

ID #

The Community Transformation
Grants Program Evaluation

Survey Booklet



Communities
Transforming

To make healthy living easier

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Instructions

We hope you will enjoy completing this survey about health and well-being in your community. We appreciate your help.

This booklet contains several types of questions. Each question should be answered only about yourself, not anyone else in your household.

- For some questions, you will answer the question by marking inside a circle, like this:

☒ Yes ...or like this: ☒ Yes
☐ No ☐ No

- For some questions, you will answer the question by writing in one number per box, like this:

Number of times per week

- You will sometimes be instructed to skip one or more questions. In this example, if your choice is “No,” you skip to Question 10; otherwise, you continue to the next question.

☐ Yes
☒ No →

- Some questions may ask that you write an answer. These questions will have a text box like the example below.

What is your favorite color?

(Please specify in space below.)

blue

- You may find it helpful to refer to the FAQ guide as you complete this survey.

Selection Checklist

We need your help to randomly select one person to complete the survey, by using the checklist below. Please answer each of the following questions to help you determine if you or someone else in the household qualifies to take the survey.

1 Is today's date on or before February 1, 2014?

☐ Yes

☐ No → Do not complete this survey booklet. It must be returned before February 1, 2014, to receive the \$20 check or \$20 gift card to Walmart.

2 Is the address printed on this survey's envelope your current home address or main mailing address for personal mail?

☐ Yes

☐ No → Do not complete this survey booklet. It must be completed by a member of the household that it was mailed to.

3 Are you an adult, at least 18 years of age or older?

☐ Yes → Go to Question 4

☐ No → Please have an adult member of your household continue the survey booklet from this point forward.

4 Thinking of all the adults living in this household, whose birthday is coming up next?

(Please do not include anyone who is away at school or away in the military, or anyone who is visiting temporarily. Just include adults who currently live in your household.)

☐ Another adult's birthday is next

☐ My birthday → You qualify. Go to the next section:
Informed Consent

5 Thank you for completing this selection checklist.

☐ → Please give this survey booklet to the adult household member with the birthday that's coming up next and let that person know he or she should fill out the rest of the survey.

Go to the next page

About the Study

RTI International is working with the Centers for Disease Control and Prevention on a study in your area.

- The research study asks about what you eat, your exercise habits, health care, and physical and mental health. Section 301 of the Public Health Service Act permits the Centers for Disease Control and Prevention to collect this information.
- You were selected at random from other people in your area to be part of the study. You can choose whether to be in the study or not. If you decide to take part in the study and change your mind later, you will not be contacted again or asked for any more information.
- About 23,000 people will take this survey this year.
- There is no direct benefit to you if you take part. But your answers will help us find out how to improve the health of your community and others across the country.
- The survey takes about 30 minutes. There is very low risk to the survey. We just ask you to answer questions in a paper booklet. You can skip any questions and stop at any time. We will not share your answers with anyone not working on the study. No one will be able to identify you or your answers by looking at the results of the study.
- To take part, please record your answers in the booklet using a pen with blue or black ink.
- After we receive your completed survey, we will send you your choice of either a \$20 check or a \$20 gift card to Walmart. Your contact information will be kept separate from your answers. We will also keep your contact information private. Sometimes people call us but do not have a case ID on hand. In such cases, specially trained staff members will search our records system to find the case ID associated with the callers' household. These staff members will be trained to carefully avoid sharing your contact information with anyone. Your contact information will be permanently deleted after you have completed all parts of the study and have received your check or gift card.

If you have any questions about the survey, please contact Brenna Muldavin, our survey manager. You can reach her by calling this toll-free number: 1-800-844-8959. Or e-mail her at healthyliving@rti.org.

If you have questions about your rights as a member of this study, please contact RTI's Office of Research Protection at this toll-free number: 1-866-214-2043.

If you agree to be part of this study, please complete this survey booklet.

About You

This section asks some general questions about you and your household.

6 Has the “Selection Checklist” (page 3) been completed?

☐ Yes, and I was selected.

☐ No →

Go back and complete the Selection Checklist, to identify the person who should complete this survey.

7 What is today's date?

Month Day

8 What is your age?

Must be an adult, at least 18 years of age
Years

9 What is your sex?

☐ Male

☐ Female

10 What is your current relationship status?

(Please select only one response.)

☐ Married

☐ Divorced

☐ Widowed

☐ Separated

☐ Never married

☐ A member of an unmarried couple

11 How many children live in your household that are less than 18 years of age?

Enter number of children

12 Do any children who are 3 to 17 years old live in your household?

(Only include children that live in your household half or more of the time.)

☐ Yes

☐ No

13 Including yourself, how many adults live in your household that are 18 years of age or older?

(Please do not include anyone who is away at school or away in the military, or anyone who is visiting temporarily. Just include adults who currently live in your household.)

Enter number of adults

14 What is the highest grade or year of school you completed?

(Please select only one response.)

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8
- ☐ Grades 9 through 11
- ☐ Grade 12 or GED
- ☐ College 1 year to 3 years
- ☐ College 4 years or more

15 Are you Hispanic or Latino?

(Please answer both Question 15 about ethnicity and Question 16 about race.)

- ☐ Yes
- ☐ No

16 What is your race? Do you consider yourself...

(Feel free to select all that apply.)

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander

17 What is your current employment status?

(Please select only one response, your main status now.)

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for more than 1 year
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work

Go to the next section: Physical Activity

Physical Activity

The following questions are about your physical activity habits. For these questions, please think about the exercise, recreation, or physical activities you perform, other than your regular job (if applicable).

- 18** During the past 30 days, other than your regular job (if applicable), did you participate in any physical activities or exercises, such as running, calisthenics, golf, gardening, or walking for exercise?

☐ Yes

☐ No →

- 19** What type of physical activity or exercise did you spend the most time doing during the past 30 days? (Please write your answer in the space provided below. If needed, refer to FAQ guide, page 4, for examples.)

- 20** How many times per week or per month did you take part in this activity during the past 30 days?

Times per week

—or—

Times per month

- 21** And when you took part in this activity, for how many minutes or hours did you usually keep at it?

Minutes

—or—

Hours

- 22** In a typical week, how many days do you walk or cycle for at least 10 minutes? Include walking or cycling for leisure, transportation, or exercise.

☐ None →

☐ 1 day

☐ 2 days

☐ 3 days

☐ 4 days

☐ 5 days

☐ 6 days

☐ 7 days

- 23** What is the main reason that you walk or bicycle?

(Please select only one response.)

☐ Leisure

☐ Transportation

☐ Exercise

In thinking about the neighborhood where you live as a place to walk and bicycle, please indicate if you strongly agree, agree, disagree, or strongly disagree with each of the following statements:

24 There are sidewalks on most of the streets in my neighborhood.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree
- ☐ There are no sidewalks in my neighborhood. → [Go to 28](#)

25 Most of the sidewalks in my neighborhood are well maintained (paved, even, and not a lot of cracks).

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

26 When I am walking on a sidewalk in my neighborhood, there are parked cars between me and the road.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

27 There is a grass or dirt strip that separates the streets from the sidewalks in my neighborhood.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

28 There are bicycle or pedestrian trails in or near my neighborhood that are easy to get to.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

29 Besides what you already indicated about the sidewalks and trails in your neighborhood, why don't you walk or cycle more often in your neighborhood?

(Feel free to select all that apply.)

- ☐ Weather
- ☐ Lack of time
- ☐ Nowhere to go
- ☐ Medical condition(s)
- ☐ Lack of energy/motivation
- ☐ Exercise elsewhere
- ☐ Safety (crime)
- ☐ I walk or cycle as much as I want to
- ☐ Other

[Go to the next section: Nutrition](#)

Nutrition

The next section asks questions about foods and drinks you ate or drank at home and away from home during the past 30 days.

You can report in either daily, weekly, or monthly amounts: for example, once a day, twice a week, or three times a month, and so forth.

- 30** During the past 30 days, how often did you drink sweetened fruit drinks, such as Kool-Aid, cranberry juice cocktail, and lemonade, including fruit drinks you made at home and added sugar to?

(If needed, refer to FAQ page 5.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

- 31** During the past 30 days, how often did you drink 100% pure fruit juices that were not fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?

(If needed, refer to FAQ page 5.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

- 32** During the past 30 days, how often did you eat fruit, including fresh, frozen, or canned fruit?

(Do not count juice or sweetened fruit drinks.)

(If needed, refer to FAQ page 5.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

- 33** During the past 30 days, how often did you eat cooked or canned beans, such as refried beans, baked beans, black beans, garbanzo beans, beans in soup, soybeans, edamame, tofu, or lentils?

(If needed, refer to FAQ page 6.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

34 During the past 30 days, how often did you eat dark green vegetables, for example, broccoli or dark leafy greens including romaine, chard, collard greens, or spinach?

(If needed, refer to FAQ page 6.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

35 During the past 30 days, how often did you eat orange-colored vegetables, such as sweet potatoes, pumpkin, winter squash, or carrots?

(If needed, refer to FAQ page 6.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

36 During the past 30 days, how often did you eat other vegetables, such as tomatoes, tomato juice or V8 juice, corn, eggplant, peas, lettuce, cabbage, and white potatoes that are not fried, such as baked or mashed potatoes?

(Do not count the dark green vegetables and orange-colored vegetables that you counted in previous questions.)

(If needed, refer to FAQ page 7.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

Go to the next page

Thinking now about buying, preparing, and eating fruits and vegetables, please indicate if you strongly agree, somewhat agree, somewhat disagree, or strongly disagree with each statement.

37 There is a wide variety of fruits and vegetables where I shop.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

38 The fruits and vegetables where I shop are at good prices.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

39 The fruits and vegetables where I shop are of good quality.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

40 Fruits and vegetables take too much time to prepare.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

41 I do not like the taste of fruits.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

42 I do not like the taste of vegetables.

- ☐ Strongly agree
- ☐ Somewhat agree
- ☐ Somewhat disagree
- ☐ Strongly disagree

43 During the past 30 days, how many times per day, week, or month did you drink milk as a beverage (not in coffee, not in cereal)? In your answer, please include chocolate milk and hot chocolate.

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never → Go to 46

44 What kind of milk did you drink most of the time?

*(Please select only one response.)
(Mark if the milk was flavored in Question 45.)*

- ☐ Whole milk
- ☐ 2% fat milk
- ☐ 1% fat milk
- ☐ Skim, nonfat, or ½% fat milk
- ☐ Soy milk
- ☐ Rice milk
- ☐ Raw, unpasteurized milk
- ☐ Other

45 Was the milk you drank usually flavored, such as chocolate, vanilla, strawberry, or other flavored milk?

- ☐ Yes
- ☐ No

46 During the past 30 days, how often did you drink regular soda or pop that contains sugar, not including diet soda or diet pop?

(Please include regular soda that was mixed with alcohol.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

47 During the past 30 days, how many times per day, week, or month did you drink plain water? Include tap, bottled, and unflavored sparkling water.
(If needed, refer to FAQ guide, page 7.)

Times per day

—or—

Times per week

—or—

Times per month

—or—

☐ Never

48 Now, consider the foods you keep at home. How often do you have fruits available at home? This includes fresh, dried, canned, and frozen fruits.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

49 How often do you have any of these dark green vegetables available at home? Broccoli; spinach and other greens like collard, mustard, and turnip greens; and dark green leafy lettuce like romaine.

- ☐ Always
- ☐ Most of the time
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

- 50** During the past 7 days, how many meals did you get that were prepared away from home in places such as restaurants, fast-food places, food stands, or grocery stores, or came from vending machines?

(Please do not include meals provided as part of community programs.)

Number of meals away from home in the past 7 days

- 51** How many of those meals did you get from a fast-food or pizza place?

Number of meals away from home in the past 7 days

- 52** Are you currently on any kind of diet, either to lose weight or for some other health reason?

☐ Yes

☐ No → Go to the next section: Cigarettes

- 53** What kind of diet are you on?
(Feel free to select all that apply.)

- ☐ Weight loss or low calorie diet
- ☐ Low fat or cholesterol diet
- ☐ Low salt or sodium diet
- ☐ Sugar free or low sugar diet
- ☐ Low fiber diet
- ☐ High fiber diet
- ☐ Diabetic diet
- ☐ Low carbohydrate diet
- ☐ High protein diet
- ☐ Weight gain diet
- ☐ Other

Go to the next section: Cigarettes

Cigarettes

The next section will ask you some questions about smoking.

- 54** Have you smoked at least 100 cigarettes in your entire life?
(5 packs = 100 cigarettes)
- ☐ Yes
- ☐ No → Go to 57
- 55** Do you now smoke cigarettes every day, some days, or not at all?
- ☐ Every day → Go to 57
- ☐ Some days
- ☐ Not at all
- 56** How long has it been since you last smoked a cigarette, even one or two puffs?
- ☐ Within the past month
- ☐ Within the past 3 months
- ☐ Within the past 6 months
- ☐ Within the past year
- ☐ Within the past 5 years
- ☐ Within the past 10 years
- ☐ 10 years or more
- 57** Not counting decks, porches, or garages, inside your home, is smoking...?
(Please select only one.)
- ☐ Always allowed
- ☐ Allowed only at some times or in some places
- ☐ Never allowed

- 58** During the past 7 days, not counting times while you were at work, on how many days did you breathe the smoke from someone else who was smoking in an indoor public place?
(Examples of indoor public places are the indoor areas of stores, restaurants, bars, casinos, clubs, and sports arenas.)
- Number of days
- 59** At workplaces, do you think smoking indoors should be...?
(Please select only one.)
- ☐ Always allowed
- ☐ Allowed only at some times or in some places
- ☐ Never allowed
- 60** Would you favor a policy that bans smoking in all areas of multi-unit housing, including personal living spaces, such as balconies and patios?
- ☐ Yes
- ☐ No

Go to the next section: Health

Health

The next section will ask you some questions about your health and health care.

61 Is there a place that you usually go to when you are sick or need advice about your health?

- ☐ Yes
- ☐ There is no place → **Go to 64**
- ☐ There is more than one place

62 What kind of place do you go to most often?

- ☐ Clinic or health center
- ☐ Doctor's office or HMO
- ☐ Hospital or emergency room
- ☐ Hospital outpatient department
- ☐ Some other place
- ☐ I do not go to one place most often → **Go to 64**

63 Is that the same place you usually go to when you need routine or preventive care, such as a physical examination or checkup?

- ☐ Yes → **Go to 66**
- ☐ No

64 What kind of place do you usually go to when you need routine or preventive care, such as a physical examination or checkup?

- ☐ Don't get preventive care anywhere → **Go to 65**
 - ☐ Clinic or health center
 - ☐ Doctor's office or HMO
 - ☐ Hospital emergency room
 - ☐ Hospital outpatient department
 - ☐ Some other place
 - ☐ I do not go to one place most often → **Go to 65**
- Go to 66**

65 Why don't you have a usual source of medical care?

(Feel free to select all that apply.)

- ☐ Don't need a doctor/haven't had any problems
- ☐ Don't like/trust/believe in doctors
- ☐ Don't know where to go
- ☐ Previous doctor is not available/moved
- ☐ Too expensive/no insurance/cost
- ☐ Speak a different language
- ☐ No care available/care too far away, not convenient
- ☐ Put it off/didn't get around to it
- ☐ Other

66 About how long has it been since you last visited a doctor for a routine **checkup**?

(A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.)

- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ 5 or more years ago
- ☐ Never

67 Has a doctor or other health professional ever advised you to reduce sodium or salt intake?

- ☐ Yes
- ☐ No

68 Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

(By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.)

- ☐ Yes → **Go to 69**
- ☐ No → **Go to 73**
- ☐ Only told borderline high or pre-hypertensive → **Go to 73**

69 Was this only when you were pregnant?

- ☐ Yes → **Go to 73**
- ☐ No
- ☐ Not applicable (male)

70 Are you exercising to help lower or control your high blood pressure?

- ☐ Yes
- ☐ No

71 Are you currently taking medicine for your high blood pressure?

- ☐ Yes
- ☐ No

72 Are you cutting down on salt to help lower or control your high blood pressure?

- ☐ Yes
- ☐ No
- ☐ I do not use salt

73 Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked?

- ☐ Yes
- ☐ No → **Go to 78**

74 About how long has it been since you last had your blood cholesterol checked?

- ☐ Within the past year
- ☐ Within the past 2 years
- ☐ Within the past 5 years
- ☐ 5 or more years ago

75 Have you ever been told by a doctor, nurse, or other health professional that your blood cholesterol is high?

- ☐ Yes
- ☐ No → **Go to 78**

76 Are you exercising to help lower your cholesterol?

- ☐ Yes
- ☐ No

77 Are you currently taking medicine to lower your cholesterol?

- ☐ Yes
☐ No

78 Thinking about your overall physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days

If your answer is 0 (zero days) → **Go to 80**

79 During the past 30 days, for about how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days

80 Now, turning to your mental health, have you ever been told by a doctor or other health professional that you had depression?

- ☐ Yes
☐ No

81 Have you ever been told by a doctor or other health professional that you had anxiety?

- ☐ Yes
☐ No

82 How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage?

- ☐ Always
☐ Usually
☐ Sometimes
☐ Rarely
☐ Never
☐ Not applicable

83 And how often in the past 12 months would you say you were worried or stressed about having enough money to buy nutritious meals?

- ☐ Always
☐ Usually
☐ Sometimes
☐ Rarely
☐ Never
☐ Not applicable

84 Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?

- ☐ Yes
☐ No

85 Now, in thinking about your overall mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days

If your answer is 0 (zero days) → **Go to 87**

86 During the past 30 days, for about how many days did poor mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days

87 How often do you get the social and emotional support you need?

(Please include support from any source.)

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

Go to the next section: Demographics

Demographics

The next section asks some basic demographic questions about you.

- 88** Earlier in the survey, you were asked to self-identify your race. Now, we want to find out how other people usually identify you in this country.

How do other people usually classify you in this country?

(Please select only one response option. If needed, refer to FAQ guide, page 6.)

- ☐ White
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Some other group

- 89** How often do you think about your race?

- ☐ Never
- ☐ Once a year
- ☐ Once a month
- ☐ Once a week
- ☐ Once a day
- ☐ Once an hour
- ☐ Constantly

- 90** To your knowledge, are you now pregnant?

- ☐ Yes
- ☐ No

- 91** About how much do you weigh without shoes?

(You may record your weight in either pounds or kilograms.)

Pounds

—or—

Kilograms

- 92** About how tall are you without shoes?

(You may record your height in either feet and inches or meters and centimeters.)

/ Feet / Inches

—or—

/ Meters / Centimeters

- 93** What is your annual household income from all sources?

(Please select only one response.)

- ☐ Less than \$10,000
- ☐ \$10,000 to \$14,999
- ☐ \$15,000 to \$19,999
- ☐ \$20,000 to \$24,999
- ☐ \$25,000 to \$34,999
- ☐ \$35,000 to \$49,999
- ☐ \$50,000 to \$74,999
- ☐ \$75,000 or more

94 Which of the following best represents how you think of yourself?

- ☐ Lesbian or Gay
- ☐ Straight, that is, not lesbian or gay
- ☐ Bisexual
- ☐ Something else → **Go to 95**
- ☐ I don't know the answer → **Go to 96**

95 What do you mean by something else?

- ☐ You are not straight, but identify with another label such as queer, trisexual, omnisexual or pansexual
- ☐ You are transgender, transsexual or gender variant
- ☐ You have not figured out or are in the process of figuring out your sexuality.
- ☐ You do not think of yourself as having sexuality
- ☐ You do not use labels to identify yourself
- ☐ You mean something else → **Go to 97**

Survey complete. \$20 thank-you information on next page.

96 What do you mean by don't know?

- ☐ You don't understand the words
- ☐ You understand the words, but have not figured out or are in the process of figuring out your sexuality.
- ☐ You mean something else → **Go to 97**

Survey complete. \$20 thank-you information on next page.

97 What do you mean by something else?
(Please write your answer in the space provided below.)

Thank you for completing the survey!

To receive a \$20 check or Walmart gift card as a token of our appreciation, please read and complete the attached “Incentive Information” document included with this survey.

Please place your questionnaire in the pre-addressed envelope provided and mail it back to us.

If the envelope has been misplaced, please mail the questionnaire to:

Community Transformation Grants Program Evaluation
5265 Capital Boulevard
Raleigh, NC 27616-2925