Sheboygan County 2026 Community Health Needs Assessment
Community Input Survey Report

A summary of community voice

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This report was prepared by staff from the Sheboygan County Division of Public Health. The information contained within was provided by Sheboygan County residents during the Winter and Spring of 2026. If there are any questions regarding the content of this report, please reach out via email to **hsc@sheboygancounty.com**

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Introduction

Every three years, Healthy Sheboygan County, a community-based initiative seeking to make positive changes in the health status of Sheboygan County residents, partners with local hospital systems and non-governmental organizations to assess the community's health needs. This report is one of several summaries that illustrate the information gathered during the Community Health Needs Assessment (CHNA) process. The Community Input Survey (CIS) report includes opinions and perspectives directly from those who live and/or work in Sheboygan County. While other data collection efforts focus on qualitative data collection and analysis, random sampling, and secondary data analysis, this report seeks to incorporate information from community residents who represent a diverse array of ages, genders, races, ethnicities, income levels, and geographic characteristics. Though Healthy Sheboygan County facilitated the process of data collection and report creation, the following partner organizations collaborated on marketing the survey: Advocate-Aurora Health Care, Hospital Sisters Health System - St. Nicholas Hospital, Noble Community Clinics, Froedtert Health, Sheboygan County Health & Human Services - Division of Public Health, United Way of Sheboygan County, and many more not listed or mentioned.

Methods

Towards the end of 2025, the organizations mentioned in the previous section convened to discuss which information would be most useful for guiding the general health of Sheboygan County residents. Participating organizations determined that questions aimed at addressing the social determinants of health would provide a beneficial lens for eliciting community feedback. According to the U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion, "Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks". These determinants can be grouped into five domains: Economic stability, Education access and quality, Health care access and quality, Neighborhood and built environment, and Social & community context. With these domains in mind, the Community Input Survey was created to reach out to the community and understand how their relationships to the social determinants of health impact their wellbeing in Sheboygan County.

Between mid-January and April of 2026, 1,541 individuals completed the survey electronically. Sheboygan County Health & Human Services - Division of Public Health staff attended community events and partnered with community organizations to bring the survey to the community, reducing barriers to language, literacy, and internet access. Several surveys were completed in Spanish and

Hmong, and the responses had to be translated. Once all surveys were aggregated, a small data group met to discuss the parameters needed to standardize participants' responses. Information regarding the data cleaning process can be found in Appendix B. Once responses were standardized, the data were analyzed and formatted into the following report, including a demographic profile and a general response profile.

Limitations

Several limitations accompany the information in this report and should be considered when making generalizations. First, results are subject to certain biases; not all Sheboygan County residents were equally likely to have taken the survey. Respondents are more likely to be interested in providing feedback, have access to the internet, and be literate. Another limitation of the data is that the sample was not adjusted/weighted prior to analysis. In many instances, subgroups, such as people living in rural areas, were too small for statistical analyses, so these analyses are not included in this report. Most questions encouraged respondents to provide predetermined responses (‘Yes’, ‘No’, ‘Not Sure’, etc.), so participant experiences or characteristics may not have been captured precisely. It is also important to note that individuals may have taken the survey more than once, as no identifying information was collected to prevent multiple submissions from the same individual. Note that some percentages may not add up to 100% due to rounding, recoding, and response category distributions.

Demographic Profile

Variable	Categories	CIS - N (%)	ShebCo. - N(%)
Gender			
	Man	396 (25.70%)	59,777 (50.50%)
	Woman	1,021 (66.26%)	58,554 (49.50%)
	Other Gender	89 (5.78%)	–
	Prefer not to answer	34 (2.21%)	–
Age			
	18 - 29	179 (11.62%)	16,134 (13.63%)
	30 - 34	155 (10.06%)	8,260 (6.98%)
	35 - 44	261 (16.94%)	14,386 (12.16%)
	45 - 54	201 (13.05%)	14,008 (11.84%)
	55 - 64	214 (13.89%)	16,562 (14.00%)
	65 - 74	290 (18.82%)	14,562 (12.31%)
	75 - 84	132 (8.57%)	7,187 (6.07%)
	85+	9 (0.59%)	2,476 (2.09%)
	Missing	100 (6.49%)	–
Race and Ethnicity			
	American Indian Alaska Native, alone	21 (1.36%)	87 (0.07%)
	Asian or Asian American, alone	90 (5.84%)	6,625 (5.60%)
	Black or African American, alone	71 (4.60%)	2,783 (2.35%)
	Hispanic/Latino, alone	97 (6.29%)	9,748 (8.24%)
	Middle Eastern or North African, alone	2 (0.13%)	–
	Native Hawaiian or other Pacific Islander, alone	3 (0.19%)	373 (0.32%)

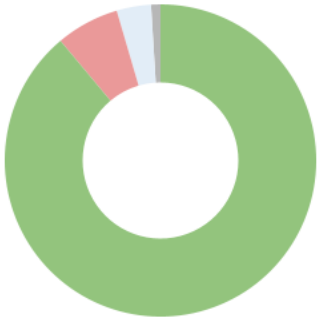
Variable	Categories	CIS - N (%)		ShebCo. - N(%)
	Some Other Race, alone	11 (0.71%)		404 (0.34%)
	Two or More Races, alone	40 (2.59%)		4,262 (3.60%)
	White or Caucasian, alone	1,162 (75.36%)		94,089 (79.49%)
	Prefer not to answer	43 (2.79%)		–
	Missing	2 (0.13%)		–
Household Income				
	Less than $10,000	78 (5.06%)	462 (36.07%)	16,872 (33.66%)
	$10,000 to $14,999	44 (2.86%)		
	$15,000 to $24,999	91 (5.91%)		
	$25,000 to $34,999	96 (6.23%)		
	$35,000 to $49,9999	153 (9.93%)		
	$50,000 to $74,999	264 (17.13%)	488 (38.10%)	15,892 (31.71%)
	$75,000 to $99,999	224 (14.54%)		
	$100,000 to $149,999	243 (15.77%)	331 (25.84%)	14,608 (29.15%)
	$150,000 to $199,999	88 (5.71%)		
	$200,000 or more	60 (3.89%)		2,746 (5.48%)
	Not sure	36 (2.34%)		–
	Prefer not to answer	164 (10.64%)		–
Zip Codes				
	Adell (53001)	38 (2.47%)		1,766 (1.49%)
	Cascade (53011)	29 (1.88%)		2,176 (1.83%)
	Cedar Grove (53013)	32 (2.08%)		3,717 (3.13%)
	Elkhart Lake (53020)	43 (2.79%)		3,413 (2.88%)
	Glenbeulah (53023)	36 (2.34%)		1,293 (1.09%)
	Greenbush (53026)	14 (0.91%)		–
	Hingham (53031)	18 (1.17%)		105 (0.09%)
	Kohler (53044)	31 (2.01%)		2,926 (2.47%)

Variable	Categories	CIS - N (%)	ShebCo. - N(%)
	Oostburg (53070)	59 (3.83%)	4,951 (4.17%)
	Plymouth (53073)	141 (9.15%)	16,136 (13.60%)
	Random Lake (53075)	14 (0.91%)	3,402 (2.87%)
	Sheboygan (53081)	575 (37.31%)	43,381 (36.55%)
	PO Boxes in Sheboygan (53082)	6 (0.39%)	–
	Sheboygan/Howards Grove (53083)	290 (18.82%)	21,579 (18.18%)
	Sheboygan Falls (53085)	129 (8.37%)	11,695 (9.85%)
	Waldo (53093)	22 (1.43%)	2,135 (1.80%)
	Commuters (All other non Sheb Co. Zips)	64 (4.15%)	–

General Mental Health

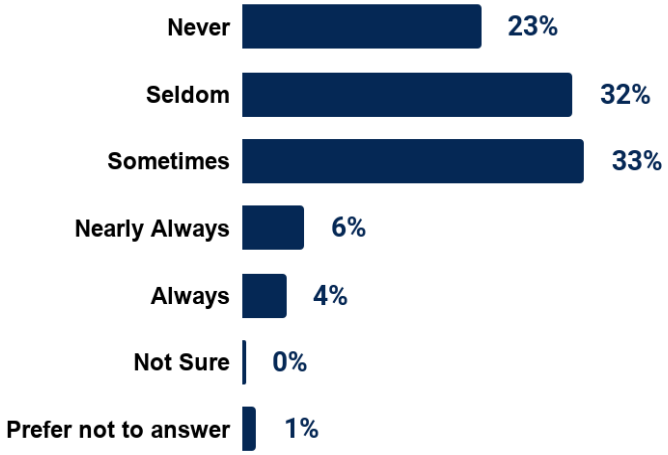
Do you have people in your life that make you feel supported or that you can reach out to in times of need?

Response	N (%)
Yes	1,369 (89%)
No	102 (7%)
Not sure	55 (4%)
Prefer not to answer	15 (1%)



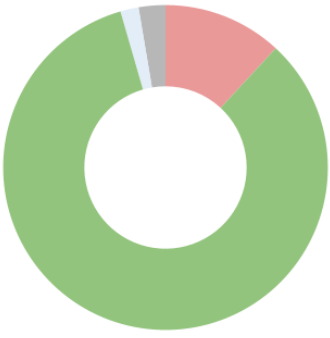
During the past 30 days, about how often would you say you felt sad, blue, or depressed?

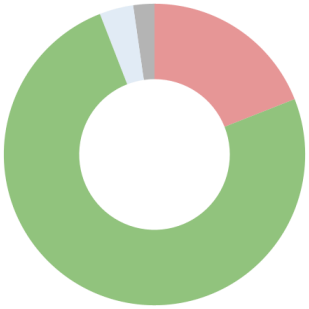
Response	N (%)
Never	354 (23%)
Seldom	491 (32%)
Sometimes	509 (33%)
Nearly Always	93 (6%)
Always	66 (4%)
Not sure	6 (<1%)
Prefer not to answer	22 (1%)



In the past 12 months have you ever felt so overwhelmed that you considered suicide?

Response	N (%)
Yes	184 (12%)
No	1,288 (84%)
Not sure	28 (2%)
Prefer not to answer	41 (3%)



Was there a time during the last 12 months that you or someone in your household did not get the mental health care needed?		
Response	**N (%)**	
Yes	293 (19%)	
No	1,157 (75%)	
Not sure	56 (4%)	
Prefer not to answer	35 (2%)	

What are the top reason(s) that you or someone in your household did not receive the mental health care needed?	
Response	**N (%)**
Cost/Finances	142 (48%)
Wait is too long	100 (34%)
Office/service/program has limited access or is closed	69 (24%)
Can’t take off work for an appointment	60 (20%)
Lack of transportation	56 (19%)
No doctor nearby	55 (19%)
Did not feel cared for, respected, or understood	54 (18%)
Lack of trust in healthcare services and/or providers	51 (17%)
No insurance	49 (17%)
Insurance not accepted	45 (15%)
Previous negative experience receiving care or services	44 (15%)

What are the top reason(s) that you or someone in your household did not receive the mental health care needed?	
Language barrier	14 (5%)
Cultural/religious reasons	12 (4%)
Prefer not to answer	11 (4%)
Other	7 (2%)

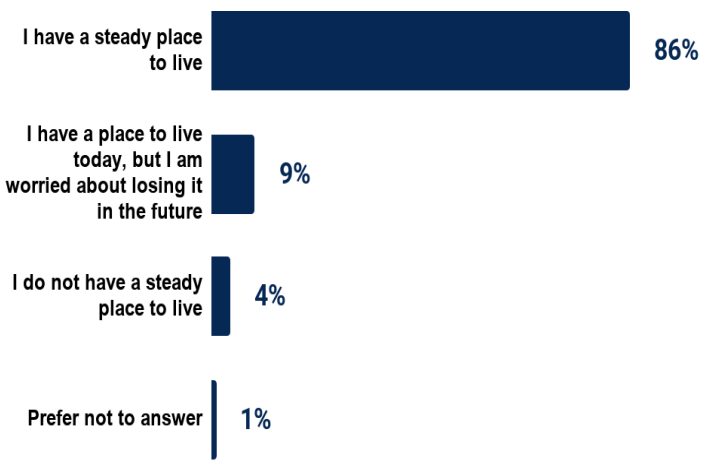
Social Determinants of Health

SDoH Statement	Response	N (%)	
Childcare (daycare/preschool) resources are **affordable** for those who need them.	Yes	293 (19%)	
	No	624 (41%)	
	Not sure	553 (36%)	
	Prefer not to answer	71 (5%)	
Childcare (daycare/preschool) resources are **available** for those who need them.	Yes	428 (28%)	
	No	380 (25%)	
	Not sure	673 (44%)	
	Prefer not to answer	60 (4%)	
There are affordable places to live in my community.	Yes	511 (33%)	
	No	505 (33%)	
	Not sure	506 (33%)	
	Prefer not to answer	19 (1%)	

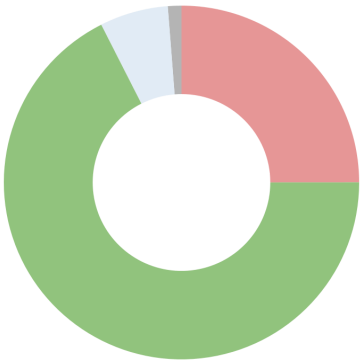
SDoH Statement	Response	N (%)	
Individuals in my community can get to a grocery store when they need food or other household supplies.	Yes	919 (60%)	
	No	171 (11%)	
	Not sure	438 (28%)	
	Prefer not to answer	13 (<1%)	
Rental properties in my community are well maintained.	Yes	442 (29%)	
	No	392 (25%)	
	Not sure	683 (44%)	
	Prefer not to answer	24 (2%)	
There are plenty of well-paying jobs available.	Yes	583 (38%)	
	No	410 (27%)	
	Not sure	529 (34%)	
	Prefer not to answer	19 (1%)	
It is easy for people to get around regardless of ability.	Yes	460 (30%)	
	No	470 (31%)	
	Not sure	594 (39%)	
	Prefer not to answer	17 (1%)	

Housing

What is your current living situation?	
Response	**N (%)**
I have a steady place to live	1,324 (86%)
I have a place to live today, but I am worried about losing it in the future	141 (9%)
I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)	59 (4%)
Prefer not to answer	17 (1%)



What issues, if any, do you have with your current housing situation? (YES or NO)	
Response	**N (%)**
Yes	385 (25%)
Not applicable (No issues)	1,041 (68%)
None of the above	96 (6%)
Prefer not to answer	19 (1%)



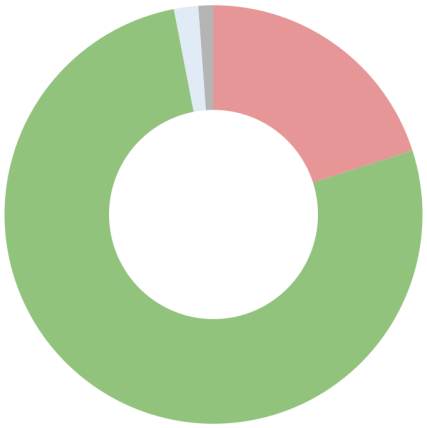
What issues, if any, do you have with your current housing situation?	
Response	**N (%)**
Rent/facility is too expensive	131 (34%)
Utilities (water, heat, electric) are too expensive and/or do not work reliably	108 (28%)
Current housing is temporary, need permanent housing	89 (23%)

What issues, if any, do you have with your current housing situation?	
Mortgage is too expensive	89 (23%)
Unable to locate affordable housing	64 (17%)
Eviction concerns (prior, current, or potential)	60 (16%)
Too far from town/services	55 (14%)
Need supportive and/or assisted living	42 (11%)
Too small /crowded problems with other people	38 (10%)
Too run down or unhealthy environment (ex. mold, lead)	33(9%)
High crime	25 (6%)
Unsafe	25 (6%)
Other	14 (4%)

Activity and Nutrition

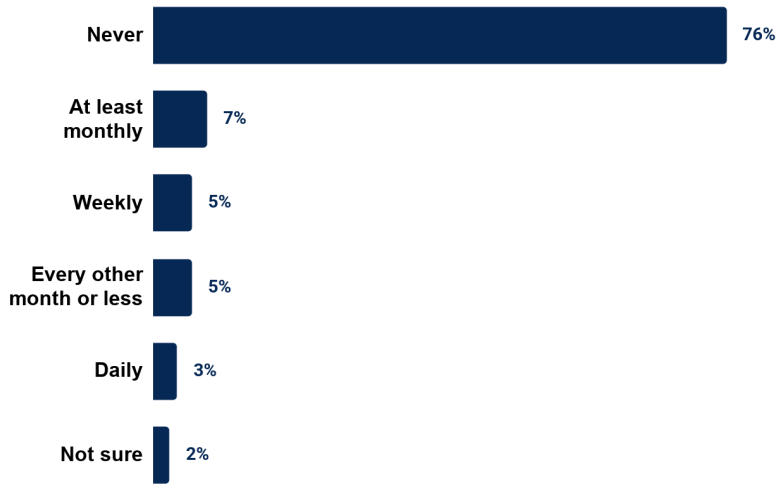
In the past 12 months did you ever eat less than you felt you should because there wasn't enough money for food?

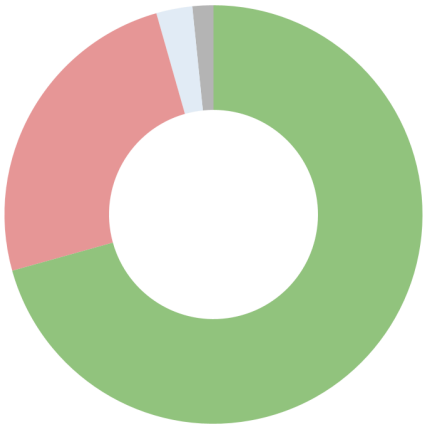
Response	N (%)
Yes	309 (20%)
No	1,185 (77%)
Not sure	29 (2%)
Prefer not to answer	18 (1%)



In the past 12 months, how often did you receive food from a church, clinic, a food pantry, or a free community meal?

Response	N (%)
Never	1,172 (76%)
At least monthly	108 (7%)
Weekly	80 (5%)
Every other month or less	80 (5%)
Daily	50 (3%)
Not sure	25 (2%)

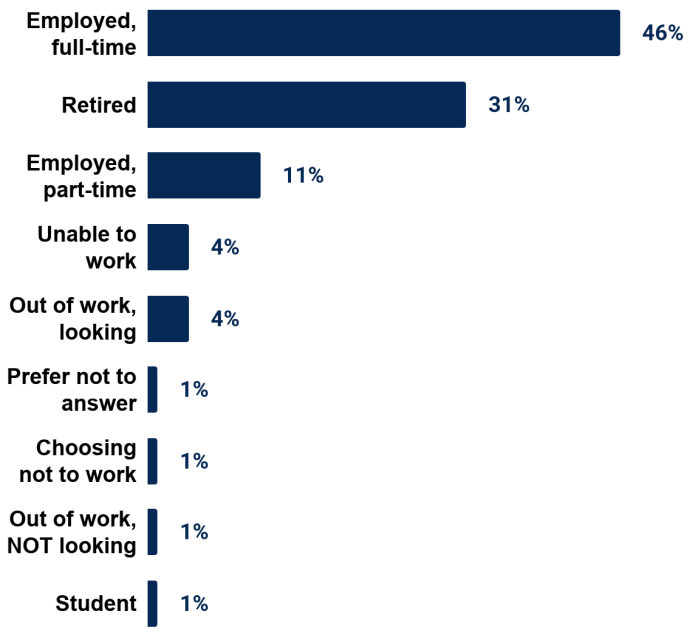


Are you physically active on a regular basis outside of your daily routine?		
Response	**N (%)**	
Yes	1,089 (71%)	
No	384 (25%)	
Not sure	43 (3%)	
Prefer not to answer	25 (2%)	

What are the reasons that prevent you from being physically active on a regular basis?	
Response	**N (%)**
Lack of motivation and/or energy	219 (57%)
Lack of time	157 (41%)
Physical challenge	102 (27%)
Illness/age	74 (19%)
Fear of injury/injured right now	26 (7%)
Get enough already/have a physical job	14 (4%)
Does not pertain to me	11 (3%)
Not sure	10 (3%)
Other	12 (3%)
Prefer not to answer	5 (1%)

Employment

What is your current employment status?	
Response	**N (%)**
Employed, working full-time	710 (46%)
Retired	471 (31%)
Employed, working part-time	163 (11%)
Unable to work	64 (4%)
Out of work, looking for work	62 (4%)
Prefer not to answer	22 (1%)
Choosing not to work	20 (1%)
Out of work, but NOT currently looking for work	16 (1%)
A student	13 (1%)

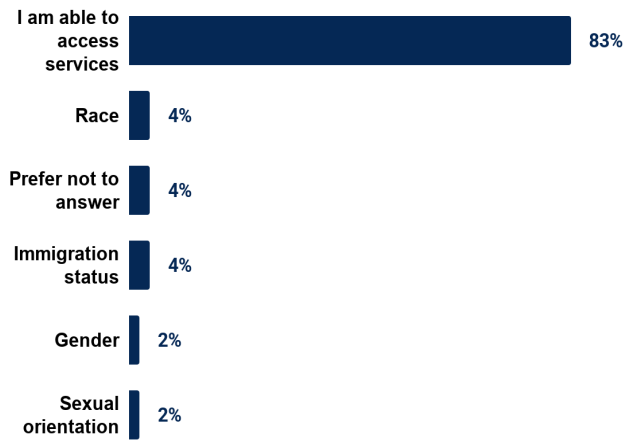


What are the main reasons you are not working or are not working more?	
Response	**N (%)**
Physically disabled	47 (29%)
Other	25 (15%)
Poor mental health	16 (10%)
Lack of transportation	13 (8%)
Prefer not to answer	13 (8%)
Taking care of family member	11 (7%)
Furloughed or temporarily unemployed	9 (6%)
Available jobs do not pay a wage that allows me to care for myself and my family	9 (6%)

What are the main reasons you are not working or are not working more?	
Full-time work is too much	7 (4%)
Cost of childcare is too high	6 (4%)
I did not have a fair chance to get a job	6 (4%)

Medical Care

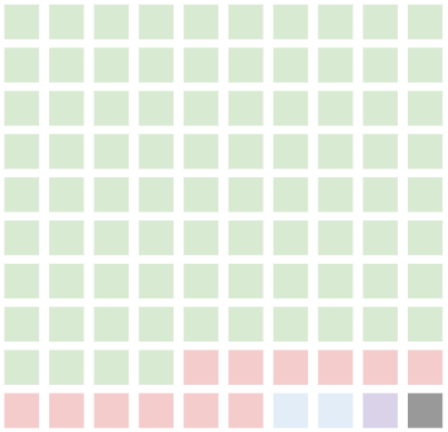
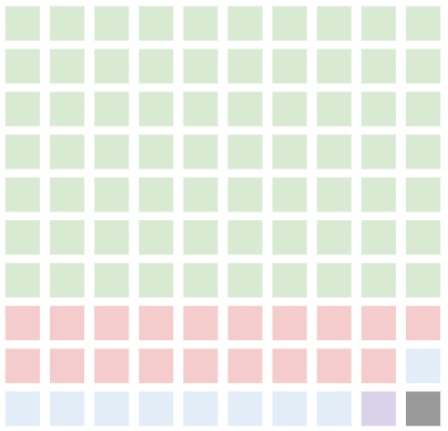
I am unable to access healthcare services because of my…	
Response	**N (%)**
Does not apply to me/ I am able to access healthcare services	1,331 (83%)
Race	69 (4%)
Prefer not to answer	64 (4%)
Immigration status	60 (4%)
Gender	37 (2%)
Sexual orientation	37 (2%)

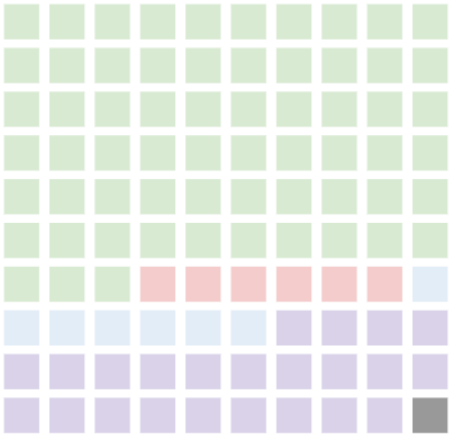
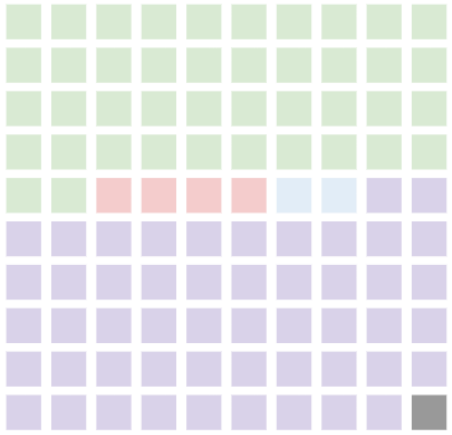


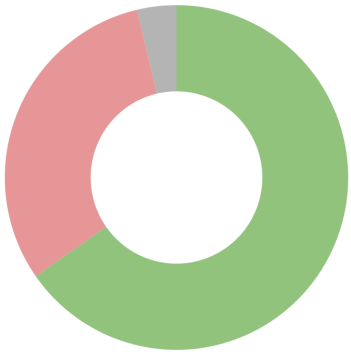
To which one of the following places do you usually go for regular check-ups or when you are sick?	
Response	**N (%)**
Primary care doctor, nurse practitioner, physician assistant or primary care clinic	1,079 (70%)
Urgent care center	104 (7%)
Public health clinic or community health center	92 (6%)
I do not get regular check ups or seek care when I am sick	57 (4%)
Doctor's or nurse practitioner's office **other than** your primary care provider	44 (3%)
Worksite clinic	42 (3%)
Hospital outpatient department	31 (2%)
Hospital emergency room	31 (2%)
No usual place	18 (1%)

To which one of the following places do you usually go for regular check-ups or when you are sick?	
Quickcare clinic (Fastcare clinic)	17 (1%)
Not sure	11 (<1%)
Some other kind of place	8 (<1%)
Prefer not to answer	7 (<1%)

Below are some statements about health care services and providers, doctors, nurse practitioners, physician assistants or primary care clinics in your county.

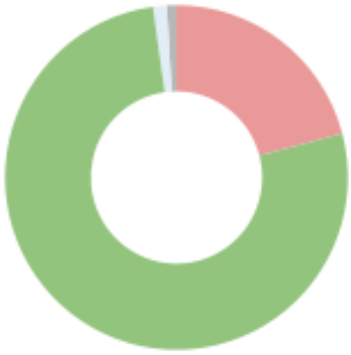
Statement	Response	N (%)	
I have a health care provider where I regularly go for check-ups	Yes	1,302 (84%)	
	No	184 (12%)	
	Not sure	30 (2%)	
	Not applicable	17 (1%)	
	Prefer not to answer	8 (<1%)	
I can get an appointment for my health needs quickly	Yes	1,075 (70%)	
	No	288 (19%)	
	Not sure	147 (10%)	
	Not applicable	21 (1%)	
	Prefer not to answer	10 (<1%)	

Below are some statements about health care services and providers, doctors, nurse practitioners, physician assistants or primary care clinics in your county.			
Statement	**Response**	**N (%)**	
My family/support people are seen and listened to when I receive health care	Yes	973 (63%)	
	No	93 (6%)	
	Not sure	107 (7%)	
	Not applicable	351 (23%)	
	Prefer not to answer	17 (1%)	
I am seen and listened to when my child/children are receiving health care	Yes	643 (42%)	
	No	60 (4%)	
	Not sure	32 (2%)	
	Not applicable	791 (51%)	
	Prefer not to answer	15 (1%)	

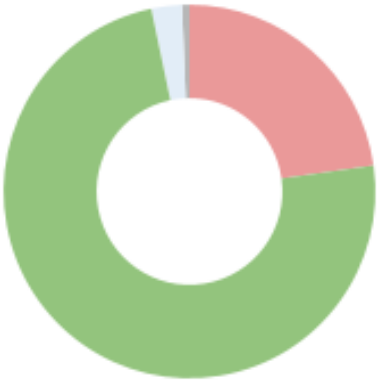
Are you up to date with vaccines?		
Response	**N (%)**	
Yes	1,006 (65%)	
No	478 (31%)	
Prefer not to answer	57 (4%)	

What is the main reason you are not up to date with vaccines?	
Response	**N (%)**
Uncertain about the safety or side-effects of the vaccine	128 (27%)
I have just not scheduled the appointment	97 (20%)
I do not believe the vaccine is safe for me	65 (14%)
Challenges getting a vaccine appointment	25 (5%)
No vaccine site is nearby	24 (5%)
Lack of transportation	19 (4%)
Hours of operation did not fit my schedule	18 (4%)
Lack of trust in healthcare services and/or providers	16 (3%)
Not able to take off work for an appointment	14 (3%)
I have a pre-existing condition that makes me ineligible	14 (3%)
Previous negative experience receiving care or services	13 (3%)
Language barrier	10 (2%)
Other	10 (2%)
I am up to date on some vaccines but not all	7 (1%)
Wait is too long	7 (1%)
Cultural/religious reasons	6 (1%)
I believe vaccines are unneeded and/or unnecessary	5 (1%)

In the past 12 months have you, or anyone in your household, not taken prescribed medication due to prescription costs?	
Response	**N (%)**
Yes	322 (21%)
No	1,185 (77%)
Not sure	20 (1%)
Prefer not to answer	14 (<1%)



Was there a time during the last 12 months that you or anyone in your household did not get the medical care needed?	
Response	**N (%)**
Yes	351 (23%)
No	1,139 (74%)
Not sure	41 (3%)
Prefer not to answer	10 (<1%)

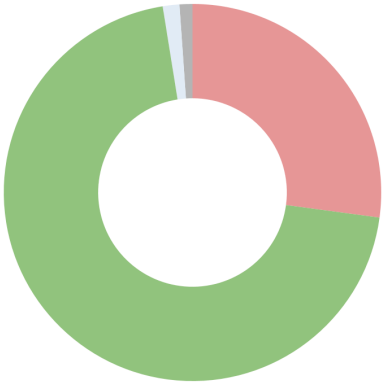


What are the top reason(s) that you or someone in your household did not receive the medical care needed?	
Response	**N (%)**
Cost/Finances	222 (63%)
No insurance	78 (22%)
Wait is too long	74 (21%)
Not able to take off work for an appointment	66 (19%)

What are the top reason(s) that you or someone in your household did not receive the medical care needed?	
Lack of transportation	66 (19%)
Did not feel cared for, respected, or understood	61 (17%)
Lack of trust	57 (16%)
Previous negative experience receiving care or services	56 (16%)
Insurance not accepted	56 (16%)
No doctor nearby	47 (13%)
Office/service/program has limited access or is closed	42 (12%)
Language barrier	23 (7%)
Cultural/religious reasons	16 (5%)
Prefer not to answer	15 (4%)
Other	13 (4%)

Dental Care

Was there a time during the last 12 months that you or anyone in your household did not get the dental care needed?	
Response	**N (%)**
Yes	418 (27%)
No	1,084 (70%)
Not sure	22 (1%)
Prefer not to answer	17 (1%)

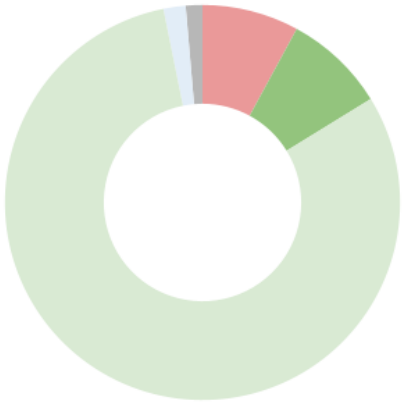


What are the top reason(s) that you or someone in your household did not receive the dental care needed?	
Response	**N (%)**
Cost/Finances	241 (58%)
No insurance	142 (34%)
Wait is too long	81 (19%)
Insurance not accepted	68 (16%)
Not able to take off work for an appointment	60 (14%)
Lack of transportation	57 (14%)
Previous negative experience receiving care or services	53 (13%)
Lack of trust in healthcare services and/or providers	49 (12%)

What are the top reason(s) that you or someone in your household did not receive the dental care needed?	
Did not feel cared for, respected, or understood	46 (11%)
Office/service/program has limited access or is closed	44 (11%)
No doctor nearby	36 (9%)
Language barrier	22 (5%)
Cultural/religious reasons	12 (3%)
Other	8 (2%)
Prefer not to answer	9 (2%)

Substance Abuse Treatment

In the past 12 months, was there a time that you or anyone in your household needed or considered seeking alcohol/substance abuse treatment but did not get services?	
Response	**N (%)**
Yes	122 (8%)
Does not apply, I got the services that I needed	128 (8%)
Does not apply, I did not need services in the past 12 months	1,242 (81%)
Not sure	28 (2%)
Prefer not to answer	21 (1%)



What are the top reason(s) that you or someone in your household did not receive alcohol/substance use treatment needed?	
Response	**N (%)**
Lack of transportation	45 (37%)
Cost/Finances	41 (34%)
No insurance	37 (30%)
No doctor nearby	27 (22%)
Hours of operation did not fit my schedule	26 (21%)
I worried that others would judge me	22 (18%)
I did not know how treatment would work	21 (17%)
Lack of trust in healthcare services and/or providers	20 (16%)

What are the top reason(s) that you or someone in your household did not receive alcohol/substance use treatment needed?	
Wait is too long	17 (14%)
Did not feel cared for, respected, or understood	16 (13%)
Insurance not accepted	15 (12%)
Office/service/program has limited access or is closed	15 (12%)
Previous negative experience receiving care or services	9 (7%)
Language barrier	8 (7%)
Other	8 (7%)
Cultural/religious reasons	6 (5%)

Top 3 Important Health Issues/Conditions

From the following list, what do you think are the three most important health issues/conditions in your community?	
Response	**N (%)**
Mental health and mental conditions (anxiety, depression)	840 (55%)
Alcohol use and abuse (underage use/binge drinking/DWI)	665 (43%)
Drug use and abuse (prescription drug misuse and street drug use, including marijuana (cannabis and Delta8) and weed)	604 (39%)
Chronic diseases like diabetes and heart disease	483 (31%)
Cancer	281 (18%)
Nutrition and healthy eating	243 (16%)
Dementia/including Alzheimer's Disease	203 (13%)
Cigarette smoking and other tobacco use	180 (12%)
Physical activity and exercise	142 (9%)
Suicide	131 (9%)
Vaping, juuling, and e-cigarette use	99 (6%)
Infectious diseases (West Nile Virus, Tuberculosis, measles, COVID-19)	95 (6%)
Asthma and other breathing issues	92 (6%)
Oral health	91 (6%)

From the following list, what do you think are the three most important health issues/conditions in your community?	
Prefer not to answer	66 (4%)
Unintentional injuries (falls, motor vehicle crashes, poisonings)	51 (3%)
Sexually transmitted infections (including HIV)	23 (1%)
Lead poisoning	20 (1%)
Infant Mortality	18 (1%)
Other	11 (1%)

Top 3 Important Community Needs

From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?	
Response	**N (%)**
Access to affordable housing	713 (46%)
Access to affordable healthcare	686 (45%)
Access to affordable mental health services	632 (41%)
Access to affordable child care/day care	390 (25%)
Access to affordable, nutritious foods	298 (19%)
Access to social services/safety net for people who are struggling	261 (17%)
Good paying jobs and strong economy	193 (13%)
Bullying in schools and other youth settings	124 (8%)
Strong and supportive families/relationships	122 (8%)
Community safety	120 (8%)
Support services for seniors (meals, transportation, housing, respite support)	110 (7%)
Clean water	80 (5%)
Clean air	77 (5%)
Access to community parks and other recreation locations for physical activity	70 (5%)

From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?	
Child abuse and neglect	70 (5%)
Racism and discrimination	70 (5%)
Domestic violence/Intimate partner violence	60 (4%)
Human trafficking	58 (4%)
Prefer not to answer	57 (4%)
Gun violence	55 (4%)
Good schools and colleges	47 (3%)
Public transportation	46 (3%)
Criminal justice reform	39 (3%)
Other	17 (1%)

Appendices

Appendix A.1: Community Input Survey Questions (English)

1. Generally speaking, would you say that your own health is...?

- Poor
- Fair
- Good
- Very good
- Excellent
- Not sure
- Prefer not to answer

2. In the past 12 months, have you not taken prescribed medication due to prescription costs?

- Yes
- No
- Not sure
- Prefer not to answer

3. I am unable to access healthcare services because of my… Select all that apply.

- Race
- Gender
- Sexual Orientation
- Immigration status
- Does not apply to me, I am able to access healthcare services
- Prefer not to answer

4. Was there a time during the last 12 months that you did not get the medical care needed?

- Yes → CONTINUE WITH 5
- No → GO TO 6
- Not sure → GO TO 6
- Prefer not to answer → GO TO 6

5. What are the top reason(s) that you did not receive the medical care needed? Select all that apply.

- Deductible is too high
- Co-pay is too high
- No insurance
- Lack of transportation
- Not able to take off work for an appointment
- Language barrier
- Did not feel cared for, respected, or understood
- Wait is too long
- No doctor is nearby
- Office/service/program has limited access or recently closed
- Insurance not accepted

- Cultural/religious reasons
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- Other (please specify)
- Prefer not to answer

6. Was there a time during the last 12 months that you did not get the dental care needed?

- Yes → CONTINUE WITH 7
- No → GO TO 8
- Not sure → GO TO 8
- Prefer not to answer → GO TO 8

7. What are the top reason(s) that you did not receive the dental care needed? Select all that apply.

- Deductible is too high
- Co-pay is too high
- No insurance
- Lack of transportation
- Not able to take off work for an appointment
- Language barrier
- Did not feel cared for, respected, or understood
- Wait is too long
- No doctor is nearby
- Office/service/program has limited access or recently closed
- Insurance not accepted
- Cultural/religious reasons
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- Other (please specify)
- Prefer not to answer

8. Was there a time during the last 12 months that you did not get the mental health care needed?

- Yes → CONTINUE WITH 9
- No → GO TO 10
- Not sure → GO TO 10
- Prefer not to answer → GO TO 10

9. What were the reasons that you did not receive the mental healthcare needed? Select all that apply.

- Deductible is too high
- Co-pay is too high
- No insurance
- Lack of transportation
- Not able to take off work for an appointment
- Language barrier
- Did not feel cared for, respected, or understood

- Wait is too long
- No doctor is nearby
- Office/service/program has limited access or recently closed
- Insurance not accepted
- Cultural/religious reasons
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- Other (please specify)
- Prefer not to answer

10. In the last 12 months, was there a time that you needed or considered seeking alcohol/substance misuse treatment <u>but did not get services?</u> Select one.

- Yes → CONTINUE WITH 11
- Does not apply, I did not need services in the past 12 months → GO TO 12
- Does not apply, I got the services that I needed → GO TO 12
- Not sure → GO TO 12
- Prefer not to answer → GO TO 12

11. What were the reason(s) that you did not receive alcohol or substance misuse treatment needed? Select all that apply.

- Deductible is too high
- Co-pay is too high
- No insurance
- Lack of transportation
- Hours of operation did not fit my schedule
- Language barrier
- Did not feel cared for, respected, or understood
- Wait is too long
- No doctor is nearby
- Office/service/program has limited access or closed recently
- Insurance not accepted
- I did not know how treatment would work
- I worried that others would judge me
- Cultural/religious reasons
- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- Other (please specify)
- Prefer not to answer

12. To which one of the following places do you usually go for regular check-ups or when you are sick? Would you say…

- Primary care doctor, nurse practitioner, physician assistant or primary care clinic
- Doctor's or nurse practitioner's office **other than** your primary care provider
- Public health clinic or community health center
- Hospital outpatient department
- Hospital emergency room
- Urgent care center
- Quickcare clinic (Fastcare clinic)
- Worksite clinic

- Some other kind of place
- No usual place
- I do not get regular check ups or seek care when I am sick
- Not sure
- Prefer not to answer

Below are some statements about health care services and providers, doctors, nurse practitioners, physician assistants or primary care clinics in your county. Select an option for your response in each row below.

13. I have a health care provider where I regularly go for check-ups

- Yes
- No
- Not Sure
- Not Applicable
- Prefer not to answer

14. I can get an appointment for my health needs quickly

- Yes
- No
- Not Sure
- Not Applicable
- Prefer not to answer

15. My family/support people are seen and listened to when I receive health care

- Yes
- No
- Not Sure
- Not Applicable
- Prefer not to answer

16. I am seen and listened to when my child/children are receiving health care

- Yes
- No
- Not Sure
- Not Applicable
- Prefer not to answer

17. What is the main reason you are not up to date with vaccines?

- **Not applicable** - I am up to date with my vaccines
- I have just not scheduled the appointment
- Uncertain about the safety or side-effects of the vaccine
- Challenges getting a vaccine appointment
- Not able to take off work for an appointment
- Lack of transportation
- Hours of operation did not fit my schedule
- Language barrier
- No vaccine site is nearby
- Wait is too long
- I worried that others would judge me
- Cultural/religious reasons

- Lack of trust in healthcare services and/or providers
- Previous negative experience receiving care or services
- I do not believe the vaccine is safe for me
- I have a pre-existing condition that makes me ineligible
- Other (please specify)
- Prefer not to answer

18. During the past 30 days, how often would you say you felt sad, blue, or depressed?

- Never
- Seldom
- Sometimes
- Nearly always
- Always
- Not sure
- Prefer not to answer

19. In the past 12 months have you ever felt so overwhelmed that you considered suicide?

- Yes
- No
- Not sure
- Prefer not to answer

20. Do you have people in your life that make you feel supported or that you can reach out to in times of need?

- Yes
- No
- Not sure
- Prefer not to answer

21. What is your living situation today?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)
- Prefer not to answer

22. What issues do you have with your current housing situation? Select all that apply.

- **Not applicable** - I don't have any issues with my current housing situation
- Eviction concerns (prior, current, or potential)
- Current housing is temporary, need permanent housing
- High crime
- Mortgage is too expensive
- Need supportive and/or assisted living
- Rent/facility is too expensive
- Utilities (water, heat, electric) are too expensive and/or do not work reliably
- Too far from town/services
- Too run down or unhealthy environment (ex. mold, lead)
- Too small /crowded problems with other people
- Unsafe

- ○ Unable to locate affordable housing
- ○ None of the above
- ○ Other (please specify)
- ○ Prefer not to answer

23. What is your current employment status? Are you…

- ○ Employed, working full-time → GO TO 25
- ○ Employed, working part-time → GO TO 25
- ○ Choosing not to work → CONTINUE WITH 24
- ○ Out of work, looking for work → CONTINUE WITH 24
- ○ Out of work, but NOT currently looking for work → CONTINUE WITH 24
- ○ A student → GO TO 25
- ○ Retired → GO TO 25
- ○ Unable to work → CONTINUE WITH 24
- ○ Prefer not to answer → GO TO 25

24. What are the main reasons you are not working or are not working more?

- ○ Attending school
- ○ Available jobs do not pay a wage that allows me to care for myself and my family
- ○ Cannot find childcare
- ○ Cost of childcare is too high
- ○ Full time work is too much
- ○ Part time work is not enough
- ○ Furloughed or temporarily unemployed
- ○ Shifts do not work with my schedule
- ○ Taking care of family member
- ○ Lack of transportation
- ○ Positive drug test/drug screen
- ○ Criminal history
- ○ Have not received my high school diploma or GED
- ○ Physically disabled
- ○ Poor mental health
- ○ I did not have a fair chance to get a job
- ○ Other (please specify)
- ○ Prefer not to answer

Next, read these statements about your community. Select one response option ('Yes', 'No', or 'Not Sure' for each statement.

25. Childcare (daycare/preschool) resources are affordable for those who need them.

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

26. Childcare (daycare/preschool) resources are available for those who need them.

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

27. There are affordable places to live in my community.

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

28. Individuals in my community can get to a grocery store when they need food or other household supplies.

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

29. Rental properties in my community are well maintained.

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

30. There are plenty of well-paying jobs available.

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

31. It is easy for people to get around regardless of ability.

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

32. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- ○ Yes
- ○ No
- ○ Not Sure
- ○ Prefer not to answer

33. In the past 12 months, how often did you receive food from a church, clinic, a food pantry, or a free community meal?

- ○ Daily
- ○ Weekly
- ○ At least Monthly
- ○ Every other month or less
- ○ Never
- ○ Not Sure
- ○ Prefer not to answer

34. Are you physically active on a regular basis outside of your daily routine?

- ○ Yes → GO TO 36
- ○ No → Continue with 35

- Not Sure → GO TO 36
- Prefer not to answer → GO TO 36

35. What are the reasons that prevent you from being physically active on a regular basis? Select all that apply.

- Lack of time
- Illness
- Physical challenge
- Fear of injury/injured right now
- Lack of motivation and/or energy
- Get enough already/have a physical job
- Not sure
- Does not pertain to me
- Other (please specify)
- Prefer not to answer

36. From the following list, please select what you think are the three most important health issues/conditions in your community?

- Alcohol use and abuse (underage use/binge drinking/DWI)
- Asthma and other breathing issues
- Infectious diseases (West Nile Virus/Tuberculosis/measles/ COVID-19)
- Chronic diseases like diabetes and heart disease
- Cancer
- Cigarette smoking and other tobacco use
- Dementia (including Alzheimer's Disease)
- Drug use and abuse (prescription drug misuse and street drug use/including marijuana (cannabis/Delta8/ weed)
- Infant Mortality
- Lead poisoning
- Mental health and mental conditions (anxiety/depression)
- Nutrition and healthy eating
- Oral health
- Physical activity and exercise
- Sexually transmitted infections (including HIV)
- Suicide
- Unintentional injuries (falls/motor vehicle crashes/poisonings)
- Vaping/juuling/e-cigarette use
- Other (please specify)
- Prefer not to answer

37. From the following list, what do you think are the three most important community needs that have to be addressed to improve health for everyone in the community?

- Access to affordable childcare/day care
- Access to affordable healthcare
- Access to affordable/nutritious foods
- Access to affordable housing
- Access to community parks and other recreation locations for physical activity
- Access to mental health services
- Access to social services/safety net for people who are struggling
- Bullying in schools and other youth settings

- Child abuse and neglect
- Clean air
- Clean water
- Community safety
- Criminal justice reform
- Domestic violence/Intimate partner violence
- Good paying jobs and strong economy
- Good schools and colleges
- Gun violence
- Human trafficking
- Public transportation
- Racism and discrimination
- Support services for seniors (meals/transportation/housing/respite support)
- Strong and supportive families/relationships
- Other (please specify)
- Prefer not to answer

38. What is your age?

_____

39. What gender do you identify with most?

We ask this question to ensure all residents' needs are represented.

- Agender
- Cisgender
- Gender fluid
- Genderqueer
- Man
- Nonbinary
- Questioning
- Transfeminine
- Transgender
- Transmasculine
- Two Spirit
- Woman
- Gender identity not included in options above
- Prefer not to answer

40. How would you describe your sexual orientation?

We ask this question to ensure all residents' needs are represented.

- Asexual
- Bisexual
- Gay / Homosexual
- Pansexual
- Queer
- Questioning / Curious
- Straight / Heterosexual
- Prefer not to answer

41. Which of the following would you say is your race? (select all that apply)

- American Indian or Alaskan Native
- Asian or Asian American
- Black or African American
- Hispanic or Latino/a/x
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- White
- Some other race or ethnicity
- Prefer not to answer

42. What is the zip code of your primary residence?

- 53001
- 53011
- 53013
- 53020
- 53023
- 53026
- 53031
- 53044
- 53070
- 53073
- 53075
- 53081
- 53082
- 53083
- 53085
- 53093
- Other ZIP code

43. What is your annual household income before taxes?

- Less than $10,000
- $10,000 to $14,999
- $15,000 to $24,999
- $25,000 to $34,999
- $35,000 to $49,999
- $50,000 to $74,999
- $75,000 to $99,999
- $100,000 to $149,999
- $150,000 to $199,999
- $200,000 or more
- Not sure
- Prefer not to answer

Appendix A.2: Community Input Survey Questions (Spanish)

Gracias por participar en esta importante encuesta. Recuerde que debe tener 18 años o más para completarlo. Esta encuesta y sus respuestas se mantendrán confidenciales; la información que proporcione se combinará con otros en un formato grupo

1. En términos generales, ¿diría que su propia salud es...?
- Mala
- Regular
- Buena
- Muy buena
- Excelente
- No estoy seguro
- Prefiero no contestar

2. En los últimos 12 meses, ¿no tomó medicamentos recetados debido a sus costos?
- Sí
- No
- No estoy seguro
- Prefiero no contestar

3. No puedo acceder a los servicios de atención médica debido a mi... (seleccione todas las opciones que correspondan)
- Raza
- Género
- Orientación sexual
- Estatus migratorio
- No aplica para mí, puedo acceder a servicios de atención médica
- Prefiero no contestar

4. ¿Hubo algún momento durante los últimos 12 meses en que no recibió la atención médica que necesitaba?
- Sí → CONTINÚE CON LA PREGUNTA 5
- No → PASE A LA PREGUNTA 6
- No estoy seguro → PASE A LA PREGUNTA 6
- Prefiero no contestar → PASE A LA PREGUNTA 6

5. ¿Cuál(es) fue(ron) la(s) razón(es) principal(es) por la(s) que no recibió la atención médica que necesitaba?
- El deducible era demasiado alto.
- El copago era demasiado alto.
- No tenía seguro.
- Falta de transporte.
- No pude faltar al trabajo para ir a una cita.
- Barrera del idioma.
- No me sentí cuidado, respetado ni comprendido.
- La espera fue demasiado larga.
- No hay ningún médico cerca.
- El consultorio/servicio/programa tiene acceso limitado o cerró recientemente.
- No aceptaron el seguro.

- Razones culturales/religiosas.
- Falta de confianza en los servicios o proveedores de atención médica.
- Experiencia negativa al recibir atención o servicios anteriormente.
- Otra (especifique).
- Prefiero no contestar

6. ¿Hubo algún momento durante los últimos 12 meses en que no recibió la atención dental que necesitaba?

- Sí → CONTINÚE CON LA PREGUNTA 7
- No → PASE A LA PREGUNTA 8
- No estoy seguro → PASE A LA PREGUNTA 8
- Prefiero no contestar → PASE A LA PREGUNTA 8

7. ¿Cuál(es) fue(ron) la(s) razón(es) principal(es) por la(s) que no recibió la atención dental que necesitaba?

- El deducible era demasiado alto.
- El copago era demasiado alto.
- No tenía seguro.
- Falta de transporte.
- No pude faltar al trabajo para ir a una cita.
- Barrera del idioma.
- No me sentí cuidado, respetado ni comprendido.
- La espera fue demasiado larga.
- No hay ningún médico cerca.
- El consultorio/servicio/programa tiene acceso limitado o cerró recientemente.
- No aceptaron el seguro.
- Razones culturales/religiosas.
- Falta de confianza en los servicios o proveedores de atención médica.
- Experiencia negativa al recibir atención o servicios anteriormente.
- Otra (especifique).
- Prefiero no contestar

8. ¿Hubo algún momento durante los últimos 12 meses en que no recibió la atención mental que necesitaba?

- Sí → CONTINÚE CON LA PREGUNTA 9
- No → PASE A LA PREGUNTA 10
- No estoy seguro → PASE A LA PREGUNTA 10
- Prefiero no contestar

9. ¿Cuáles fueron las razones por las que no recibió la atención de salud mental que necesitaba?

- El deducible era demasiado alto.
- El copago era demasiado alto.
- No tenía seguro.
- Falta de transporte.
- No pude faltar al trabajo para ir a una cita.
- Barrera del idioma.
- No me sentí cuidado, respetado ni comprendido.
- La espera fue demasiado larga.

- No hay ningún médico cerca.
- El consultorio/servicio/programa tiene acceso limitado o cerró recientemente.
- No aceptaron el seguro.
- Razones culturales/religiosas.
- Falta de confianza en los servicios o proveedores de atención médica.
- Experiencia negativa al recibir atención o servicios anteriormente.
- Otra (especifique).
- Prefiero no contestar

10. En los últimos 12 meses, ¿hubo alguna ocasión en la que necesitó o consideró buscar tratamiento por abuso del alcohol/sustancias, <u>pero no obtuvo los servicios?</u> Seleccione una opción.

- Sí → CONTINÚE CON LA PREGUNTA 11
- No aplica, no necesité servicios en los últimos 12 meses → PASE A LA PREGUNTA 12
- No aplica, recibí los servicios que necesitaba → PASE A LA PREGUNTA 12
- No estoy seguro → PASE A LA PREGUNTA 12
- Prefiero no contestar → PASE A LA PREGUNTA 12

11. ¿Cuál(es) fue(ron) la(s) razón(es) por la(s) que no recibió el tratamiento por abuso del alcohol o sustancias que necesitaba?

- El deducible era demasiado alto.
- El copago era demasiado alto.
- No tenía seguro.
- Falta de transporte.
- El horario de atención no se ajustaba a mi horario.
- Barrera del idioma.
- No me sentí cuidado, respetado ni comprendido.
- La espera fue demasiado larga.
- No hay ningún médico cerca.
- El consultorio/servicio/programa tiene acceso limitado o cerró recientemente.
- No aceptaron el seguro.
- No sabía cómo funcionaría el tratamiento.
- Me preocupaba que las demás personas me juzgaran.
- Razones culturales/religiosas.
- Falta de confianza en los servicios o proveedores de atención médica.
- Experiencia negativa al recibir atención o servicios anteriormente.
- Otra (especifique).
- Prefiero no contestar

12. ¿A cuál de los siguientes lugares suele ir para chequeos regulares o cuando está enfermo? ¿Diría...?

- Médico de atención primaria, enfermero especializado, asistente médico o clínica de atención primaria
- Consultorio del médico o enfermero especializado, **que no sea** su proveedor de atención primaria
- Clínica de salud pública o centro de salud comunitario
- Departamento de Atención Ambulatoria del Hospital
- Sala de emergencias del hospital
- Centro de atención de urgencia
- Clínica de atención rápida (Fastcare clinic)
- Clínica en el lugar de trabajo
- Algún otro lugar
- Ningún lugar habitual
- No me hago chequeos regulares ni busco atención cuando estoy enfermo

- No estoy seguro
- Prefiero no contestar

A continuación encontrará algunos enunciados sobre los servicios y proveedores de atención médica, médicos, enfermeros especializados, asistentes médicos o clínicas de atención primaria en su condado. Seleccione una opción para su respuesta en cada fila a continuación.

13. Tengo un proveedor de atención médica al que acudo regularmente para chequeos.
- Sí
- No
- Not seguro
- Not aplica
- Prefiero no contestar

14. Puedo obtener una cita para mis necesidades de salud rápidamente.
- Sí
- No
- Not seguro
- Not aplica
- Prefiero no contestar

15. Mi familia/personas de apoyo son atendidas y escuchadas cuando recibo atención médica.
- Sí
- No
- Not seguro
- Not aplica
- Prefiero no contestar

16. Me atienden y escuchan cuando mi(s) hijo(s) recibe(n) atención médica.
- Sí
- No
- Not seguro
- Not aplica
- Prefiero no contestar

17. ¿Cuál es la razón principal por la que no está al día con las vacunas?
- **No aplica;** estoy al día con mis vacunas.
- Sencillamente no he programado la cita.
- Tengo dudas sobre la seguridad o los efectos secundarios de la vacuna.
- Dificultades para obtener una cita para la vacuna.
- No puedo faltar al trabajo para ir a una cita.
- Falta de transporte.
- El horario de atención no se ajusta a mi horario.
- Barrera del idioma.
- No hay ningún sitio de vacunación cerca.
- La espera es demasiado larga.
- Me preocupa que las demás personas me juzguen.
- Razones culturales/religiosas.
- Falta de confianza en los servicios o proveedores de atención médica.
- Experiencia negativa al recibir atención o servicios anteriormente.

- No creo que la vacuna sea segura para mí.
- Tengo una afección preexistente que hace que no sea elegible.
- Otra (especifique).
- Prefiero no contestar

18. Durante los últimos 30 días, ¿con qué frecuencia diría que se sintió triste, melancólico o deprimido?

- Nunca
- Pocas veces
- Algunas veces
- Casi siempre
- Siempre
- No estoy seguro
- Prefiero no contestar

19. En los últimos 12 meses, ¿alguna vez se sintió tan abrumado que consideró el suicidio?

- Sí
- No
- No estoy seguro
- Prefiero no contestar

20. ¿Hay personas en su vida que le hacen sentir apoyado o a las que puede acudir en momentos de necesidad?

- Sí
- No
- No estoy seguro
- Prefiero no contestar

21. ¿Cuál es su situación en cuanto a vivienda en estos momentos?

- Tengo un lugar estable donde vivir.
- Tengo un lugar donde vivir hoy, pero me preocupa perderlo en el futuro.
- No tengo un lugar estable donde vivir (me quedo temporalmente con otras personas, en un hotel, en un refugio, vivo en la calle, en una playa, en un automóvil, en un edificio abandonado, en una estación de autobús o tren o en un parque).
- Prefiero no contestar

22. ¿Qué problemas tiene con su situación actual en cuanto a vivienda? Seleccione todas las que correspondan.

- **No aplica,** no tengo ningún problema con mi situación actual en cuanto a vivienda.
- Preocupaciones (anteriores, actuales o potenciales) por desalojo.
- La vivienda actual es temporal, necesito una vivienda permanente.
- Alta criminalidad
- La hipoteca es demasiado alta.
- Necesito una vivienda con apoyo o asistencia.
- El alquiler/la instalación es demasiado caro.
- Los servicios públicos (agua, calefacción, electricidad) son demasiado caros o no funcionan de manera confiable.
- Demasiado lejos de la ciudad/servicios.
- Ambiente demasiado deteriorado o insalubre (p. ej., moho, plomo).
- Demasiado pequeño/problemas de aglomeración con otras personas.
- Inseguro.
- No puedo encontrar una vivienda asequible.
- Ninguna de las anteriores.
- Otra (especifique).

- Prefiero no contestar

23. ¿Cuál es su situación laboral actual? ¿Está/es...?

- Empleado, trabajando a tiempo completo → PASE A LA PREGUNTA 25
- Empleado, trabajando a tiempo parcial → PASE A LA PREGUNTA 25
- Su elección no trabajar → PASE A LA PREGUNTA 24
- Sin trabajo, pero buscando trabajo → CONTINÚE CON LA PREGUNTA 24
- Sin trabajo, pero NO está buscando trabajo actualmente → CONTINÚE CON LA PREGUNTA 24
- Estudiante → PASE A LA PREGUNTA 25
- Jubilado → PASE A LA PREGUNTA 25
- Incapaz de trabajar →CONTINÚE CON LA PREGUNTA 24
- Prefiero no contestar →PASE A LA PREGUNTA 25

24. ¿Cuáles son las principales razones por las que no está trabajando o no está trabajando más?

- Asisto a la escuela.
- Los trabajos disponibles no pagan un salario que me permita mantenerme y mantener a mi familia.
- No puedo encontrar cuidado infantil.
- El costo del cuidado infantil es demasiado alto.
- El trabajo a tiempo completo es demasiado.
- El trabajo a tiempo parcial no es suficiente.
- En licencia o desempleado temporalmente.
- Los turnos no se ajustan a mi horario.
- Cuido a un familiar.
- Falta de transporte.
- Resultado positivo en una prueba de detección de drogas/evaluación de drogas.
- Antecedentes penales.
- No he recibido mi diploma de escuela secundaria o GED.
- Tengo una discapacidad física.
- Salud mental deteriorada.
- No tuve una oportunidad justa de conseguir un trabajo.
- Otra (especifique).
- Prefiero no contestar

A continuación, lea los siguientes enunciados acerca de su comunidad. Seleccione una opción de respuesta ("Sí", "No" o "No estoy seguro" para cada enunciado.

25. Los recursos para el cuidado infantil (guardería/preescolar) son <u>asequibles</u> para quienes los necesiten.

- Sí
- No
- No estoy seguro
- Prefiero no contestar

26. Hay recursos de cuidado infantil (guardería/preescolar) <u>disponibles</u> para quienes los necesiten.

- Sí
- No
- No estoy seguro
- Prefiero no contestar

27. Hay lugares asequibles donde vivir en mi comunidad.

- Sí
- No
- No estoy seguro
- Prefiero no contestar

28. Las personas de mi comunidad pueden ir a una tienda de comestibles cuando necesitan alimentos u otros suministros para el hogar.

- Sí
- No
- No estoy seguro
- Prefiero no contestar

29. Las propiedades de alquiler en mi comunidad tienen un buen mantenimiento.

- Sí
- No
- No estoy seguro
- Prefiero no contestar

30. Hay muchos trabajos bien remunerados disponibles.

- Sí
- No
- No estoy seguro
- Prefiero no contestar

31. Es fácil para las personas desplazarse, independientemente de su capacidad.

- Sí
- No
- No estoy seguro
- Prefiero no contestar

32. En los últimos 12 meses, ¿comió alguna vez menos de lo que sentía que debía haber comido porque no tenía suficiente dinero para los alimentos?

- Sí
- No
- No estoy seguro
- Prefiero no contestar

33. En los últimos 12 meses, ¿con qué frecuencia recibió alimentos de una iglesia, una clínica, una despensa de alimentos o una comida comunitaria gratuita?

- A diario
- Semanalmente
- Al menos una vez al mes
- Cada dos meses o menos
- Nunca
- No estoy seguro
- Prefiero no contestar

34. ¿Realiza actividad física de forma regular fuera de su rutina diaria?

- Sí → PASE A LA PREGUNTA 36

- No → Continúe con la pregunta 35
- No estoy seguro → PASE A LA PREGUNTA 36
- Prefiero no contestar → PASE A LA PREGUNTA 36

35. ¿Cuáles son las razones que le impiden mantenerse físicamente activo de forma regular? Seleccione todas las que correspondan.

- Falta de tiempo
- Enfermedad
- Reto físico
- Miedo a una lesión/lesionado en estos momentos
- Falta de motivación o energía
- Ya realizo suficiente actividad/tengo un trabajo físico
- No estoy seguro
- No se aplica a mí
- Otra (especifique)
- Prefiero no contestar

36. De la siguiente lista, seleccione los que usted considera que son los tres problemas/afecciones de salud más importantes en su comunidad.

- Uso y abuso del alcohol (consumo de menores de edad/consumo excesivo de alcohol/conducir bajo los efectos del alcohol)
- Asma y otros problemas respiratorios
- Enfermedades infecciosas (virus del Nilo Occidental, tuberculosis, sarampión, COVID-19)
- Enfermedades crónicas como diabetes y enfermedades cardíacas
- Cáncer
- Fumar cigarrillos y consumo de otros tipos de tabaco
- Demencia (incluida la enfermedad de Alzheimer)
- Uso y abuso de drogas (uso indebido de drogas recetadas y consumo de drogas callejeras, incluida la marihuana [cannabis], Delta8, hierba)
- Mortalidad infantil
- Intoxicación por plomo
- Salud mental y afecciones mentales (ansiedad/depresión)
- Nutrición y alimentación saludable
- Salud bucal
- Actividad física y ejercicio
- Infecciones de transmisión sexual (incluido el VIH)
- Suicidio
- Lesiones involuntarias (caídas/accidentes automovilísticos/intoxicaciones)
- Vapeo/uso de Juul/uso de cigarrillos electrónicos
- Otra (especifique)
- Prefiero no contestar

37. De la siguiente lista, ¿cuáles cree usted que son las tres necesidades más importantes de la comunidad que deben atenderse para mejorar la salud de todos sus miembros?

- Acceso a cuidado infantil/guardería asequible
- Acceso a atención médica asequible
- Acceso a alimentos nutritivos/asequibles
- Acceso a una vivienda asequible

- Acceso a parques comunitarios y otros lugares de recreación para realizar actividad física
- Acceso a servicios de salud mental
- Acceso a servicios sociales/red de seguridad para personas con dificultades
- Acoso en las escuelas y otros entornos juveniles
- Abuso y negligencia infantil
- Aire limpio
- Agua limpia
- Seguridad en la comunidad
- Reforma de la justicia penal
- Violencia doméstica/violencia de pareja
- Empleos bien remunerados y una economía fuerte
- Buenas escuelas y universidades
- Violencia con armas de fuego
- Trata de personas
- Transporte público
- Racismo y discriminación
- Servicios de apoyo para adultos mayores (apoyo con alimentación, transporte, vivienda y relevo)
- Familias/relaciones sólidas y que brindan apoyo
- Otra (especifique)
- Prefiero no contestar

38. ¿Cuál es su edad?

_____

39. ¿Con qué género se identifica más?

Hacemos esta pregunta para asegurarnos de que las necesidades de todos los residentes estén representadas.

- Agénero
- Cisgénero
- Género fluido
- Género queer
- Hombre
- No binario
- En duda
- Transfemenino
- Transgénero
- Transmasculino
- Dos espíritus
- Mujer
- Mi identidad de género no está incluida en las opciones anteriores
- Prefiero no contestar

40. ¿Cómo describiría su orientación sexual?

Hacemos esta pregunta para asegurarnos de que las necesidades de todos los residentes estén representadas.

- Asexual
- Bisexual
- Gay/homosexual
- Pansexual
- Queer
- En duda/curioso

- Heterosexual
- Prefiero no contestar

41. ¿Cuál de las siguientes diría que es su raza? (Seleccione todas las opciones que correspondan)

- Indio americano o nativo de Alaska
- Asiático o asiático-americano
- Negro o afroamericano
- Hispano o latino
- De Oriente Medio o del Norte de África
- Nativo de Hawái u otro isleño del Pacífico
- Blanco
- Alguna otra raza u origen étnico
- Prefiero no contestar

42. ¿Cuál es el código postal de su residencia principal?

- 53001
- 53011
- 53013
- 53020
- 53023
- 53026
- 53031
- 53044
- 53070
- 53073
- 53075
- 53081
- 53082
- 53083
- 53085
- 53093
- Otro código postal

43. ¿Cuál es el ingreso anual de su grupo familiar antes de impuestos?

- Menos de $10,000
- Entre $10,000 y $14,999
- Entre $15,000 y $24,999
- Entre $25,000 y $34,999
- Entre $35,000 y $49,999
- Entre $50,000 y $74,999
- Entre $75,000 y $99,999
- Entre $100,000 y $149,999
- Entre $150,000 y $199,999
- $200,000 o más
- No estoy seguro
- Prefiero no contestar

Appendix A.3: Community Input Survey Questions (Hmong)

1. Yog muab xam tag nrho, koj yuav xav hais tias koj tus kheej txoj kev noj qab haus huv yog...?

- Tsis zoo
- Me ntsis
- Zoo
- Zoo heev
- Zoo tshaj plaws
- Tsis paub tseeb
- Tsis xav teb

2. Hauv 12 lub hlis dhau los, puas yog koj tsis tau noj cov tshuaj uas muaj ntawv sau yuav vim yog cov nqi nyiaj yuav tshuaj?

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

3. Kuv tsis tuaj yeem tau txais cov kev pab saib xyuas kev noj qab haus huv tau vim kuv... (xaiv txhua nqe uas raug rau koj)

- Haiv Neeg
- Poj Niam los Txiv Neej
- Kev Nyiam Fab Kev Daj Deev
- Xwm txheej kev nkag teb chaws
- Tsis raug rau kuv, kuv tuaj yeem nkag mus siv cov kev pab cuam saib xyuas kho mob tau
- Tsis xav teb

4. Puas muaj ib lub sij hawm twg hauv 12 lub hlis dhau los uas koj tsis tau txais kev kho mob raws li kev xav tau?

- Yog → UA TXUAS NTXIV NROG 5
- Tsis Yog → MUS RAU 6
- Tsis paub tseeb → MUS RAU 6
- Tsis xav teb → MUS RAU 6

5. Cov laj thawj tseem ceeb uas ua rau koj tsis tau txais kev kho mob raws li kev xav tau yog dab tsi?

- Tus nqi yus them kom txwm ua ntej yog siab dhau lawm
- Tus nqi sib koom them yog siab dhau lawm
- Tsis muaj kev tuav pov hwm
- Tsis muaj tsheb thauj mus los
- Tsis tuaj yeem so hauj lwm mus ntsib kws kho mob
- Tsis paub lus
- Tsis hnov tau tias tau txais kev saib xyuas, kev huab hwm, los sis nkag siab
- Tos ntev dhau lawm
- Tsis muaj kws kho mob nyob ze
- Lus chaw ua hauj lwm/qhov kev pab cuam/lub khoos kas muaj kev txwv txog kev nkag mus los sis nyuam qhuav kaw tsis ntev los no lawm
- Kev tuav pov hwm tsis raug lees txais
- Cov laj thawj fab kab lis kev cai/kev ntseeg
- Tsis muaj kev ntseeg siab tau rau cov kev pab cuam saib xyuas kho mob thiab/los sis cov kws kho mob
- Kev ntsib yam tsis zoo nyob rau yav dhau uas mus txais kev saib xyuas mob nkeeg los sis cov kev pab cuam

- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

6. Puas muaj ib lub sij hawm twg hauv 12 lub hlis dhau los uas koj tsis tau txais kev kho hniav raws li kev xav tau?

- Yog → UA TXUAS NTXIV NROG 7
- Tsis Yog → MUS RAU 8
- Tsis paub tseeb → MUS RAU 8
- Tsis xav teb → MUS RAU 8

7. Cov laj thawj tseem ceeb uas ua rau koj tsis tau txais kev kho hniav raws li kev xav tau yog dab tsi?

- Tus nqi yus them kom txwm ua ntej yog siab dhau lawm
- Tus nqi sib koom them yog siab dhau lawm
- Tsis muaj kev tuav pov hwm
- Tsis muaj tsheb thauj mus los
- Tsis tuaj yeem so hauj lwm mus ntsib kws kho mob
- Tsis paub lus
- Tsis hnov tau tias tau txais kev saib xyuas, kev huab hwm, los sis nkag siab
- Tos ntev dhau lawm
- Tsis muaj kws kho mob nyob ze
- Lus chaw ua hauj lwm/qhov kev pab cuam/lub khoos kas muaj kev txwv txog kev nkag mus los sis nyuam qhuav kaw tsis ntev los no lawm
- Kev tuav pov hwm tsis raug lees txais
- Cov laj thawj fab kab lis kev cai/kev ntseeg
- Tsis muaj kev ntseeg siab tau rau cov kev pab cuam saib xyuas kho mob thiab/los sis cov kws kho mob
- Kev ntsib yam tsis zoo nyob rau yav dhau uas mus txais kev saib xyuas mob nkeeg los sis cov kev pab cuam
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

8. Puas muaj ib lub sij hawm twg hauv 12 lub hlis dhau los uas koj tsis tau txais kev saib xyuas kho kev puas siab puas ntsws raws li kev xav tau?

- Yog → UA TXUAS NTXIV NROG 9
- Tsis Yog → MUS RAU 10
- Tsis paub tseeb → MUS RAU 10
- Tsis xav teb → MUS RAU 10

9. Yog vim li cas koj thiaj li tsis tau txais kev saib xyuas kho kev puas siab puas ntsws raws li kev xav tau?

- Tus nqi yus them kom txwm ua ntej yog siab dhau lawm
- Tus nqi sib koom them yog siab dhau lawm
- Tsis muaj kev tuav pov hwm
- Tsis muaj tsheb thauj mus los
- Tsis tuaj yeem so hauj lwm mus ntsib kws kho mob
- Tsis paub lus
- Tsis hnov tau tias tau txais kev saib xyuas, kev huab hwm, los sis nkag siab
- Tos ntev dhau lawm
- Tsis muaj kws kho mob nyob ze

- Lus chaw ua hauj lwm/qhov kev pab cuam/lub khoos kas muaj kev txwv txog kev nkag mus los sis nyuam qhuav kaw tsis ntev los no lawm
- Kev tuav pov hwm tsis raug lees txais
- Cov laj thawj fab kab lis kev cai/kev ntseeg
- Tsis muaj kev ntseeg siab tau rau cov kev pab cuam saib xyuas kho mob thiab/los sis cov kws kho mob
- Kev ntsib yam tsis zoo nyob rau yav dhau uas mus txais kev saib xyuas mob nkeeg los sis cov kev pab cuam
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

10. Hauv 12 lub hlis dhau los, puas muaj qee lub sij hawm uas koj xav tau los sis xav txog kev nrhiav kev kho kev quav dej cawv/yeeb tshuaj yam tsis raug <u>tab sis tsis tau txais cov kev pab cuam no?</u> Xaiv ib qho.

- Yog → UA TXUAS NTXIV NROG 11
- Siv tsis tau, Kuv tsis xav tau cov kev pab cuam hauv 12 lub hlis dhau los → MUS RAU 12
- Siv tsis tau, Kuv tau txais cov kev pab cuam uas Kuv xav tau → MUS RAU 12
- Tsis paub tseeb → MUS RAU 12
- Tsis xav teb → MUS RAU 12

11. Yog vim li cas koj thiaj li tsis tau txais kev kho kev quav dej cawv los sis yeeb tshuaj yam tsis raug?

- Tus nqi yus them kom txwm ua ntej yog siab dhau lawm
- Tus nqi sib koom them yog siab dhau lawm
- Tsis muaj kev tuav pov hwm
- Tsis muaj tsheb thauj mus los
- Cov sij hawm ua hauj lwm tsis haum rau kuv lub sij hawm uas tau teem tseg
- Tsis paub lus
- Tsis hnov tau tias tau txais kev saib xyuas, kev huab hwm, los sis nkag siab
- Tos ntev dhau lawm
- Tsis muaj kws kho mob nyob ze
- Lus chaw ua hauj lwm/qhov kev pab cuam/lub khoos kas pab cuam muaj kev txwv txog kev nkag mus los sis nyuam qhuav raug kaw tsis ntev no lawm
- Kev tuav pov hwm tsis raug lees txais
- Kuv tsis paub tias kev kho mob yuav ua hauj lwm li cas
- Kuv tau txhawj tias lwm tus yuav txiav txim rau kuv
- Cov laj thawj fab kab lis kev cai/kev ntseeg
- Tsis muaj kev ntseeg siab tau rau cov kev pab cuam saib xyuas kho mob thiab/los sis cov kws kho mob
- Kev ntsib yam tsis zoo nyob rau yav dhau uas mus txais kev saib xyuas mob nkeeg los sis cov kev pab cuam
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

12. Feem ntau koj nyiam mus kuaj mob rau qhov chaw twg hauv qab no yam tsis tu ncua los sis thaum koj mob? Koj xav tias…

- Tus kws kho mob xub thawj, tus kws saib xyuas neeg mob, tus neeg pab kws kho mob los sis chaw kho mob xub thawj
- Tus kws kho mob los sis tus nawj lub chaw ua hauj lwm **uas tsis yog** koj tus kws kho mob xub thawj
- Chaw kho mob rau pej xeem los sis chaw kho mob hauv zej zog
- Feem hauj lwm kho tus neeg mob uas tsis pw kho hauv tsev kho mob
- Chav kho mob ti tes ti taw hauv tsev kho mob
- Lub chaw saib xyuas kho mob kub ceev
- Lub chaw kuaj mob sai (Chaw kuaj mob ceev)
- Lub chaw kuaj mob hauv qhov chaw ua hauj lwm
- Lwm hom chaw qee yam
- Tsis muaj qhov chaw ib txwm mus

- Kuv tsis tau mus kuaj mob tsis tu ncua los sis nrhiav kev kho mob thaum kuv mob
- Tsis paub tseeb
- Tsis xav teb

Hauv qab no yog qee cov lus hais txog cov kev pab cuam saib xyuas kho mob thiab cov chaw kho mob, cov kws kho mob, cov nawj kho mob, cov neeg pab kws kho mob los sis cov chaw kho mob xub thawj hauv koj lub nroog. Xaiv ib qho kev xaiv rau koj lo lus teb hauv txhua kab hauv qab no.

13. Kuv muaj ib tug kws kho mob uas kuv mus kuaj mob tas li

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis Siv
- Tsis xav teb

14. Kuv tuaj yeem teem sij hawm rau kuv cov kev xav tau fab kev kho mob tau yam sai

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis Siv
- Tsis xav teb

15. Lawv yeej saib thiab mloog kuv tsev neeg/cov neeg txhawb nqa hais thaum kuv tau txais kev saib xyuas kho mob

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis Siv
- Tsis xav teb

16. Lawv yeej saib thiab mloog kuv hais thaum kuv tus me nyuam/cov me nyuam tau txais kev saib xyuas kho mob

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis Siv
- Tsis xav teb

17. Vim li cas koj thiaj li tsis tau txhaj tshuaj tiv thaiv kab mob tshiab?

- **Tsis siv** - Kuv yeej txhaj tshuaj tiv thaiv kab mob tshiab lawm
- Kuv tsuas yog tsis tau teem sij hawm mus ntsib kws kho mob
- Tsis paub meej txog kev nyab xeeb los sis cov kev cuam tshuam ntawm cov tshuaj txhaj tiv thaiv kab mob
- Cov kev cov nyob ntawm kev teem caij txhaj tshuaj tiv thaiv kab mob
- Tsis tuaj yeem so hauj lwm mus ntsib kws kho mob
- Tsis muaj tsheb thauj mus los
- Cov sij hawm ua hauj lwm tsis haum rau kuv lub sij hawm uas tau teem tseg
- Tsis paub lus
- Tsis muaj qhov chaw txhaj tshuaj tiv thaiv kab mob nyob ze
- Tos ntev dhau lawm
- Kuv tau txhawj tias lwm tus yuav txiav txim rau kuv
- Cov laj thawj fab kab lis kev cai/kev ntseeg
- Tsis muaj kev ntseeg siab tau rau cov kev pab cuam saib xyuas kho mob thiab/los sis cov kws kho mob

- Kev ntsib yam tsis zoo nyob rau yav dhau uas mus txais kev saib xyuas mob nkeeg los sis cov kev pab cuam
- Kuv ntseeg tias cov tshuaj tiv thaiv kab mob no tsis muaj kev nyab xeeb rau kuv
- Kuv muaj ib qho mob uas twb muaj lawm uas ua rau kuv tsis tsim nyog tau txais
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

18. Lub sij hawm 30 hnub dhau los no, koj hnov tau tias koj tu siab, ntshaus siab, los sis nyuaj siab tuab npaum li cas?

- Tsis tau muaj dua
- Tsis tshua muaj
- Qee zaus
- Yuav luag muaj tas li
- Muaj tas li
- Tsis paub tseeb
- Tsis xav teb

19. Hauv 12 lub hlis dhau los no, puas muaj ib zaug uas koj xav tias koj ntxhov siab heev ua rau koj xav tua tus kheej?

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

20. Koj puas muaj cov neeg hauv koj lub neej uas ua rau koj hnov tau tias muaj kev txhawb nqa los sis koj tuaj yeem tiv tauj tau txhawm rau los pab thaum koj xav tau kev pab?

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

21. Niaj hnub no koj ua lub neej nyob zoo li cas?

- Kuv muaj ib qho chaw nyob ruaj khov lawm
- Hnub no kuv muaj ib qho chaw nyob, tab sis kuv tau txhawj xeeb txog kev plam nws rau yav tom ntej
- Kuv tsis muaj qhov chaw nyob ruaj khov (Kuv nyob nrog lwm tus ib ntus, hauv tsev so, hauv ib tsev pheeb suab, Kev nyob sab nraum zoov ntawm txoj kev, ntawm ntug hiav txwv, hauv lub tsheb, hauv lub qub tsev, chaw nres tsheb npav los sis tsheb ciav hlau, los sis hauv lub tiaj ua si)
- Tsis xav teb

22. Koj muaj cov teeb meem dab tsi txog koj qhov txheej xwm vaj tse tam sim no? Xaiv txhua nqe uas raug rau koj.

- **Tsis siv** - Kuv tsis muaj teeb meem dab tsi nrog kuv qhov txheej xwm vaj tsev tam sim no
- Cov kev txhawj xeeb txog kev raug ntiab tawm (ua ntej, tam sim no, los sis yav pem suab)
- Cov tsev nyob tam sim no yog kev nyob ib ntus xwb, xav tau cov tsev nyob kom kav mus tas li
- Kev ua txhaum loj
- Cov nyiaj qiv yuav tsev kim heev
- Xav tau kev pab txhawb nqa thiab/los sis kev pab rau kev ua neej nyob
- Nqi xauj tsev/chaw nyob kim heev
- Cov nqi hluav taws xob (dej, cua sov, hluav taws xob) kim heev thiab/los sis ua hauj lwm tsis tau zoo
- Nyob deb ntawm lub nroog/cov kev pab cuam dhau lawm
- Ib puag ncig muaj kev puas tsuaj los sis tsis muaj kev noj qab nyob zoo (piv txwv li kev tuaj pwm, txhuas)

- Cov teeb meem txog qhov chaw nyob me/ti dhau lawm nrog lwm tus neeg
- Tsis muaj kev nyab xeeb
- Tsis muaj peev xwm nrhiav tau tsev pheej yig
- Tsis muaj ib nqe hlo li raws li txhua nqe hais los saum toj sauv
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

23. Koj li qib kev ua hauj lwm tam sim no zoo li cas? Puas yog koj…

- Tau hauj lwm, kev ua hauj lwm puv sij hawm → MUS RAU 25
- Tau hauj lwm, kev ua hauj lwm nrab hnub → MUS RAU 25
- Kev xaiv tsis ua hauj lwm →UA TXUAS NTXIV NROG 24
- Tsis muaj hauj lwm ua, tab tom nrhiav hauj lwm → UA TXUAS NTXIV NROG 24
- Tsis muaj hauj lwm ua, tab tom tam sim no TSIS nrhiav hauj lwm → UA TXUAS NTXIV NROG 24
- Ib tug tub ntxhais kawm ntawv → MUS RAU 25
- Tau so noj nyiaj laus → MUS RAU 25
- Tsis muaj peev xwm ua hauj lwm → UA TXUAS NTXIV NROG 24
- Tsis xav teb – MUS RAU 25

24. Cov laj thawj tseem ceeb uas ua rau koj tsis tau ua hauj lwm los sis tsis ua hauj lwm ntau dua ntxiv yog dab tsi?

- Kev mus kawm ntawv
- Cov hauj lwm uas muaj kev tsis them nyiaj hli uas cia kuv saib xyuas kuv tus kheej thiab kuv tsev neeg
- Saib xyuas tus me nyuam yaus tus tau
- Tus nqi zov me nyuam siab dhau lawm
- Kev ua hauj lwm puv sij hawm ntau dhau lawm
- Kev ua hauj lwm ib nrab hnub tsis txaus
- Tau so hauj lwm los sis tsis muaj hauj lwm ib ntus
- Lub sij hawm ua hauj lwm tsis raig rawm li kuv lub sij hawm tau teem tseg
- Kev saib xyuas ib tug tswv cuab hauv tsev neeg
- Tsis muaj tsheb thauj mus los
- Kev sim kuaj tshuaj/kev tshuaj ntsuam tshuaj muaj txiaj ntsig zoo
- Keeb kwm ua txhaum cai
- Tsis tau txais kuv daim ntawv kawm tiav tsev kawm ntawv qib cuaj txog qib kaum ob los sis GED
- Tus neeg xiab oob qhab rau lub cev
- kev noj qab haus huv ntsig txog kev puas siab puas ntsws tsis zoo
- Kuv tsis muaj lub sij hawm ncaj ncees kom tau txais txoj hauj lwm
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

Tom ntej no, nyeem cov lus no hais txog koj lub zej zog. Xaiv ib nqe lus teb ('Yog', 'Tsis yog', los sis 'Tsis Paub Tseeb' rau txhua kab lus.

25. Cov peev txheej saib xyuas me nyuam yaus (chaw zov me nyuam/tsev kawm ntawv zov me nyuam me) yog **<u>rau cov neeg</u>** uas xav tau lawv.

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

26. Cov peev txheej saib xyuas me nyuam yaus (chaw zov me nyuam/tsev kawm ntawv zov me nyuam me) yog **muaj** rau cov neeg uas xav tau lawv.

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

27. Hauv kuv lub zej zog muaj cov chaw nyob pheej yig.

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

28. Cov tib neeg hauv kuv lub zej zog tuaj yeem mus rau lub khw muag khoom noj thaum lawv xav tau khoom noj los sis lwm yam khoom siv hauv tsev.

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

29. Cov tsev xauj hauv kuv lub zej zog tau txais kev saib xyuas zoo.

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

30. Muaj ntau txoj hauj lwm uas them nyiaj zoo.

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

31. Nws yooj yim rau tib neeg mus ncig tsis hais lawv muaj peev xwm li cas los xij.

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

32. Hauv 12 lub hlis dhau los, koj puas tau noj tsawg dua li koj xav tias koj yuav tsum noj vim tsis muaj nyiaj txaus yuav khoom noj?

- Yog
- Tsis yog
- Tsis paub tseeb
- Tsis xav teb

33. Hauv 12 lub hlis dhau los no, koj tau txais khoom noj los ntawm lub tsev tshawj, chaw kho mob, chaw muab zaub mov noj, los sis pluas mov noj dawb hauv zej zog ntau npaum li cas?

- Txhua hnub
- Txhua lub lim tiam
- Yam tsawg kawg ib hlis ib zaug
- Txhua-txhua ob lub hlis los sis tsawg dua ntawd
- Tsis tau muaj dua
- Tsis paub tseeb
- Tsis xav teb

34. Koj puas ua ub ua no tsis tu ncua dhau li ntawm koj txoj kev ua neej txhua hnub?

- Yog → MUS RAU 36
- Tsis yog → Ua txuas ntxiv mus nrog 35
- Tsis paub tseeb → MUS RAU 36
- Tsis xav teb → MUS RAU 36

35. Cov laj thawj twg ua rau koj tsis tuaj yeem ua ub ua no tau tas li? Xaiv txhua nqe uas raug rau koj.

- Tsis muaj sij hawm
- mob khaub thuas
- Kev cov nyom rau lub cev
- Ntshai raug mob/tau raug mob tam sim no
- Tsis muaj kev txhawb zog thiab/los sis lub dag zog
- Tau txais nyiaj txaus lawm/ua txoj hauj lwm uas siv lub cev
- Tsis paub tseeb
- Tsis muaj feem cuam tshuam rau kuv
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

36. Los ntawm cov ntawv teev npe hauv qab no, thov xaiv yam uas koj xav tias yog peb yam teeb meem/xwm txheej fab kev noj qab haus huv tseem ceeb tshaj plaws hauv koj lub zej zog seb yog dab tsi?

- Kev quav dej cawv thiab yeeb tshuaj yam tsis raug (kev siv thaum tseem tsis tau nto hnub nyoog/haus dej cawv ntau dhau/DWI)
- Mob hlab ntsws hawb pob thiab lwm yam teeb meem kev ua pa
- Cov kab mob sib kis (Tus Kab Mob Vais Lav (West Nile/Mob Ntsws Qhuav/Ua Qhua Pias/ COVID-19)
- Cov kab mob zoo tsis tu qab xws li ntshav qab zib thiab kab mob plawv
- Mob khees xaws
- Kev haus luam yeeb thiab lwm yam kev haus luam yeeb (tobacco)
- Tus Kab Mob Puas Hlwb (xws li Tus Kab Mob Alzheimer)
- Kev siv tshuaj thiab kev siv tsis raug (tshuaj raws kev sau ntawv yuav tshuaj uas siv tsis raug thiab kev siv tshuaj raws txoj cai/suav nrog tshuaj xas marijuana (tshuaj xas cannabis//Delta8/ weed)
- Qib Qhov Tuag Ntawm Tus Me Nyuam Mos Liab
- Kev muaj tshuaj lom los ntawm cov hlau txhuas
- Kev noj qab haus huv ntawm lub hlwb thiab tej yam kev mob ntawm lub hlwb (kev ntxhov siab/kev nyuaj siab)
- Kev noj haus kom muaj txiaj ntsig zoo thiab kev noj khoom noj uas zoo rau lub cev
- Kev noj qab haus huv ntawm lub qhov ncauj
- Kev ua ub ua no uas siv lub cev thiab kev ua ev xaws xais
- Cov kab mob sib kis los ntawm kev sib deev (xws li HIV)
- Kev tua tus kheej
- Kev raug mob uas tsis tau txhob txwm ua (kev ntog/kev ua tsheb sib tsoo/kev raug tshuaj lom)

- Kev haus yeeb nkab/kev haus luam yeeb hluav taws xob/luam yeeb hluav taws xob
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

37. Los ntawm cov npe hauv qab no, koj xav tias peb yam tseem ceeb tshaj plaws uas yuav tsum tau daws kom txhim kho kev noj qab haus huv rau txhua tus neeg hauv zej zog yog dab tsi?

- Kev nkag mus rau qhov chaw zov me nyuam yaus/chaw zov me nyuam pheej yig
- Kev nkag mus rau kev kho mob pheej yig
- Kev nkag mus rau cov khoom noj pheej yig/muaj txiaj ntsig zoo
- Kev nkag mus rau cov tsev nyob pheej yig
- Nkag mus rau cov tshav puam ua si hauv zej zog thiab lwm qhov chaw ua si rau kev ua ub ua no uas siv lub cev
- Kev nkag mus rau cov kev pab cuam ntsig txog kev noj qab haus huv fab kev puas siab puas ntsws
- Kev nkag mus rau cov kev pab cuam fab zej tsoom/lub laj txheej muaj kev nyab xeeb rau cov neeg uas muaj teeb meem
- Kev thab plaub rau hauv tsev kawm ntawv thiab lwm qhov chaw rau cov tub ntxhais hluas
- Kev tsim txom thiab kev tsis quav ntsej me nyuam yaus
- Huab cua huv si
- Dej huv si
- Kev nyab xeeb hauv zej zog
- Kev hloov kho kev ncaj ncees fab kev ua txhaum cai
- Kev Ua Phem Hauv Tsev Neeg/Kev Ua Phem Rau Tus Khub Sib Deev
- Cov hauj lwm them nyiaj zoo thiab kev lag luam khov kho
- Cov tsev kawm ntawv thiab cov tsev kawm ntawv qib siab uas zoo
- Kev siv riam phom quab nyuam
- Kev muag tib neeg
- Kev thauj mus los rau pej xeem
- Kev ntxub ntxaug lwm haiv neeg thiab kev ntxub ntxaug lwm haiv neeg
- Cov kev pab cuam txhawb nqa rau cov neeg laus (plaus mov noj/kev thauj mus los/tsev nyob/kev txhawb nqa pab chaw so)
- Cov tsev neeg/kev sib raug zoo uas muaj zog thiab muaj kev txhawb nqa
- Lwm Yam (thov qhia kom meej)
- Tsis xav teb

38. Koj muaj hnub nyoog li cas lawm?

_____

39. Koj xav tias koj yog poj niam los yog txiv neej ntau dua?

Peb nug cov lus nug no kom paub tseeb tias txhua tus neeg nyob hauv zej zog tau txais kev qhia txog cov kev xav tau.

- Cov Txheej Txheem Teev Sij Hawm
- Tsis muaj kev hloov mus ua txiv neej los sis poj niam
- Tsis paub tias yog poj niam txiv neej tiag
- Hom poj niam txiv neej uas tsis muaj qhov sib xws
- Txiv neej
- Tsis yog ob hom tib si
- Kev nug lus
- Tus me nyuam uas tis npe ua txiv neej tab sis muaj qee yam zoo xws li poj niam
- Tus neeg muaj kev hloov mus ua txiv neej los sis poj niam
- Tus me nyuam uas tis npe ua poj niam tab sis muaj qee yam zoo xws li txiv neej
- Ob tug ntsuj plig
- Tus poj niam

- kev cim thawj txog tus kheej tias yog poj niam txiv neej tsis suav nrog rau hauv cov kev xaiv saum toj no
- Tsis xav teb

40. Koj yuav piav qhia koj txoj kev xav tias yog poj niam txiv neej tau li cas?

Peb nug cov lus nug no kom paub tseeb tias txhua tus neeg nyob hauv zej zog tau txais kev qhia txog cov kev xav tau.

- Kev nyiam cov neeg nrab poj niam nrab txiv neej
- Kev nyiam poj niam txiv neej tib si
- Txiv Neej Tsis Puv lb Puas/Txiv Neej Rov Nyiam Txiv Neej
- Muaj kev xav sib deev
- Txawv
- Kev nug lus / Xav Paub
- Txiv Neej / Kev Plees Nkauj Nraug
- Tsis xav teb

41. Koj xav hais tias koj yog haiv neeg twg hauv qab no? (xaiv txhua nqe uas raug rau koj)

- Neeg Khab Mes Kas los sis Neeg Alaskan Xeeb Txawm
- Neeg As Xis los sis Cov Neeg Mes Kas Uas Yog Neeg As Xis
- Neeg Tawv Dub los sis Neeg Mes Kas As Fiv Kas
- Neeg Hispanic los sis Latino/a/x
- Neeg As Fiv Kas Nruab Nrab Teb Sab Hnub Tuaj los sis Neeg As Fiv Kas Qaum Teb
- Neeg Hawaii Xeeb Txawm los sis lwm haiv Neeg Nyob Pov Txwv Pacific
- Neeg Tawv Dawb
- Qee Haiv Neeg los sis lwm Hom Haiv Neeg Tsawg
- Tsis xav teb

42. Tus khauj lus zais tseem ceeb ntawm koj qhov chaw nyob yog li cas?

- 53001
- 53011
- 53013
- 53020
- 53023
- 53026
- 53031
- 53044
- 53070
- 53073
- 53075
- 53081
- 53082
- 53083
- 53085
- 53093
- Lwm tus zauv

43. Koj tsev neeg cov nyiaj khwv tau los txhua xyoo ua ntej them se yog pes tsawg?

- Tsawg dua $10,000
- $10,000 txog $14,999

- $15,000 txog $24,999
- $25,000 txog $34,999
- $35,000 txog $49,999
- $50,000 txog $74,999
- $75,000 txog $99,999
- $100,000 txog $149,999
- $150,000 txog $199,999
- $200,000 los sis ntau dua
- Tsis paub tseeb
- Tsis xav teb

Appendix B: Data Cleaning Methods

In order to ensure that the information included in this report is both comprehensive and meaningful, data cleaning occurred prior to analysis. This process included input from a group of internal staff members whose role was to funnel unconventional responses into categories for analysis through constructive dialogue and group consensus. The following section details the process for determining what categories were formed and how the process unfolded.

Gender Identity: A list of common gender identities was provided for participants to choose from. In order to conduct analyses, responses other than “Man” or “Woman” were grouped into an “Other Gender” category. This category included potential response options of:

- Agender
- Cisgender*
- Gender fluid
- Genderqueer
- Nonbinary
- Questioning
- Transfeminine
- Transgender
- Transmasculine
- Two Spirit
- Gender identity not included in options above

**Cisgender was included in the Other Gender category because there was no way to determine if a participant identified as a cisgender man or cisgender woman if they chose this response.*

Other: Several questions allowed respondents to select ‘Other’ as a response option and provide their own written responses. These instances were aggregated into a single category in order to generate a large enough sample for analyses.