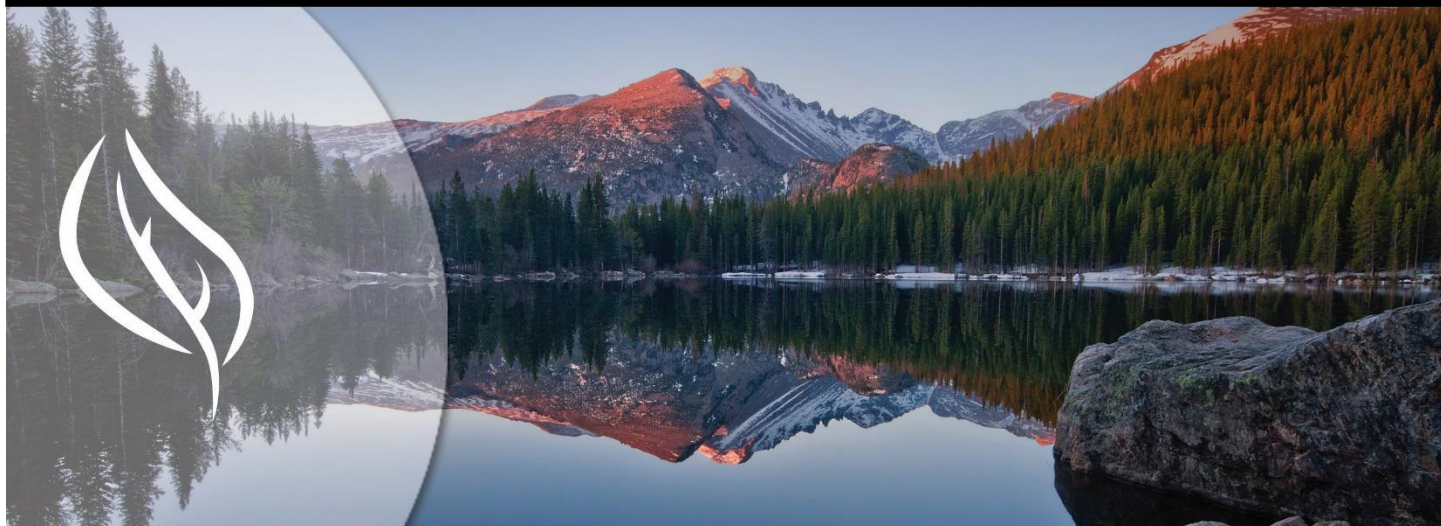


**Your health matters, your voice matters**



## Larimer County Community Health Survey

**Your household was randomly selected** to participate in the 2022 Larimer County Community Health Survey, and it is very important that we hear from you.

- **Please have an adult (age 18 or older) fill out this survey - fill out only one survey per household (either on paper or online).**
- **Please answer the questions as they apply to you, unless the question asks about your household.**
- **Answer the question with clear markings (X, ✓, or fill in ■)**
- **Place the completed survey in the enclosed pre-paid envelope and return it by U.S. mail by June 10, 2022.**

While we will keep your responses **confidential**, we ask that you not provide personal identifying information, such as your name, when completing the survey.

If you have questions or need assistance, call our survey help line at **970-224-5209** or send an email to **survey@healthdistrict.org**.

This survey is a project of the Health District of Northern Larimer County. **For more information or if you prefer to complete this survey online, please go to [www.larimercountysurvey.org](http://www.larimercountysurvey.org).**

Your unique passcode: MERGE FIELD

1. Is there one doctors' group, health center, or clinic that you usually go to for most of your medical care?

Yes  No

2. Is there a doctor, nurse, physician assistant, or nurse practitioner that you consider to be your regular healthcare provider?

Yes  No

3. Is there a particular dentist, dental hygienist, or dental practice that you consider to be your regular dental-care provider?

Yes  No

4. When was the last time you had a dental exam and/or teeth cleaning?

- |   |   |
|---|---|
| <input type="radio"/> In the past year          | <input type="radio"/> Between 3 and 5 years ago |
| <input type="radio"/> Between 1 and 2 years ago | <input type="radio"/> 5 years or longer         |
| <input type="radio"/> Between 2 and 3 years ago | <input type="radio"/> Never                     |

5. Please rate your access to health care whenever you need it:

Poor  Fair  Good  Very good  Excellent  I don't know

6. In the past 12 months, because of the COVID-19 pandemic, have you done any of the following? (Mark all that apply.)

- Skipped going to the dentist when you needed care.
- Skipped going to the doctor when you needed care.
- Avoided contact with older people or others who could be high-risk if they get COVID-19.

7. Since the start of the pandemic, have you used telehealth (phone or virtual encounter) to receive advice or treatment from a doctor or other health care professional?

Yes  No → Go to question 8

7a. Were you satisfied with the most recent telehealth encounter?  Yes  No

7b. In the future, how much of your medical care would you like to have by telehealth rather than in person?

As much as possible  Some of it  None, I prefer all of my care to be in person

8. What type(s) of health insurance do you have currently? (Mark all that apply.)

Do not include insurance plans that cover only ONE type of service like dental, vision, or prescription drug plans.

- I do not have health insurance of any kind. → Go to question 10
- Health insurance through current or former employer or union, including a partner's or parent's plan (including COBRA or retiree benefit).
- Health insurance plan that I, my parents, partner, or spouse purchase directly from an insurance company (privately or through Colorado's marketplace/exchange).
- Medicaid, also called Health First Colorado.
- Medicare (for persons 65 years and older or with certain disabilities).
- Veteran's Affairs, Military Health, TRICARE, or CHAMPUS.
- Student health insurance.
- Other: \_\_\_\_\_

9. In general, would you say your health insurance is:

- Poor       Fair       Good       Very good       Excellent

10. If you do not currently have health insurance, what are the reasons? *(Please explain)*

11. Over the past 3 years, how many total months have you had no health insurance?

- None, I've always had insurance  
 A total of one month without insurance  
 A total of 2-6 months without insurance  
 A total of 7-12 months without insurance  
 A total of 13 months or longer without insurance

12. How has your health insurance coverage changed because of the COVID-19 pandemic?

- I had no change in my coverage because of the pandemic. → *Go to question 13*  
 I did not have insurance before the pandemic, but have since enrolled in health insurance. → *Go to question 13*  
 I had health insurance before the pandemic, but I lost it.

12a. If you lost health insurance coverage, did you replace it?       Yes       No

13. Do you currently have any insurance that covers at least part of the cost for:	Yes	No	Don't know
a. Prescription medicines?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dental services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mental health services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Vision services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hearing services?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. What is your age? \_\_\_\_\_ years

15. What is your gender? *(Mark any that apply.)*  Woman     Man     Transgender     \_\_\_\_\_

16. Including you, how many people (adults and children) live in your household?

*(If none for certain categories below, please enter "0".)*

0 to 4 years old    5 to 17 years old    18 to 29 years old    30 to 64 years old    65+ years old

Number of people:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

17. How would you describe yourself? *(Mark any that apply.)*

- White (Caucasian)       Native American or Alaskan Native  
 Hispanic or Latino/a/x       Asian or Pacific Islander  
 Black or African American       Other (please specify): \_\_\_\_\_

<b>18. In the past 12 months, have you ever felt that a doctor, dentist, other health care provider, or their staff judged you unfairly or discriminated against you because of any of the following?</b>		
<i>If you have not seen a health care provider in the past year, go to question 19</i>		
	Yes	No
a. Your race or ethnicity	<input type="radio"/>	<input type="radio"/>
b. Your gender	<input type="radio"/>	<input type="radio"/>
c. Your age	<input type="radio"/>	<input type="radio"/>
d. Your sexual orientation	<input type="radio"/>	<input type="radio"/>
e. Your weight	<input type="radio"/>	<input type="radio"/>
f. A health condition or disability	<input type="radio"/>	<input type="radio"/>

**19. In general, would you say your health is:**

- Poor     
 Fair     
 Good     
 Very good     
 Excellent

<b>20. Have you ever tested positive for or been diagnosed with COVID-19?</b>	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Don't know
---	---------------------------	--------------------------	----------------------------------

<b>21. Are you <u>currently</u> experiencing any of the following?</b>		
	Yes	No
a. Depression, anxiety, or other mental health problems	<input type="radio"/>	<input type="radio"/>
b. Toothache or other problems with your teeth or gums	<input type="radio"/>	<input type="radio"/>
c. Asthma	<input type="radio"/>	<input type="radio"/>
d. Problems falling asleep or staying asleep	<input type="radio"/>	<input type="radio"/>
e. A disability, handicap, or chronic disease that keeps you from participating fully in work, housework, or other daily activities	<input type="radio"/>	<input type="radio"/>

<b>22. Are you pregnant or did you give birth in the <u>last 12 months</u>?</b>	<input type="radio"/> Yes	<input type="radio"/> No or does not apply to me
---	---------------------------	--

**23. Please tell us a little more about your current health:**

- |  |   |
|--|---|
| <p>a. How many days during the <u>past 30 days</u> was your <b>physical health</b> (including physical illness or injuries) <b>not good</b>?</p>                           | <input style="width: 50px; height: 25px;" type="text"/> (0-30 days) |
| <p>b. <u>During the past 30 days</u>, how many days did <b>poor physical health</b> keep you from doing your usual activities, such as self-care, work, or recreation?</p> | <input style="width: 50px; height: 25px;" type="text"/> (0-30 days) |
| <p>c. How many days during the <u>past 30 days</u> was your <b>mental health</b> (including stress, depression, or other emotional problems) <b>not good</b>?</p>          | <input style="width: 50px; height: 25px;" type="text"/> (0-30 days) |
| <p>d. <u>During the past 30 days</u>, how many days did <b>poor mental health</b> keep you from doing your usual activities, such as self-care, work, or recreation?</p>   | <input style="width: 50px; height: 25px;" type="text"/> (0-30 days) |

<b>24. Has a doctor, nurse, physician assistant, or other health professional <u>ever</u> told you that you had any of the following conditions?</b>		
	Yes	No
a. High blood pressure (also called hypertension)	<input type="radio"/>	<input type="radio"/>
b. High cholesterol	<input type="radio"/>	<input type="radio"/>
c. Chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis	<input type="radio"/>	<input type="radio"/>
d. Diabetes (high blood sugar) <i>If you were told you had diabetes only during pregnancy, answer "No."</i>	<input type="radio"/>	<input type="radio"/>
e. Arthritis or rheumatism	<input type="radio"/>	<input type="radio"/>

**24(i). Has a doctor, nurse, physician assistant, or other health professional ever told you that you had any of the following conditions?**

Yes No

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| f. Depression                                    | <input type="radio"/> | <input type="radio"/> |
| g. An anxiety disorder                           | <input type="radio"/> | <input type="radio"/> |
| h. Eating disorder                               | <input type="radio"/> | <input type="radio"/> |
| i. Other mental health problem or mental illness | <input type="radio"/> | <input type="radio"/> |
| j. Alcohol or substance use disorder             | <input type="radio"/> | <input type="radio"/> |

**25. In the past 3 months, how much of the time have you felt anxious, stressed, or depressed? Circle one number on the scale.**

None of the time

About half the time

All of the time

1

2

3

4

5

6

7

**26. How often is each of the following kind of support available to you if you need it?**

None of the time

A little of the time

Some of the time

Most of the time

All of the time

- |  | None of the time      | A little of the time  | Some of the time      | Most of the time      | All of the time       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Someone to confide in or talk to about your problems. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Someone to take you to the doctor if you needed it.   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Someone to have a good time with.                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**27. In the past 6 months:**

Never

Some days

Most days

Every day

- |   |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. How often did you have pain?                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often did pain limit your life or work activities? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**28. In the past 12 months, have you considered suicide as a solution to your problems?**

Yes

No

*If you or someone you know is thinking about suicide, call or live chat the National Suicide Prevention Lifeline: 1-800-273-8255 or <https://suicidepreventionlifeline.org/chat/>*

**29. In a typical 24-hour period, how many hours of sleep do you usually get? \_\_\_\_\_ Hours \_\_\_\_\_ Minutes**

**30. Have you had a COVID-19 vaccine?**

- No, I have not received any doses → Go to question 31
- Yes, I had one dose of Pfizer or Moderna (mRNA)
- Yes, I had the initial series of Pfizer or Moderna (2 doses or 3 doses for some immunocompromised individuals)
- Yes, I had one dose of Johnson & Johnson (Janssen)
- I had some other COVID vaccine or other combination

**30a. Have you had a booster dose of the COVID-19 vaccine?**

Yes

No

**31. Did you get a seasonal flu shot or nasal mist during the most recent flu season (September 2021 – April 2022)?**

Yes

No

Not sure

**32. Not counting fruit juice, how many servings of fruit did you eat yesterday? One serving is ½ cup chopped, cooked, canned, or frozen fruit; 1 small (tennis ball-sized) piece of fruit; or ¼ cup dried fruit.**

\_\_\_\_\_ Number of servings of fruit (If none, please enter "0".)

**33. How many servings of vegetables did you eat yesterday?** *One serving is ½ cup chopped, cooked, canned, or frozen vegetables; 1 cup raw, leafy vegetables; or 4 oz of 100% vegetable juice.*  
 \_\_\_\_\_ Number of servings of vegetables (If none, please enter "0".)

**34. The amount of fruits and vegetables you ate yesterday was:**  
 More than usual       Same as usual       Less than usual

Experts recommend that adults get at least **150 minutes** (2 hours 30 minutes) **of moderate intensity activity** or at **least 75 minutes** (1 hour 15 minutes) **of vigorous intensity activity** (or some combination of both) **each week**.  
*Moderate intensity is any movement that makes you breathe hard but you can still have a conversation easily.*  
*Vigorous intensity is any movement that makes your heart beat much faster and you can say only a few words before needing to take another breath.*  
**35. Would you say that you meet or exceed these recommendations most weeks?**  Yes     No     Not sure

Experts also recommend doing **muscle-strengthening activities** at least **2 days each week**. *These activities make your muscles work harder than usual.*

**36. Would you say that you meet or exceed this recommendation most weeks?**  Yes     No     Not sure

<b>37. In the <u>past 30 days</u>, have you used any of the following tobacco/nicotine products?</b>	Yes, every day	Yes, some days	No
<b>a.</b> Regular cigarettes (excluding herbal and e-cigarettes)	<input type="radio"/> ↓	<input type="radio"/> ↓	<input type="radio"/>
	<input type="checkbox"/> I am seriously considering quitting		
<b>b.</b> E-cigarette or electronic vaping product that contains nicotine or can be filled with nicotine vape juice/liquid	<input type="radio"/> ↓	<input type="radio"/> ↓	<input type="radio"/>
	<input type="checkbox"/> I am seriously considering quitting		
<b>c.</b> Cigars, cigarillos, or pipes, including hookah	<input type="radio"/> ↓	<input type="radio"/> ↓	<input type="radio"/>
	<input type="checkbox"/> I am seriously considering quitting		
<b>d.</b> Chew/spit tobacco or other smokeless products (snus, ZYN, etc.)	<input type="radio"/> ↓	<input type="radio"/> ↓	<input type="radio"/>
	<input type="checkbox"/> I am seriously considering quitting		

**38. In the past 12 months, have you used cannabis (marijuana)?**  Yes     No → *Go to question 39*

**38a. During the past 30 days, on how many days did you use cannabis?** *If none, please enter "0" and go to question 39*  
 \_\_\_\_\_ days in the past 30 days

**38b. When you used cannabis during the past 30 days, was it usually:** *(Mark all that apply.)*

<input type="checkbox"/> To reduce stress/relax	<input type="checkbox"/> To socialize
<input type="checkbox"/> To get high/for fun	<input type="checkbox"/> To reduce pain/inflammation
<input type="checkbox"/> To improve sleep	<input type="checkbox"/> To treat depression/anxiety
<input type="checkbox"/> Other: _____	

**38c. During the past 30 days, on how many days did you drive a car or other vehicle within 2 to 3 hours of using cannabis?** \_\_\_\_\_ days in the past 30 days *(If none, please enter "0".)*

*The next few questions are about alcoholic drinks. A drink is one bottle or one 12 oz. can of beer, a 5 oz. glass of wine, or a drink with a 1.5 ounce shot of liquor.*

**39. Considering all types of alcoholic beverages, how many alcoholic drinks do you usually have in a week, including the weekend?** \_\_\_\_\_ Usual number of drinks per week *(If none, please enter "0".)*

40. In the past 30 days, what is the largest number of alcoholic drinks you had on any single occasion?  
 \_\_\_\_\_ Number of alcoholic drinks on one occasion (If none, please enter "0".)

41. In the past 30 days, how many times did you drive after drinking 2 or more alcoholic drinks in the hour before you drove?  
 \_\_\_\_\_ Number of times (If none, please enter "0".)

42. Thinking about how many drinks you usually had each week before the start of the pandemic and how much you drink now, would you say you are:  
 Drinking less       Drinking about the same       Drinking more       NA/I don't drink alcohol

43. When thinking about drug use, include illegal drug use and the use of prescription drugs in ways other than prescribed: *Remember that your responses are confidential.*

	Yes	No
a. Have you ever felt that you ought to cut down on your drinking or drug use?	<input type="radio"/>	<input type="radio"/>
b. Have people annoyed you by criticizing your drinking or drug use?	<input type="radio"/>	<input type="radio"/>
c. Have you ever felt bad or guilty about your drinking or drug use?	<input type="radio"/>	<input type="radio"/>

44. Mark your level of agreement with the following statements:

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
a. Treatment can help people with mental illness lead normal lives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. People are generally caring and sympathetic to people with mental illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Treatment can help people with addictions lead normal lives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. People are generally caring and sympathetic to people with addictions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*This information helps us describe the health and well-being of the entire community; honesty improves our accuracy and understanding. We will not look at or report your individual information.*

45. How much do you weigh in pounds (without shoes)? \_\_\_\_\_ pounds

46. What is your height in feet and inches (without shoes)? \_\_\_ feet \_\_\_\_ inches

47. What is your sexual orientation?  
 Straight       Bisexual  
 Lesbian or gay       Something else  
 Queer       Don't know

48. Which of the following best describes your current marital status?

- Married
- A member of an unmarried couple
- Divorced or separated
- Widowed
- Never married

49. What is the highest level of education you have completed?

<input type="radio"/> Less than 12 <sup>th</sup> grade, no diploma	<input type="radio"/> Associate's degree (e.g., AA, AS)
<input type="radio"/> High school diploma or GED	<input type="radio"/> Bachelor's degree (e.g., BA, AB, BS)
<input type="radio"/> Some college, no degree	<input type="radio"/> Graduate or professional degree

**50. What is your current employment status? (Mark all that apply.)**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Employed full-time for wages | <input type="checkbox"/> Military            | <input type="checkbox"/> Full-time or part-time student |
| <input type="checkbox"/> Employed part-time for wages | <input type="checkbox"/> Full-time homemaker | <input type="checkbox"/> Disabled or unable to work     |
| <input type="checkbox"/> Self-employed                | <input type="checkbox"/> Retired             | <input type="checkbox"/> Laid off or unemployed         |

**50a. If you are currently employed, where do you work?**

- At a workplace outside of the home     Work at home     A mix of both at home and away

**51. What was your household's total income before taxes in 2021? Include income from all sources such as jobs, social security, public assistance, and retirement for yourself and all other persons living in your household. If you are a college student dependent on parental financial support, estimate your family's household income.**

- |  |  |   |
|--|--|---|
| <input type="radio"/> \$13,000 or less     | <input type="radio"/> \$32,001 to \$34,000 | <input type="radio"/> \$60,001 to \$70,000  |
| <input type="radio"/> \$13,001 to \$22,000 | <input type="radio"/> \$34,001 to \$43,000 | <input type="radio"/> \$70,001 to \$88,000  |
| <input type="radio"/> \$22,001 to \$25,000 | <input type="radio"/> \$43,001 to \$52,000 | <input type="radio"/> \$88,001 to \$125,000 |
| <input type="radio"/> \$25,001 to \$32,000 | <input type="radio"/> \$52,001 to \$60,000 | <input type="radio"/> \$125,001 or more     |

**51a. How many people, including you, were supported by this income in 2021? \_\_\_\_\_** Number of people

**52. How much has your household income changed because of the pandemic? Circle a number on the scale.**

- |   |                        |                            |
|---|------------------------|----------------------------|
| Income has decreased a lot  | Income has not changed | Income has increased a lot |
| 1                      2                      3                      4                      5                      6                      7 |                        |                            |

**53. How much do you have in emergency savings – money that is readily available in a checking, savings or money market account?**

- |  |  |                                  |
|--|--|----------------------------------|
| <input type="radio"/> No emergency savings         | <input type="radio"/> 3 to 5 months' expenses    | <input type="radio"/> Don't know |
| <input type="radio"/> Less than 3 months' expenses | <input type="radio"/> 6 or more months' expenses |                                  |

**54. In the past 12 months, have you been contacted by a collection agency about owing money for medical bills?**

*This could include medical bills for any family member.*     Yes     No     Don't know

55. How worried are you that:	Very worried	Somewhat worried	Not too worried	Not worried at all
a. You won't be able to afford the medical care you need?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Health insurance will become so expensive that you can't afford it?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**56. During the past 2 years, was there a time when you needed each of the following, but went without because you couldn't afford it?**

	Yes	No	Did not need
a. Seeing a doctor or specialist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Mental health care or counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A hearing test or hearing aid	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Prescription medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**57. How often in the past 12 months were you worried or stressed about:**

	Never	Rarely	Sometimes	Usually	Always
a. Having enough money to buy nutritious meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Paying your rent or mortgage?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not needed and not used	Needed and used	Needed but did not get	Don't know
<b>58. In the <u>past 12 months</u>, did you or any member of your household need and/or use any of the community services listed below?</b>				
a. Mental health services such as counseling or treatment for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Alcohol/substance use addiction counseling or treatment, including medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Low or no cost dental/oral health services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Work-related or employment services (training or help finding work)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Financial assistance (unemployment, Colo. Works/TANF, SSI/SSDI)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Food or meal assistance (Food Bank, SNAP, Food Stamps, WIC)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Child care/daycare financial assistance (including CCCAP)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Housing services (assistance with utilities, rent, or mortgage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Transportation assistance (vouchers, reimbursements)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Assistance understanding health insurance options and signing up	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**59. Do you own or rent your residence?**  Own  Rent  Other arrangement: \_\_\_\_\_

**60. How many times have you moved in the past 12 months?** \_\_\_\_\_ Number of times (If none, please enter "0".)

**61. In the past 3 months, has there been a time when you've been unable to pay all or part of your rent or mortgage?**  Yes  No  Does not apply

**62. If you had to move out of your current home permanently, where would you go?**  
 I would move in with family or friends.  I would go to a local shelter.  
 I would find another home to rent or buy.  I would not have anywhere to go.  
 Other: \_\_\_\_\_

**63. In the past 12 months, have you tried to find child care in Larimer County?**  Yes  No → Go to question 64  
Please answer these questions for the youngest child you were finding child care for.

**63a. How much difficulty did you have finding the type of child care or early childhood program you wanted for your child?**  
 No difficulty → Go to question 64  
 A little or some difficulty  
 A lot of difficulty  
 Did not find the child care program I wanted

**63b. What was the primary reason for the difficulty finding care?**  
 Cost  
 Quality  
 Lack of open slots for new children  
 Other (please specify): \_\_\_\_\_

64. **Before the pandemic, were you providing unpaid care to a spouse, parent, child, other relative, partner, or friend to help them take care of themselves because of a chronic illness or disability?** *This may include helping with personal needs, household chores, medical and nursing tasks, managing finances, or arranging for outside services. This person does not need to live with you.*  Yes  No

65. **Are you currently providing unpaid care to a spouse, parent, child, other relative, partner, or friend to help them take care of themselves because of a chronic illness or disability?**  Yes  No → *Go to question 66*

Rate your level of agreement with the following statements regarding your role as a caregiver:		Completely agree	Agree	Neither agree nor disagree	Disagree	Completely disagree
65a.	Because of my role, I don't have enough time for myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65b.	I feel that my social life has suffered because of my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
65c.	I feel that my health has suffered because of my role.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

66. **Have you completed an advance health care directive for yourself, such as a Living Will or a Medical Durable Power of Attorney?** *Advance care plans are official documents (also called advance directives) that describe your wishes for medical treatment if you are ever too ill or injured to speak for yourself.*  
 Yes  No  Don't know

67. **How much of a problem are the following issues in the city, town, or rural area where you live?**

	Major problem	Minor problem	No problem
a. Polluted outdoor air (vehicle emissions, brown cloud, dust, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Unclean indoor air (mold, radon, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Pollution from industry (manufacturing, oil and gas drilling, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Too many mosquitoes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Changing climate conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Wildfires (loss of lives, property or other resources; smoky air)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Floods (loss of lives and property; pollution from storm water)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

68. **How concerned are you that the following emergencies or disasters will affect you or your household in the future?**

	Not concerned	A little concerned	Somewhat concerned	Very concerned
a. Wildfire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Flood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tornado	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Extreme heat event	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hazardous material release	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Terrorism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Other (please describe): _____				

**69. If your household had to evacuate your home suddenly, due to a disaster or emergency, where would your household go initially? (Mark all that apply.)**

- Stay with family or friends                       Emergency evacuation community shelter  
 Hotel or motel     Vehicle/RV  
 Would not evacuate                                       Other: \_\_\_\_\_

<b>70. What steps have you taken to prepare for the types of emergencies or disasters that might occur in the community?</b>	Unsure how to do	Had no plans to do	Plan to do	Have already done
a. Prepared a household emergency plan.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Signed up for LETA, Larimer County's emergency information and alert system.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Stocked up on food, water, and medications to last at least 3 days without any assistance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Took photos or videos of your house and possessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Stored copies of key documents (e.g., marriage certificate, mortgage, insurance papers) in a secure location.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Other (please describe): _____				

<b>71. What is your level of agreement with the following statements about the city, town, or rural area where you live?</b>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't know
a. It is <u>easy to walk</u> in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is <u>easy to bike</u> in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is <u>easy to ride public transit</u> in my community (i.e., public bus).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is possible for me to get to many places I need to go by <u>walking</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is possible for me to get to many places I need to go by <u>biking</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It is possible for me to get to many places I need to go by <u>public transit</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>72. How often do you do the following when driving a vehicle?</b>	Never	Rarely	Sometimes	Usually	Always	I don't drive
a. Make or receive phone calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Read or send text messages	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use hands-free phone technology	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>73. Do you favor or oppose policies that would:</b>	Strongly oppose	Somewhat oppose	No opinion	Somewhat favor	Strongly favor
<b>a.</b> Add extra taxes to soda pop and other sugar-sweetened beverages?	○	○	○	○	○
<b>b.</b> Restrict the use of handheld cell phones while driving?	○	○	○	○	○
<b>c.</b> Require school districts to limit or restrict unhealthy food options for students during the school day?	○	○	○	○	○
<b>d.</b> Prohibit smoking and vaping in outdoor public areas such as parks, recreation areas, playgrounds, or trails?	○	○	○	○	○
<b>e.</b> Prohibit the sale of flavored (including menthol, mint, or fruit) tobacco products and vape juice flavors?	○	○	○	○	○

**74. What do you feel are the greatest local concerns or issues impacting the health of the people of Larimer County?**

*While we will keep your responses confidential, we ask that you not provide personal identifying information, such as your name.*