social club / Service Club	10. Dance halls	17. Restaurants
5. Rivers / lakes / beaches / woods	11. Centers for yoga, tai-chi, etc.	18. In-home exercise room
6. Sports fields	12. Church	19. Volunteer
	13. Senior Center	20. Other: _____

20. Recreation activities that I would use if they were available in Mendocino County are:

21. Approximately how many hours per month do you participate in community activities such as volunteering in schools, hospitals, senior centers, volunteer organizations and churches?

Circle only **one** number that best applies:

1	2	3	4
None	1 to 5 hours	6 to 10 hours	Over 10 hours

22. I would spend more time participating in community activities if:

Circle only **one** number that best applies:

6. I had more time	9. It was impactful
7. I had free childcare	10. I had more information
8. I was retired	11. Other: _____

23. Are you currently employed?

Circle only **one** number that best applies:

1	2	3	4
Not employed	Self-employed	Employed part-time (8-30 hours a week)	Employed full-time (more than 30 hours a week)

24. If not working, what is the main reason you are not working?

Circle only **one** number that best applies:

1. Medically ill or disabled	9. Lack of legal documentation to work
2. Cannot find work	10. Lack of stable transportation to job site
3. Retired	11. Need training / re-training:
4. Student	<i>In what?</i> _____
5. Housing	<i>(e.g., English language, reading and writing, math, computers, etc.)</i>
6. Unstable Phone/ no phone	12. Other: _____
7. Taking care of family	_____
8. Available jobs do not pay enough	_____

25. If you are working, do you earn enough to meet your and your family's financial needs? Yes No
 If no, why not? What do you think are the barriers?

On a scale of 1 to 3, with 1 being the most impactful: Please rank your top 3 choices that best apply:

1. Cost of housing _____	9. Lack of jobs for adults _____
2. Cost of cell phone & internet _____	10. Lack of jobs for seniors _____
3. Cost of food _____	11. Lack of jobs for youth (age 16-25) _____
4. Cost of utilities _____	12. Lack of transportation _____
5. Cost of transportation _____	13. Lack of jobs in your industry (specify) _____
6. Cost of healthcare _____	_____
7. Cost of childcare _____	14. Other: _____
8. Cost of debt (e.g., credit card, student loans, etc.) _____	_____

26. What do you think is a livable wage in Mendocino County? Per working adult.

\$ _____ Salary per year (e.g., \$20,000) \$ _____ Wage per hour (e.g., \$10)

Please answer the following questions about yourself so we can see how different types of people feel about these local health issues.
(This section is optional.)

27. What is the number of people in your household? _____
(Household means the number of family and non-family members living in the same house together)
28. What is your gender?
Circle one:
1. Male
 2. Female
 3. Transgender male (assigned female at birth, identifies as male)
 4. Transgender female (assigned male at birth, identifies as female)
 5. If your identity is not listed above, please self-identify: _____
29. What is your marital status?
Circle one:
1. Married
 2. Divorced
 3. Single
 4. Widowed
 5. Separated
30. What is your age?
Circle one:
1. Under 18 years
 2. 18 to 25 years
 3. 26 to 39 years
 4. 40 to 54 years
 5. 55 to 64 years
 6. 65 to 80 years
 7. Over 80 years
31. How do you identify your sexual orientation?
Circle one:
1. Heterosexual
 2. LGBTQ+
 3. Other: _____
32. Race group(s) you most identify with:
Circle all that apply:
1. White
 2. Black/ African American
 3. Asian
 4. Native Hawaiian and Pacific Islander
 5. Two or More Races
 6. American Indian and Alaska Native:

 7. Other: _____
33. Ethnic origin you most identify with:
Circle one:
1. Hispanic or Latino
 2. Non-Hispanic or Latino
34. What languages do you speak in your home?
Circle all that apply:
1. Chinese
 2. English
 3. French
 4. German
 5. Italian
 6. Korean
 7. Russian
 8. Spanish
 9. Tagalog
 10. Vietnamese
 11. Other: _____
35. How well do you speak English?
Circle one:
1. Very well
 2. Well
 3. Not well
 4. Not at all
36. How well are you able to read and write English?
Circle one:
1. Very well
 2. Well
 3. Not well
 4. Not at all
37. Your highest education level:
Circle one:
1. Less than High School graduate
 2. High School Diploma
 3. GED
 4. Some college
 5. Vocational/trade school
 6. College degree
 7. Graduate or professional degree or higher
38. In what ZIP code is your home located? _____
(Enter 5 –digit Zip Code; for example, 00544 or 94305)
39. In what ZIP code is your job located? _____
(Enter 5 –digit Zip Code; for example, 00544 or 94305)

40. Which of the following best describe your current occupation?

1. Agriculture, forestry, fishing and hunting, and mining
2. Construction
3. Manufacturing
4. Wholesale trade
5. Retail trade
6. Transportation and warehousing, and utilities
7. Information and media
8. Finance and insurances, real estate, and rental and leasing
9. Professional, scientific, management and administrative
10. Educational services, health care and social assistance

11. Art, design, entertainment, accommodation and food services
12. Technology
13. Public administration
14. Other: _____

41. Annual Household Income:

Circle one:

1. \$0 - \$11,769
2. \$11,770 - \$15,929
3. \$15,930 - \$20,089
4. \$20,090 - \$24,249
5. \$24,250 - \$49,999
6. \$50,000 - \$99,999
7. \$100,000 - \$149,999
8. \$150,000 or more

Thank you very much for your response!

If you would like more information about this project, please contact us at the telephone/email below.

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Participating Sponsors:

Mendocino County Health and Human Services Agency, North Coast Opportunities, Alliance for Rural Community Health, Ukiah Valley Medical Center, Frank R Howard Hospital County, and Redwood Quality Management Company