



TRIPP · UMBACH
& ASSOCIATES, INC.

January 16, 1995

Dear Community Member:

A community health partnership has been formed to develop a plan for improving the health of residents in the Washington-Westmoreland-Fayette areas. We have developed a special survey which will help identify health needs of people living in these communities. The identified needs will be used as a basis for developing new healthcare programs and services in your community.

To do this we need your help! Your input is vital in determining the needs of your community and the ways to address these needs. Please have someone in your household complete the enclosed survey and return it to our research office in Pittsburgh in the postage paid envelope by February 10th. Your responses will be held in strict confidence-- we do not ask for your name and will have no way to find out who you are.

It is very important that we hear from everyone in our sample. If you have any questions or concerns, please feel free to call Beth Kennedy or Paul Umbach at 281-2311. We are looking forward to hearing from you.

Sincerely,

Paul O. Umbach
Survey Coordinator

POU:ml
enclosure

FORT PITT COMMONS · SUITE 220
445 FORT PITT BOULEVARD
PITTSBURGH · PENNSYLVANIA · 15219
412 · 281 · 2311
FAX 412 · 281 · 9946

The following two pages ask questions about **you** and **your** healthcare needs:

I live in _____ County and my zip code is _____.

I am male.
 female

Currently I have health insurance
 do not have health insurance

paid for by

- Medicaid
- Medicare
- my employer.
- my spouse's employer.
- myself or spouse.
- part employer, part self (co-pay).
- Other: _____

My health insurance plan covers the following areas:	Covers all costs	Covers most costs	Covers some costs	Doesn't cover	Don't know
Hospital bills					
Doctors office visits					
Regular check-ups					
Dental work					
Medication					
Drug/alcohol rehabilitation					
In-home care					
Out-of-home nursing home care					
Counseling/psychiatric care					
Emergency room/ambulance service					

I visit the following doctors every year for a check-up:

- Eye doctor
- Dentist
- Family Doctor
- Ob/gyn
- Other: _____

I have spent _____ days sick in bed in the past year- unable to go to work or perform my normal activities.

I usually exercise _____ per week. Height: _____
 (for example: walk, jog, swim) _____

 _____ Weight: _____

During the past year my level of exercise or activity has: _____ increased (hours per week _____)
 _____ decreased (hours per week _____)
 _____ stayed about the same.

I eat fast food _____ every day. I try to limit the amount of fat in my diet _____ always.
 _____ three times per week. _____ sometimes.
 _____ one time per week. _____ rarely.
 _____ less than one time per week or never. _____ never.

I eat prepared meats (sausage, lunch meat, etc.) or red meat _____ every day.
 _____ three times per week.
 _____ one time per week.
 _____ less than once per week/never.

I _____ frequently eat two or more servings of fruits and vegetables each day.
 _____ sometimes
 _____ rarely or never

I usually travel by my own car. public transportation. friends/family driving me. walking. Transpool other _____.

Public transportation in my community is: available affordable convenient

Yes **No** **Don't Know**

During the past year I have ...	Yes	No	Does Not Apply
Taken sleeping pills more than once per day.			
Taken medication to stay awake more than once per day.			
Visited a doctor for a regular check up.			
Driven under the influence of alcohol.			
Been arrested for driving under the influence of alcohol.			
Taken medication to control my weight.			
Used either cocaine, marijuana, or other illegal drugs.			
Used intravenous drugs.			
Had more than one sexual partner.			
Engaged in homosexual activity.			
Always used condoms with my sexual partner(s).			
Always used a birth control method with my sexual partner(s).			
Been treated for a sexually transmitted disease (STD).			

I have diabetes (sugar) don't know . A member of our household has diabetes. does not have

Diagnosed with diabetes at age _____.

Please answer the following if you have or a family member has diabetes:

I treat my diabetes with injection. medication. diet. nothing.

I do monitor my diabetes with a glucose monitor. do not

During the past two years, I have been tested for:	Tested Positive (outside normal limits)	Tested Negative (within normal limits)	Have Not Been Tested	Don't Know
Colo-rectal cancer				
High cholesterol				
High blood pressure				
Heart disease				
Glaucoma				
HIV				
Diabetes				

During the past two years, I have been tested for:	Tested Positive (outside normal limits)	Tested Negative (within normal limits)	Have Not Been Tested	Not Applicable
Women Only				
Breast cancer (mammogram)				
Cervical cancer (Pap Test)				
Men Only				
Prostate cancer				
Testicular cancer				

The following section asks questions about your household (anyone living in your house) and your family:

A member of our household has been has not been treated for an emotional or mental health problem.

Please answer the following if members of your household have been treated for emotional or mental health problems:

Type of emotional problems or mental health problems (including depression): _____

Type of treatment: out patient care.
 hospitalization. Treatment for this type of problem is not available available in our community.
 medication. available

Please answer the following if someone in your household requires special care on a daily basis:

A member of our household requires the following care:

	In-home care	Care outside the home (nursing home, day care, etc.)
Physically disabled	_____	_____
Mentally disabled	_____	_____

Is this person over the age of 60? _____

This type of care is / is not available in our community.

Please complete the following if a member of your household has been hospitalized in the last year:

Age of hospitalized person:	Reason for hospitalization:	Length of stay:	Which hospital:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are or anyone in your household is pregnant, please answer the following:

	<i>FIRST TRIMESTER</i> <i>(1 to 3 months)</i>	<i>SECOND TRIMESTER</i> <i>(4 to 6 months)</i>	<i>THIRD TRIMESTER</i> <i>(7 to 9 months)</i>
What trimester are you/is she in?			
Please put a check mark in the trimester that you/she started the following:			
Seeing a doctor on a regular basis			
Going to pre-natal classes			
Following a recommended diet			
Taking vitamins			

Has anyone in your household become pregnant before the age of 18? yes no If yes, how old was she? _____

Please answer the following if you have a child/children in your household:

The child or children have had: childhood immunizations (up to date by age 2). yes no
 lead screening (under age 6). yes no
 treatment for hyperactivity. yes no
 a hearing test. yes no
 an eye examination. yes no
 regular dental check-ups. yes no

The child or children always usually rarely never use seat belts or child seats while riding in the car.

Child care that I can afford is is not available in our community. don't know.

The child/children have do not have a regular pediatrician or a doctor.

The child/children take part in...	Yes	No	Don't Know
affordable, after-school programs			
community recreation and activities			
church-related activities			
other: _____			

I get most of my medical attention at: **(Check one)**

Emergency Room at _____ hospital.
 Hospital (please name) _____
 Family Doctor
 Non Medical Doctor (for example chiropractor)
 Other (for example community clinic) _____

I know where to go to receive care or services for the following:	Yes	No	Not Available
Birth control information			
Family counseling			
Transportation for the elderly and persons with disabilities.			
Psychological counseling			
Treatment for alcohol or drug abuse			
Mental health services			
Abuse or domestic violence			
Immunizations			
Nutrition classes			
Parenting skills			

During the past 12 months a person in my household has used the following health services: **(Please check all that apply)**

Local Health Clinic Hospital (overnight) Visiting Nurse
 Nursing Home Physical Rehab Center Emergency Room
 Drug/Alcohol Rehab Center Home Health Care Surgical Center
 Hospital Outpatient Center Mental Health Unit Doctor's Office
 School Nurse

My extended family (*grandparents, parents, brothers, sisters, aunts/uncles*) has a history of:
Please check all that apply

- cancer
- heart disease
- diabetes
- stroke
- depression

- weight problems
- kidney disease
- other genetic diseases:
- _____
- _____

	Yes	No
If I get nervous or upset I use drugs or alcohol to calm me.		
A member of our household has displayed violent or abusive behavior toward another family member.		
A member of our household has been arrested for violent or abusive behavior toward another family member.		
A member of our family has an alcohol or drug problem.		
A member of our household has attempted suicide in the past 5 years. (Age of person at the time: _____)		

My household is made up of the following people: (*relationship and age-for example: wife 42, daughter 25, daughter's friend 24, stepson 20*)

- I _____ rent an apartment
 _____ rent a house
 _____ own a house
 _____ live with relatives
 _____ other: _____

I have _____ rooms in our house/apartment.
 Was this house built before 1960? _____ yes
 _____ no
 _____ don't know

- I use _____ bottled water
 _____ well water
 _____ municipal water
 _____ municipal sewage
 _____ septic tank for sewage
 (Please check all that apply)

This water is safe to drink _____ yes _____ no

- I get most of my heat from _____ electricity
 _____ gas
 _____ wood burner
 _____ oil
 _____ space heater
 _____ other: _____

- Currently, I am _____ retired.
 _____ unemployed.
 _____ employed as a (type of job): _____
 _____ a full-time homemaker.
 _____ unable to work because of disability (type of disability _____).
 _____ a student.

I am _____ years old and I am currently _____ single.
 _____ married. Our annual household income is _____ under \$15,000.
 _____ divorced. _____ \$15,000 -- \$24,999.
 _____ separated. _____ \$25,000 -- \$39,999.
 _____ widowed. _____ \$40,000 -- \$59,999.
 _____ \$60,000 -- \$75,000.
 _____ Over \$75,000.

I have completed _____ years in school.

I would describe my race as : _____.

I would describe my religion as : _____.

I am currently using the following social services *(please check all those that apply)*:

- Rent assistance
- Food stamps
- WIC
- Food Bank
- Energy assistance
- Welfare
- Other: _____
- None of the above

The following has kept me from getting the health care I need: *(such as: poor transportation, lack of insurance)*

My most important health care need at this time is:

I have noticed the following unhealthy behaviors in my household: *(for example: poor diet, stress)*

Our community needs the following health services:
