

Survey Instrument

**Assessment of the Behavioral Health of Women in Western North Dakota and Eastern Montana**

*Note: the survey instrument is designed for electronic administration via email, but it can also be converted to paper format. The survey can be self-administered or with the assistance of an interviewer/administrator in person.*

**Form Approved**

**OMB No. 0990-**

**Exp. Date XX/XX/20XX**

**WELCOME AND INFORMED CONSENT**

Thank you for taking this confidential survey to evaluate women's physical and behavioral health in your community. Before we begin, we ask that you read our informed consent form.

**Background**

The 2006 discovery and subsequent development of the Parshall Oil Field has led to significant economic opportunities and population growth in in western North Dakota and eastern Montana. Rapid population growth has many intended and unintended consequences, both positive and negative, on the social and economic environment of the region and the population's health and well-being.

**Purpose**

The purpose of this survey is to understand the perceptions and experiences of health and behavioral health of women in western North Dakota and eastern Montana. Behavioral health is a term that covers the full range of mental and emotional well-being – from the basics of how we cope with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorders and other addictive behaviors.

Our study includes interviews with key stakeholders, focus groups and surveys with community members. Throughout the project, our assessment is emphasizing community engagement. Our work is guided by community organizations, tribes, and state partners to ensure the assessment produces evidence that will benefit women living in “boomtown” and surrounding communities.

**What Happens In This Research Study**

If you are a woman residing in North Dakota or Montana, you are eligible to take this survey. The survey will ask you questions about your health, about changes happening in your community related to the energy industry, and what you think about the role of energy development on women's behavioral health. This survey contains 51 questions and will take 10 minutes. There are no “right” or “wrong” answers. Once you complete the survey, your participation in the study will be completed. There will be no further invitations, activities or contact with study personnel.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

### **Confidentiality**

**Your responses will be kept private to the extent allowed by law. Information from this survey will be used for community improvement and may be published; however, your name will not be used in any publications. Responses will be summarized in a report across all survey participants.**

\* If you accept these terms and wish to take the survey, please click the button below:

I Accept/Understand

DEMOGRAPHICS

1. What is your age? [BRFSS 2017]

2. Are you Hispanic or Latina/o? [BRFSS 2017]

- Yes
- No

3. What is your race? (check all that apply) [US Census/BRFSS 2017]

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

4. Do you currently live on an American Indian reservation?

- Yes
- No

5. What is your zip code?

6. Where were you born?

**United States** (please specify state)

**Outside the United States** (please specify country)  
please leave blank if born in United States

-	<input type="text"/>	<input type="text"/>
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7. What is the highest grade or level of school you have finished? [BRFSS 2017/US Census]

- I didn't go to school
- 8th grade or less
- Some high school but did not graduate
- High School graduate or GED
- Some college / vocational or technical school
- Graduated from college, graduate school

8. How would you describe your relationship status?

- Married
- Divorced
- Widowed
- Separated
- Never married
- Member of an unmarried couple

9. Do you have any children?

- Yes, residing with me
- Yes, not residing with me
- No

10. What language do you speak most at home? (select one option)

- English
- Spanish
- Other (please specify)

11. What best describes your employment status? Please select one. [BRFSS 2017]

- |  |   |
|--|---|
| <input type="radio"/> Employed for wages               | <input type="radio"/> A Homemaker         |
| <input type="radio"/> Self-employed                    | <input type="radio"/> A Student           |
| <input type="radio"/> Out of work for 1 year or more   | <input type="radio"/> Retired             |
| <input type="radio"/> Out of work for less than 1 year | <input type="radio"/> I am unable to work |

12. What is your annual household income? [Adapted from BRFSS 2017]

- Less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 or more

13. What category best describes your primary source of health care coverage? Please select one.  
[BRFSS 2017]

- I don't have health insurance coverage
- A plan provided through an employer or union (includes plans purchased through another person's employer)
- A plan that you or another family member buys on your/their own
- Medicare
- Medicaid
- TRICARE (formerly CHAMPUS), VA, or Military
- Alaska Native, Indian Health Service, Tribal Health Services
- Some other source

**COMMUNITY CONTEXT**

14. How long have you lived in your current community?

- Less than a year
- One to two years
- Three to four years
- More than five years
- Five to ten years

15. Do you or a member of your household work in the energy industry (e.g. oil drilling, fracking, etc.)? This could include support roles, e.g. clerical work, driving a delivery truck, ...)

- Yes, I work in the energy industry
- Yes, another member of my household works in the energy industry but I don't
- Yes, myself and another member of my household works in the energy industry
- No

16. From the following list, what do you think are the three most important concerns in your community?

Please select 3.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to health care    | <input type="checkbox"/> Jobs and economy             |
| <input type="checkbox"/> Access to healthy food   | <input type="checkbox"/> Roads/infrastructure         |
| <input type="checkbox"/> Access to transportation | <input type="checkbox"/> Schools/education            |
| <input type="checkbox"/> Affordable housing       | <input type="checkbox"/> Healthy behaviors/lifestyles |
| <input type="checkbox"/> Arts and cultural events | <input type="checkbox"/> Parks and recreation         |
| <input type="checkbox"/> Child abuse/neglect      | <input type="checkbox"/> Community leadership         |
| <input type="checkbox"/> Clean environment        | <input type="checkbox"/> Community cohesion           |
| <input type="checkbox"/> Disease/death rates      | <input type="checkbox"/> Child Care                   |
| <input type="checkbox"/> Other (please specify)   |   |

**HEALTH MEDIATORS AND OUTCOMES**

17. Would you say your general health is \_\_\_\_? [BRFSS 2017]

- Excellent
- Very good
- Good
- Fair
- Poor

18. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? [BRFSS 2017]

19. Now thinking about your 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? [BRFSS 2017]

20. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation? [BRFSS 2014]

21. A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last visited a doctor for a routine checkup? [BRFSS 2017]

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year but less than 2 years ago)
- Within the past 5 years (2 years but less than 5 years ago)
- 5 or more years ago
- NEVER

22. Please indicate if you have experienced the following issues as barriers to receiving medical care.  
Please check all that apply.

- Cost of Care
- Transportation to/from care
- Distance to care provider
- Unsure where to go for care
- Lack of providers
- Lack of time due to work or family obligations
- Lack of insurance

23. Please indicate if you have experienced the following issues as barriers to receiving mental health care.  
Please check all that apply.

- Cost of Care
- Transportation to/from care
- Distance to care provider
- Unsure where to go for care
- Lack of providers
- Lack of time due to work or family obligations
- Lack of insurance



**BEHAVIORAL HEALTH**

24. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor? [BRFSS 2017]

	Days per week	Days in past 30 days
Number of drinks	<input type="text"/>	<input type="text"/>

25. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 (FOR MEN) / 4 (FOR WOMEN) or more drinks on an occasion? [BRFSS 2014]

26. During the past 30 days, how many times have you driven when you've had perhaps too much to drink? [BRFSS 2014]

27. During the past 30 days, which of the following substances have you used? Please check all that apply. [NSDUH 2014]

- |  |   |
|--|---|
| <input type="checkbox"/> Marijuana   | <input type="checkbox"/> Hallucinogens (e.g. LSD, ecstasy)                  |
| <input type="checkbox"/> Pain relievers (non-medical use) (e.g. Oxycodone) | <input type="checkbox"/> Inhalants (e.g. markers, air duster)               |
| <input type="checkbox"/> Tranquilizers (non-medical use) (e.g. Xanax)      | <input type="checkbox"/> Heroin   |
| <input type="checkbox"/> Stimulants (e.g. meth)                            | <input type="checkbox"/> Sedatives (non-medical use) (e.g. Ambien, Lunesta) |
| <input type="checkbox"/> Cocaine / Crack                                   |   |

About how often (all of the time, most of the time, some of the time, a little of the time, or none of the time) during the past 30 days did you feel... [BRFSS 2014]

	ALL OF THE TIME	MOST OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
28. Nervous?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Hopeless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Restless or fidgety?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. So depressed that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. That everything was an effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Worthless?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Have you thought seriously about killing yourself at any time during the past year? [NSDUH 2014]

- Yes
- No

SAFETY

35. In your community, which factors contribute to your feelings of feeling unsafe? Please check all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> Signage or information on streets | <input type="checkbox"/> Visible police or civil guards |
| <input type="checkbox"/> Maintenance of public open spaces | <input type="checkbox"/> Strangers                      |
| <input type="checkbox"/> Bus stops or stations             | <input type="checkbox"/> Homeless individuals           |
| <input type="checkbox"/> Gambling establishments           | <input type="checkbox"/> Drug dealing                   |
| <input type="checkbox"/> Public restrooms                  | <input type="checkbox"/> I feel safe                    |
| <input type="checkbox"/> Other (please specify)            |   |

36. Which of the following factors affect your personal safety in your community? Please check all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Being a woman                            | <input type="checkbox"/> Being from another geographic area – region/state/country |
| <input type="checkbox"/> Being of a certain religion              | <input type="checkbox"/> Having a certain sexual orientation                       |
| <input type="checkbox"/> Being of a certain race and/or ethnicity | <input type="checkbox"/> None  |

37. Which personal safety issues concern you the most in your community? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Sexual harassment         | <input type="checkbox"/> Public drunkenness                                  |
| <input type="checkbox"/> Verbal hassling           | <input type="checkbox"/> Robbery or having money or other possessions stolen |
| <input type="checkbox"/> Stalking                  | <input type="checkbox"/> Kidnapping  |
| <input type="checkbox"/> Staring                   | <input type="checkbox"/> Forced labor  |
| <input type="checkbox"/> Whistling                 | <input type="checkbox"/> Forced prostitution                                 |
| <input type="checkbox"/> Sexual assault or rape    | <input type="checkbox"/> Drug trafficking and dealing                        |
| <input type="checkbox"/> Public disorderly conduct | <input type="checkbox"/> Murder  |
| <input type="checkbox"/> Other (please specify)    |  |

38. Have you ever been the victim of violence in your household?

Yes

No

39. Have you ever been the victim of violence in the community where you currently live?

Yes

No