



Montgomery County, PA Community Health Survey 2024

You know a lot about where you live. You can make a difference in the health and well-being of Montgomery County, PA! Please tell us what matters most to you by filling out this **anonymous** (the survey questions will not ask your name) and **confidential** survey. If at any point, you feel uncomfortable or prefer not to answer a question, you may skip it or select “prefer not to answer.”

The Montgomery County Department of Health and Human Services Office of Public Health and our community partners want to learn about your experiences, the health issues you care about, and your ideas to make our community healthier.

This survey is for adults 18 and older who live in Montgomery County, PA.

What to expect: The survey will take about 15 minutes to complete. It includes questions to help us understand your health priorities, your perspective on health issues your community is facing, and experiences you have had that may influence your health and well-being.

How the results will be used: Results of this survey will inform our planning for the future. In addition, a summary of what we learn will be available to our whole community. We hope that partners throughout the County will also use the survey results to create more opportunities for all of us to achieve our best health.

Please complete the survey by **April 25, 2024!**

If you have questions about the survey, or need help filling it out, please contact us at publichealth@montgomerycountypa.gov or 610-278-5117.

Thank you for completing the Montgomery County, PA Community Health Survey!

Qualifying Questions

1) Do you live in Montgomery County, PA?

- Yes No

This survey is for Montgomery County, PA residents. If you selected no, please end the survey.

Thank you!

2) What is the City, Town, or Borough where your home is located?

If you do not have a home, where do you usually sleep? _____

3) Please select your age group.

This survey is for adults ages 18 and older. If you are under 18, please end the survey. Thank you!

- | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> 18-19 years | <input type="checkbox"/> 40-44 years | <input type="checkbox"/> 65-69 years |
| <input type="checkbox"/> 20-24 years | <input type="checkbox"/> 45-49 years | <input type="checkbox"/> 70-74 years |
| <input type="checkbox"/> 25-29 years | <input type="checkbox"/> 50-54 years | <input type="checkbox"/> 75-79 years |
| <input type="checkbox"/> 30-34 years | <input type="checkbox"/> 55-59 years | <input type="checkbox"/> 80-84 years |
| <input type="checkbox"/> 35-39 years | <input type="checkbox"/> 60-64 years | <input type="checkbox"/> 85+ |

Early Demographics

Your answers will be anonymous.

4) What was your assigned sex at birth?

“Sex assigned at birth” refers to the label a medical professional gives to a baby when it is born. Intersex describes individuals with sex traits or reproductive anatomy that are different from strictly the male/female binary.

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> Female | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Male | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Intersex | |

5) What gender do you best identify with?

- | | | |
|---|---|---|
| <input type="checkbox"/> Agender/I don't identify with any gender | <input type="checkbox"/> Male | <input type="checkbox"/> Gender is not listed |
| <input type="checkbox"/> Female | <input type="checkbox"/> Non-binary | <input type="checkbox"/> Prefer not to state |
| <input type="checkbox"/> Gender fluid | <input type="checkbox"/> Transgender female | |
| | <input type="checkbox"/> Transgender male | |

6) What language(s) do you speak at home? **(Check all that apply)**

- | | | |
|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Gujarati | <input type="checkbox"/> Mandarin |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Hindi | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Italian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Korean | |

Health Ratings

Physical health includes illness and injury to the body.

7) In general, would you say your physical health is:

- Excellent Very Good Good Fair Poor

Mental health includes stress, depression, and problems with emotions.

8) In general, would you say your mental health is:

- Excellent Very Good Good Fair Poor

Connection with others includes friends, family, faith groups, people in your community, etc.

9) Would you say that your connection with others is:

- Excellent Very Good Good Fair Poor

Access to Health Care

10) Are you currently covered by any of the following types of health insurance or health coverage plans?

(Check all that apply)

- Insurance through a current or former employer or union (by you or another family member)
- Insurance purchased directly from an insurance company, such as marketplace/PENNIE (by you or another family member)
- Medicare, for people 65 and older, or people with certain disabilities
- Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability
- TRICARE or other military health care
- VA (enrolled for VA health care)
- Indian Health Service
- Other _____

11) Do you have one person (or a group of people) who you think of as your personal health care provider(s)?

- Yes No Don't know

12) In the **past year**, were you able to get medical care when you needed it?

- Always Most of the time Sometimes Never Not Applicable

13) Thinking about your experiences with health care visits in the **past year**, how often did the doctor or health care provider:

I did not visit a health care provider in the last year (**skip to 14**)

	Every time	Most of the time	Some of the time	Rarely or never	N/A or Don't know
Explain things in a way you could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spend enough time with you during the visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understand and respect your cultural values and beliefs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Involve you in decision-making about your care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask about your work, housing situation, or access to food or transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14) Was there a time in the **past year** when you had difficulty doing any of the following:

I did not visit a health care provider in the past year (**skip to 15**)

	Yes	No	N/A or Don't know
Scheduling a medical appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling out forms for a doctor or health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating with office staff at a doctor's office or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding instructions given to you by a doctor or health care provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding how to use medicine prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15) Has a doctor, nurse, or other health professional **ever** told you that you had the following health conditions?

	Yes	No	Don't know
Angina or Coronary Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or Depressive Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure (hypertension)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease (not including kidney stones, bladder infection, or incontinence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Skip to question 17 if you did not select "yes" for any of the conditions listed in question 15.

16) Select all the statements that are true to you as they relate to the health condition(s) you selected in question 15.

- | | |
|--|---|
| <input type="checkbox"/> I know how to manage or care for my condition(s) | <input type="checkbox"/> I can afford to manage my condition(s) |
| <input type="checkbox"/> I have the time to manage my condition(s) | <input type="checkbox"/> I have the transportation I need to manage my condition(s) |
| <input type="checkbox"/> I have the energy to manage my condition(s) | <input type="checkbox"/> I take my medication(s) as advised |
| <input type="checkbox"/> I have the information needed to manage my condition(s) | <input type="checkbox"/> None of the above |
| | <input type="checkbox"/> Not applicable |

17) In the **past year**, were you able to get dental (oral) health care when you needed it?

- Always Most of the time Sometimes Never Not Applicable

18) In the **past year**, has there been a time when you thought you needed mental health services?

- Yes No Don't know Prefer not to answer

Skip to question 22 if you did not select "yes" for question 18.

19) In the **past year**, have you tried to get mental health services for yourself?

- Yes No Don't know Prefer not to answer

Skip to question 21 if you did not select “yes” for question 19.

20) When you tried to get mental health services in the **past year**, how long did you have to wait before you got an appointment?

- | | |
|---|---|
| <input type="checkbox"/> Less than 1 month | <input type="checkbox"/> I could not get an appointment |
| <input type="checkbox"/> 1 to 2 months | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> More than 2 months | <input type="checkbox"/> Prefer not to answer |

21) Please select the main reason you did not get or try to get an appointment. **(Check one)**

- | | |
|---|--|
| <input type="checkbox"/> I was too busy or couldn't get time off work | <input type="checkbox"/> I could not get an appointment in a reasonable amount of time |
| <input type="checkbox"/> I was afraid or embarrassed | <input type="checkbox"/> I didn't want to go in person due to COVID-19 |
| <input type="checkbox"/> I worked through it | <input type="checkbox"/> My insurance was not accepted |
| <input type="checkbox"/> I could not find a provider nearby | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> None of the providers I contacted were taking new patients | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> I could not afford the cost | <input type="checkbox"/> Other _____ |

About Your Community

22) When you think about the **health and well-being of your community**, which of these problems are you most concerned about? **(Check up to 3)**

- | | |
|---|--|
| <input type="checkbox"/> Accidental injury (risk of falling; car accidents, drownings, job-related injuries, etc.) | <input type="checkbox"/> Mental health (stress; anxiety; depression; suicide; etc.) |
| <input type="checkbox"/> Chronic Diseases (heart disease; diabetes; cancer; asthma; chronic lung disease; chronic pain management; etc.) | <input type="checkbox"/> Obesity and overweight; unhealthy weight |
| <input type="checkbox"/> Dental health (oral health) | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Drug / Alcohol use disorders, Addiction, or Marijuana use | <input type="checkbox"/> Pregnancy care / infant health (medical care for pregnancy; infant death; teen pregnancy; pregnancy planning) |
| <input type="checkbox"/> Environmental safety (food/water; neighborhood; roadway; safe and clean housing; etc.) | <input type="checkbox"/> Racism and institutional discrimination |
| <input type="checkbox"/> Intellectual Disabilities (limited ability to learn and function due to conditions such as Down Syndrome, fetal alcohol syndrome, fragile X syndrome, genetic conditions, birth defects, and infections, traumatic brain injury, etc.) | <input type="checkbox"/> School funding |
| <input type="checkbox"/> Lack of access to resources like grocery stores and health care offices | <input type="checkbox"/> Sexually Transmitted Diseases (chlamydia; gonorrhea; syphilis; Human Papilloma Virus (HPV); HIV/AIDS; etc.) |
| <input type="checkbox"/> Memory Loss, Alzheimer's, Dementia | <input type="checkbox"/> Tobacco or nicotine use, vaping |
| | <input type="checkbox"/> Traumatic experiences and adverse childhood experiences |
| | <input type="checkbox"/> Violence (Domestic Violence, Sexual Assault, gun violence, homicide); Child Abuse or neglect |
| | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Other (please specify) _____ |

25) How much do you agree with the following statements about where you live?

	Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly Disagree	N/A or Don't know
People here are accepting of different cultures and identities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in <u>public spaces</u> (not worried about violence, petty crime, theft, terrorism, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in my <u>home</u> (not worried about burglary, domestic violence, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26) How much do you agree with the following statements about where you live?

	Strongly Agree	Agree	Neither Agree nor disagree	Disagree	Strongly Disagree	N/A or Don't know
I feel safe while driving on the road (few traffic accidents, safe drivers, good roadway design, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are many opportunities to connect with other people in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are enough services for people in need or crisis (food pantries, shelters, assistance with bills, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27) Long-term stress and stressful life events can put you at increased risk for health problems such as anxiety, depression, heart disease, high blood pressure, and stroke. We want to learn about stressful life events that people face in Montgomery County.

In the **past year**, have you or a family member living with you had any of the following problems?

	Yes	No
Had problems paying for housing	<input type="checkbox"/>	<input type="checkbox"/>
Had problems paying utilities (such as water, electric, and gas bills)	<input type="checkbox"/>	<input type="checkbox"/>
Had problems paying for transportation	<input type="checkbox"/>	<input type="checkbox"/>
Had problems paying for health care	<input type="checkbox"/>	<input type="checkbox"/>
Been a victim of any act of violence, such as a robbery, carjacking, or shooting	<input type="checkbox"/>	<input type="checkbox"/>
Been threatened or mistreated by the police	<input type="checkbox"/>	<input type="checkbox"/>
Had problems getting a job	<input type="checkbox"/>	<input type="checkbox"/>
Had problems keeping a job	<input type="checkbox"/>	<input type="checkbox"/>

Poverty and Racism

28) Have you experienced discrimination or bias in the **past year** due to the following: **(Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Age | <input type="checkbox"/> Neurodiversity |
| <input type="checkbox"/> Body size or shape | <input type="checkbox"/> Political views |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Race |
| <input type="checkbox"/> Education | <input type="checkbox"/> Religion or spiritual practice |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Sexual orientation |
| <input type="checkbox"/> Gender identity expression | <input type="checkbox"/> Substance use |
| <input type="checkbox"/> Housing status (renter, owner, unhoused) | <input type="checkbox"/> Veteran status |
| <input type="checkbox"/> Immigration status | <input type="checkbox"/> I have not experienced discrimination or bias |
| <input type="checkbox"/> Income | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Language | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> National origin, ethnicity, or ancestry | |

About Your Health and Social Needs

29) In the **past year**, how often have you worried about whether your food would run out before you had money to buy more?

- Often Sometimes Never

30) In the **past year**, how often has the food you bought not lasted until you had the money to get more?

- Often Sometimes Never

31) Do you eat fruits and/or vegetables at least 5 days in a typical week? **(Check all that apply)**

- Yes
- I eat fruits and vegetables, but less than 5 days per week.
- No, I cannot afford it.
- No, fruits/vegetables are not available where I buy or receive my groceries.
- No, I cannot find the kinds of fruits/vegetables I like.
- No, I do not know how to cook or prepare fruits and/or vegetables.
- No, I do not have the tools to cook or prepare them (no stove/oven/cookware, etc.).
- No, I do not like to eat fruits or vegetables.
- Not applicable

32) In a typical **week**, how much time do you spend doing moderate or vigorous physical activity/exercise that increases your breathing or heart rate?

- Half an hour or less (30 minutes or less)
- Between half an hour and 1 hour (31-60 minutes)
- Between 1 hour and 1.5 hours (61-90 minutes)
- Between 1.5 and 2 hours (91-120 minutes)
- Between 2 and 2.5 hours (121-150 minutes)
- More than 2.5 hours (>150 minutes)

33) How do you usually get from place to place? **(Check up to 3)**

- | | |
|---|---|
| <input type="checkbox"/> Your own personal automobile (e.g., car, truck, SUV) | <input type="checkbox"/> Taxi or rideshare (e.g., Uber, Lyft) |
| <input type="checkbox"/> Bus system | <input type="checkbox"/> Train, subway, or trolley |
| <input type="checkbox"/> Ride from Family/Friend | <input type="checkbox"/> Medical transportation or paratransit (that is, specialized, door-to-door transport service) |
| <input type="checkbox"/> Borrow or share a vehicle | <input type="checkbox"/> I have no source of transportation |
| <input type="checkbox"/> Bicycle | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Other _____ |

Cancer

Answer questions 34 and 35 only if you are 45 years old or older.

The next few questions are about some different tests you may have had to look for signs of colon cancer. Colon cancer is a cancer of the colon (large bowel, large intestine) or rectum.

34) Colonoscopy and sigmoidoscopy are exams to check for colon cancer. Another test uses a special kit at home to collect and return a small stool sample to a lab. Have you ever had any of these exams? **(Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Yes, Colonoscopy | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes, Sigmoidoscopy | <input type="checkbox"/> Don't know/not sure |
| <input type="checkbox"/> Yes, Stool sample | |

Skip to question 36 if you answered yes to question 34.

35) Do any of the following factors prevent you from going for colorectal cancer screening? **(Check all that apply)**

- | | |
|--|--|
| <input type="checkbox"/> No transportation | <input type="checkbox"/> I am not at risk for colorectal cancer |
| <input type="checkbox"/> Appointment times are not convenient for me | <input type="checkbox"/> I am unsure if my health plan will pay for screening |
| <input type="checkbox"/> I can't take time off at work to get screening | <input type="checkbox"/> I am concerned that I will not be treated with courtesy and respect |
| <input type="checkbox"/> Fear of discomfort or pain from screening or prep | <input type="checkbox"/> I had <u>no</u> barriers- I just didn't do it |
| <input type="checkbox"/> Fear of being told I have cancer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> My doctor did not tell me to get screened | |

Answer questions 36 and 37 only if you are at least 40 years old and you are a female (assigned female at birth, or assigned male at birth and are transgender female).

36) Have you ever had a mammogram? **(Check one)**

- | | |
|---|---|
| <input type="checkbox"/> No, have never had one done | <input type="checkbox"/> Yes, more than 2 but not more than 5 years ago |
| <input type="checkbox"/> Yes, a year ago or less | <input type="checkbox"/> Yes, more than 5 years ago |
| <input type="checkbox"/> Yes, more than 1 but not more than 2 years ago | |

Skip to question 38 if you answered yes to question 36.

37) Which of the following factors prevent you from going for breast cancer screening? **(Check all that apply)**

- No transportation
- Appointment time or locations are not convenient
- I can't take time off at work to get screening
- Fear of pain or discomfort from screening
- Fear of being told I have cancer
- My doctor did not tell me to get screened
- I am not at risk for breast cancer
- I am unsure if my health plan will pay for screening
- I am concerned that I will not be treated with courtesy and respect
- I had a bad experience with a provider during a breast cancer screening
- I had no barriers to breast cancer screening
- Other _____

Substance Use Disorders

38) Drug and alcohol use disorders (addictions) do not just affect individuals. The impact spreads to families, friends, and communities. Addiction affects me and the people around me in the following way(s) **(Check all that apply):**

- (a) I have a family member who has an active alcohol and/or drug addiction
- (b) I have a family member who is in recovery from alcohol and/or drug use
- (c) I have a friend who has an active alcohol and/or drug addiction
- (d) I have a friend who is in recovery from alcohol and/or drug use
- (e) I have had a family member or friend die due to alcohol and/or drug misuse
- (f) I personally have an active alcohol and/or drug addiction
- (g) I am personally in recovery from alcohol and/or drug use
- (h) I have no close experience with alcohol and/or drug use disorders

Skip to question 40 if you did not select a, c, or f for question 38.

39) If you, a family member, or friend are currently using drugs or alcohol please check the substance(s) that are used? **(Check all that apply)**

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Methamphetamine |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Heroin | <input type="checkbox"/> Prescription Pills |
| <input type="checkbox"/> Fentanyl | <input type="checkbox"/> Marijuana | <input type="checkbox"/> Other _____ |

40) How much do you agree with the following statement: If I had a family member or friend with a substance use disorder, I would know how to find help. **(Check one)**

- | | | |
|---|---|--|
| <input type="checkbox"/> Strongly agree | <input type="checkbox"/> Neither agree nor disagree | <input type="checkbox"/> Somewhat disagree |
| <input type="checkbox"/> Somewhat agree | | <input type="checkbox"/> Strongly disagree |

41) NARCAN® (also known as naloxone) is a lifesaving medication used for the treatment of a known or suspected opioid overdose emergency. **(Check all that apply)**

- | | |
|--|---|
| <input type="checkbox"/> I know where I can get NARCAN® in Montgomery County, PA | <input type="checkbox"/> I know how to use NARCAN® |
| <input type="checkbox"/> I carry NARCAN® with me or keep it in my home | <input type="checkbox"/> I have used NARCAN® to save a life |
| | <input type="checkbox"/> None of the above |

Workforce Development

42) What is your current employment status? **(Check all that apply)**

- | | |
|---|---|
| <input type="checkbox"/> (a) Employed full-time | <input type="checkbox"/> (e) Retired |
| <input type="checkbox"/> (b) Employed part-time | <input type="checkbox"/> (f) Unable to work |
| <input type="checkbox"/> (c) Homemaker or stay-at-home parent | <input type="checkbox"/> (g) Unemployed |
| <input type="checkbox"/> (d) Full-time student | <input type="checkbox"/> (h) Other _____ |

43) **(If you selected "a" or "b" for question 42):** How many jobs do you work? _____

44) **(If you selected "g" for question 42):** Would you prefer to be working, or are you unemployed by choice?

- | | |
|---|---|
| <input type="checkbox"/> Prefer to be working | <input type="checkbox"/> Unemployed by Choice |
|---|---|

45) **(If you selected "b" for question 42):** Would you prefer to be working full-time or are you working part-time by choice?

- | | |
|---|--|
| <input type="checkbox"/> Prefer to be working full-time | <input type="checkbox"/> Working part-time by choice |
|---|--|

Demographic Questions

Montgomery County, PA residents come from very diverse backgrounds. We encourage you to fill out as many questions as you feel comfortable with so we can identify if any groups are experiencing certain issues more often than others. All responses to the survey are confidential. Some of these terms may be unfamiliar, but please pick the terms that best describe you.

46) Which one or more of the following would you say is your race? **(Check all that apply)**

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian or Asian American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Black/African American/African | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |

47) Are you of Hispanic, Latino/a/x, or Spanish origin?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

48) What is your sexual orientation? **(Check all that apply)**

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Asexual | <input type="checkbox"/> Questioning or unsure |
| <input type="checkbox"/> Bisexual | <input type="checkbox"/> Straight |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Lesbian | <input type="checkbox"/> Prefer to self-describe _____ |
| <input type="checkbox"/> Pansexual | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Queer | |

49) What is the **highest grade** or year of school you completed? **(Check one)**

- | | |
|--|---|
| <input type="checkbox"/> Never attended school | <input type="checkbox"/> Associate's Degree |
| <input type="checkbox"/> Elementary (grade K-8) | <input type="checkbox"/> Bachelor's Degree |
| <input type="checkbox"/> Some High School (grade 9-11) | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School or GED | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Some college courses | |

50) Which of the following best describes your marital/relationship status? **(Check one)**

- Domestic Partner Married Never Married Separated/Divorced Widowed

51) What is your housing situation today?

- I have stable housing
- I have housing today, but I am worried about losing housing in the future
- I do not have permanent housing (I am staying in a hotel, in a homeless shelter, living outside on the street, in a camp, in a car, abandoned building, bus station or in a park)

52) Do you identify with any of the following groups? **(Check all that apply)**

- | | |
|---|--|
| <input type="checkbox"/> Co-parent/caregiver with a child under 18 years old living with you | <input type="checkbox"/> Refugee/Asylum Seeker |
| <input type="checkbox"/> Immigrant | <input type="checkbox"/> Single parent/caregiver for child under 18 years, currently living at home with you |
| <input type="checkbox"/> Person experiencing homelessness | <input type="checkbox"/> Veteran or Active-Duty Military |
| <input type="checkbox"/> Person with a physical, mental, health-related, or learning disability | <input type="checkbox"/> None of the above |

53) What is your current religion, if any? **(Check all that apply)**

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Jewish | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Muslim | <input type="checkbox"/> No religion |
| <input type="checkbox"/> Christian Orthodox | <input type="checkbox"/> Native American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Protestant (Anglican, Orthodox, Baptist, Lutheran) | |
| <input type="checkbox"/> Inter/non-denominational | | |

54) Who do you trust to give you good, honest information about health? **(Check your top 5)**

- | | | |
|---|---|--|
| <input type="checkbox"/> CDC (U.S. Centers for Disease Control) | <input type="checkbox"/> Health care provider, doctor | <input type="checkbox"/> Pennsylvania and Local Health departments |
| <input type="checkbox"/> Community organizations | <input type="checkbox"/> Internet | <input type="checkbox"/> Television reporters |
| <input type="checkbox"/> Elected officials (mayors, governors, legislators, congress persons) | <input type="checkbox"/> Newspapers | <input type="checkbox"/> Posters in waiting rooms or other public spaces |
| <input type="checkbox"/> Faith or religious leaders | <input type="checkbox"/> Radio reporters | <input type="checkbox"/> County newsletters or email lists |
| <input type="checkbox"/> Friends and Family | <input type="checkbox"/> School, College, or University | <input type="checkbox"/> Prefer not to answer |
| | <input type="checkbox"/> Social Media | <input type="checkbox"/> Other _____ |

55) We would like to partner with trusted organizations and community members for future public health campaigns. What organizations do you trust to give you honest information about your health? Please share the **organization name** and **contact person** if known.

56) Please use this space to tell us anything else you would like for us to know about the health of you, your family, or Montgomery County, PA as a whole.

57) How or where did you find out about this survey?

Thank you for sharing with us! This information will help us to improve the health of Montgomery County, PA residents.

If you are struggling with a need, but don't know where to turn, call Community Connections at 610-278-3522 or scan the QR code to fill out a form online. Trained, courteous professionals can connect you to resources and services in Montgomery County, PA such as affordable housing and legal services, food pantries, and educational services.

