

Athens Wellbeing Project

PLEASE FOLLOW THESE INSTRUCTIONS...

- Use a blue or black ink pen to fill out this questionnaire. (DO NOT USE A PENCIL)
- Completely fill in the appropriate bubble like this ●.
- If you make a mistake, mark through the incorrect bubble like this ✕, and fill in the correct bubble.



Community Partners

Athens Area Community Foundation, Athens-Clarke County Unified Government, ACC Housing and Community Development Department, Athens-Clarke County Police Department, Athens Housing Authority, Clarke County School District, Family Connection, Piedmont Athens Regional Medical Center, St. Mary's Health Care System, United Way of Northeast Georgia, and the University of Georgia.

Description of Project

The Athens Wellbeing Project is working to improve the quality of life in our community. We are conducting a brief survey of Athens-Clarke County residents to better understand the needs of our neighborhoods and communities. Your household was randomly selected to participate in the survey.

Compensation

For taking this survey you will be eligible to be entered into a bi-weekly raffle for a \$100 Walmart gift card.

Voluntary Nature of the Study

The survey will take approximately 15 to 20 minutes to complete. Your participation in the survey is voluntary. You can choose to end the survey at any time. You can also decline to answer any question for any reason.

Confidentiality

Reports created from the survey results will not identify you or your household. The anonymous survey results will be kept for future research and may be shared with other researchers. The findings from this project may provide information that can be used to improve the quality of life in Athens Clarke County. There are no known risks or discomforts associated with this survey.

Contact Information

Please contact Dr. Grace Bagwell Adams (Phone: 706-713-2701; email: gbagwell@uga.edu) for questions about this survey. Contact the UGA Institutional Review Board at irb@uga.edu or 706-542-3199 if you have questions or concerns about your rights as a research participant.

Consent

By selecting yes below, you are agreeing to participate in the survey. You must be at least eighteen (18) years old and a resident of Athens-Clarke County to participate in this survey.

1. I agree to participate in this survey.

Yes

No

2. Your street address (e.g., 155 South Street):

3. Zip code:

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4. Survey ID number (If you did not receive a Survey ID number, please enter 0000000):

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5. What race do you consider yourself to be? Please indicate one or more races you consider yourself to be.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other race (please specify)

6. Do you consider yourself to be Hispanic or Latino?

- Yes
- No

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

- Less than high school
- High school degree/GED
- Some college but no degree
- Associate's degree: occupational, technical or vocational program
- Associate's degree: academic program
- Bachelor's degree
- Master's degree or higher

8. Are you currently enrolled in college?

- Yes
- No → **Please skip to question #11**

9. Are you a student at the University of Georgia?

- Yes
- No → **Please skip to question #11**

10. Are you an undergraduate or graduate student at UGA?

- Undergraduate student
- Graduate student

11. What is your current legal marital status?

- Single
- Married
- Separated
- Divorced
- Widowed

105. As a citizen of Athens-Clarke County, please provide any recommendations or suggestions for the Athens-Clarke County Police Department's **911 Center** or **the Athens-Clarke County Police Department**.

106. In the raffle for a \$100 Walmart gift card, how should we contact you if you win?
This information will not be associated with any of your survey responses.

- Email (enter email address)

- Mail (enter mailing address)

- I do not wish to be entered into a raffle

17. Are you (or someone in your household) a veteran of the US Military?

- Yes
- No

18. Do you have access to the internet **at home** through any of the following devices? Please select all that apply.

- Cellphone
- Computer (desktop or laptop)
- Tablet
- Other device (please specify):

I do not have internet access at home

19. Now, think about the past 12 months. Did you work at a job or business at any time during the past 12 months?

- Yes → **Please skip to question #21**
- No

20. If you did not work in the past 12 months, are you...

- a student
- a homemaker
- retired
- unable to work
- other (please specify)

Please skip to question #26 on page 5

21. How many hours did you work LAST WEEK at all jobs or businesses?

22. Which of the following best describes your usual work schedule?

- Day shift
- Afternoon
- Night shift
- Split shift
- Irregular shift/on-call
- Rotating shifts

99. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼	▼	▼	▼	▼
ACC Police Officers would treat you with respect if you had contact with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers treat everyone fairly regardless of who they are.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers are helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers deal positively with young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACC Police Officers focus on the public safety issues that concern you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The number of ACC Police Officers that serve my neighborhood is satisfactory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

100. This set of questions is about the Athens-Clarke County Police Department (ACCPD). Remember, your answers will remain anonymous.

Please indicate the extent to which you agree or disagree with the following statements about the Athens-Clarke County Police Department (ACCPD).

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼	▼	▼	▼	▼
I have a great deal of confidence in the ACCPD and its officers and employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a great deal of respect for the ACCPD and its officers and employees.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ACCPD shows a great deal of interest in community issues.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall, the ACCPD is doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

96. In the past 12 months, would you say crime **in your neighborhood** has gotten better, worse, or stayed the same?

- Better
- Worse
- Stayed the same

97. This set of questions is about Athens-Clarke County (ACC) Police Officers. Remember, your answers will remain anonymous.

Have you had any contact with an Athens-Clarke County (ACC) Police Officer in the last 12 months?

- Yes
- No → **Please skip to question #99 on page 21**

98. Overall, how satisfied were you with the following?

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dis-satisfied	Very dissatisfied
	▼	▼	▼	▼	▼
Assistance provided by the ACC Police Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speed with which the ACC Police Officer provided assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Overall professionalism of the ACC Police Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge and understanding of the ACC Police Officer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Does your job offer any of the following benefits? Please select all that apply.

- Medical insurance
- Dental insurance
- Sick leave
- Paid vacation
- Family or maternity leave
- Retirement plan
- Profit sharing
- Bonuses (seasonal/quarterly)
- My job does not offer any of the benefits listed above

24. How hard is it to take time off during your work to take care of personal or family matters?

- Not at all hard
- Not too hard
- Somewhat hard
- Very hard

25. How often do the demands of your family interfere with your work on the job?

- Often
- Sometimes
- Rarely
- Never

26. Have you, or has anyone in your household, experienced a loss of employment income in the last 12 months?

- Yes
- No

27. Did you lose a job at any time during the past 12 months?

- Yes
- No

28. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, government plans such as Medicare, or Indian Health Service?

- Yes
- No → **Please skip to question #30 on page 6**

29. What is the **PRIMARY** source of **your** health care coverage?

- A plan purchased through an employer, union, or school (includes plans purchased through another person's employer)
 - A plan that you or another family member buys on your own
 - A plan purchased through a state Healthcare Exchange ("Obamacare")
 - Medicare
 - Medicaid
 - Managed Medicaid (Wellcare or Amerigroup)
 - TRICARE (formerly CHAMPUS), VHA, or Military
 - Alaska Native, Indian Health Service, Tribal Health Services
 - Some other source (please specify)
-

30. What is the **PRIMARY** source of your **child/children's** health care coverage? **(If your household does not include a child/children under the age of 18, please skip to question #31.)**

- A plan purchased through an employer, union, or school (includes plans purchased through another person's employer)
 - A plan that you or another family member buys on your own
 - A plan purchased through a state Healthcare Exchange ("Obamacare")
 - PeachCare (Medicaid)
 - TRICARE (formerly CHAMPUS), VA, or Military
 - Alaska Native, Indian Health Service, Tribal Health Services
 - Some other source (please specify)
-

My child/children does not have health care coverage.

31. Are you currently receiving any of the following benefits? Please select all that apply.

- TANF (Temporary Assistance for Needy Families)
- Disability Insurance/SSDI (Social Security Disability Insurance)
- Childcare assistance/CAPS (Childcare and Parent Services)
- Section 8 Housing Assistance
- SSI (Supplemental Security Income)
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- Food stamps/SNAP (Supplemental Nutrition Assistance Program)
- I do not currently receive any of the benefits listed above.

32. Do you currently have a checking or savings account at a bank or financial institution? Please select all that apply.

- Checking account
- Savings account

93. Does your home have any of the following problems? Please select all that apply.

- Exposed electrical wiring
- Open crack/holes in the floors, wall, or ceilings
- Missing shingles or roofing materials
- Outside walls that lean or slant
- Broken or boarded windows
- Peeling paint
- Health hazards such as lead paint or radon
- Pests such as rats or cockroaches
- Mold
- My home does not have any of the problems listed above

94. How many times have you moved in the last two years?

- 0
- 1
- 2
- 3 or more

95. Please indicate the extent to which you agree or disagree with the following statements about your neighborhood.

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
People in my neighborhood can be trusted.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in my neighborhood generally get along with each other.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel comfortable with children playing outside in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe enough to walk or exercise outside in my neighborhood.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my home	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe on my street	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my neighborhood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in local parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in downtown Athens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

88. What are the primary reasons your child/children did not participate in a summer program? Please select all that apply.

- Concerns over COVID-19
- Cost of summer programs
- Lack of availability of summer programs
- Difficulty registering for summer programs
- Other (please specify):

 Child/children did not need summer programing

89. After the end of the normal school year in the Spring of 2021, did any of the K-12 students in your household...

Please select all that apply.

- Attend a traditional summer school program because of poor grades
- Attend a summer school program to help students catch up with lost learning time during the pandemic
- Attend summer-led school camps for subjects like math, science, or reading
- Work with private tutors to help students catch up with lost learning time during the pandemic

90. Is your home currently...

- Owned or being bought by someone in your household
- Rented
- Other (please specify)

91. How much is your current monthly mortgage or rental payment?

\$. per month

92. Are you currently participating in any of the following housing programs? Please select all that apply.

- Section 8
- Rapid Rehousing
- Tenant-Based Rental Assistance (TBRA)
- Shelter Plus Care Programs (SP +C)
- I do not currently participate in any of the housing programs listed above.

33. Would you say that your household is better off financially or worse off than it was a year ago?

- Better off
- Worse off
- The same

34. In the last 3 months, have you...

Please select all that apply.

- been threatened with eviction or foreclosure
- taken out a high interest loan (e.g., payday loan, title loan, etc.)
- had difficulty paying medical bills
- had difficulty paying utility bills
- had difficulty paying credit card bills

} **Please skip to question #37**

35. What was the primary reason for threatened eviction or foreclosure?

- Failure or inability to pay rent or mortgage
- Cancellation of homeowners insurance
- Other violation of lease
- Landlord wants to use the unit for another tenant or purpose, including the landlord moving into the unit
- Building condemned or due to be demolished
- Landlord foreclosed on
- Other (please specify):

36. How many months behind is your household in paying your rent or mortgage?

months

37. What mode of transportation do you rely on in a typical week? Please select all that apply.

- Personal vehicle
- Carpool
- Bus
- Taxi/Uber/Lyft
- Bicycle
- Walking
- Other (please specify):

38. Now thinking about your primary mode of transportation, how reliable is your primary mode of transportation?

- Extremely reliable
- Reliable
- Neutral
- Somewhat reliable
- Not at all reliable

39. Do you have a child/children in the Clarke County School District?

- Yes
- No, I send my child to private school or out of district
- No, my child/children attend home school
- No, I do not have school-aged children

} **Please skip to question #45 on page 9**

40. Do you have a child/children in elementary school, middle school, high school, or other programming in the Clarke County School District? Please select all that apply.

- Elementary school
- Middle school
- High school
- Other school program (Early Learning Center, Athens Community Career Academy)

41. **If you have a child/children in elementary school**, which of the following elementary schools does your child/children currently attend?

- Alps Road Elementary School
- Barnett Shoals Elementary School
- Barrow Elementary School
- Chase Street Elementary School
- Cleveland Road Elementary School
- Fowler Drive Elementary School
- Gaines Elementary School
- H.B. Stroud Elementary School
- J.J. Harris Elementary School
- Oglethorpe Ave Elementary School
- Timothy Road Elementary School
- Whit Davis Elementary School
- Whitehead Road Elementary School
- Winterville Elementary School
- I do not have a child/children in elementary school.

82. In the past 7 days, have you or someone in your family read to your child/children? **(If you do not have any children under the age of 12, please skip to question #83.)**

- Yes
- No

83. Do you currently use childcare services, including having a friend or family member take care of your child/children?

- Yes
- No → **Please skip to question #86**

84. Which of the following sources do you rely on for childcare? Please select all that apply.

- Childcare/daycare center
- Family friend
- Grandparent
- Older sibling
- Other relative
- Babysitter or nanny
- Afterschool program
- Other (please specify)

85. How much are your current **monthly** childcare costs?

\$. per month

86. Did your child/children participate in any summer programs (e.g., summer camps, swimming lessons) this summer (May-August of 2021)?

- Yes
- No → **Please skip to question #88 on page 18**

87. Did your child/children participate in any of the following summer programs? Please select all the apply.

- Athens-Clarke County Leisure Services summer camp
- Athens-Clarke County Leisure Services swimming lessons
- Private summer camp
- Private swimming lessons
- Other summer program(s) (please specify):

} **Please skip to question #89 on page 18**

78. Have you experienced the death of a family member or close friend in the years 2020 or 2021?

- Yes
 No → **Please skip to question #80**

79. Were any of these deaths due to COVID-19?

- Yes
 No

80. Please indicate the extent to which you agree or disagree with the following statements. **(If you do not have a school-aged child/children, please skip to question #90 on page 18.)**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
	▼	▼	▼	▼	▼
I understand what my child is expected to learn in all subject areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident about my ability to help my child at home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The education my child is receiving is preparing him/her for future success.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

81. How far do you expect your child/children to go in school?

- I expect my child/children to graduate from high school.
 I expect my child/children to graduate from a vocational certificate program.
 I expect my child/children to graduate from a two-year school or technical school.
 I expect my child/children to graduate from a four-year college.
 I expect my child/children to complete post-graduate studies after graduating from a four-year college.

42. **If you have a child/children in middle school**, which of the following middle schools does your child/children currently attend?

- Burney-Harris-Lyons Middle School
 Clarke Middle School
 Hilsman Middle School
 W.R. Coile Middle School
 I do not have a child/children in middle school.

43. **If you have a child/children in high school**, which of the following high schools does your child/children currently attend?

- Cedar Shoals High School
 Clarke Central High School
 Classic City High School
 I do not have a child/children in high school.

44. **If you have a child/children in another school program**, which of the following does your child/children currently attend?

- Early Learning Center (Special Program)
 Athens Community Career Academy (Special Program)
 I do not have a child/children in another school program.

45. Are you registered to vote, or not currently registered?

- Registered
 Not currently registered

46. During the past 12 months, did you do any of the following?

	Yes	No
	▼	▼
Sign a petition about a political or social issue	<input type="radio"/>	<input type="radio"/>
Telephone, write a letter to, or visit a government official to express your views on a public issue	<input type="radio"/>	<input type="radio"/>
Devote any time to volunteer work	<input type="radio"/>	<input type="radio"/>
Attend a protest or demonstration	<input type="radio"/>	<input type="radio"/>
Attend a meeting about an issue facing your community or schools	<input type="radio"/>	<input type="radio"/>
Contribute any money to a church or charity	<input type="radio"/>	<input type="radio"/>
Vote in an election	<input type="radio"/>	<input type="radio"/>

47. How often do you meet socially with friends, relatives, or work colleagues?

- Daily
- A few times a week
- Weekly
- A few times a month
- Monthly
- Rarely or never

48. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly agree ▼	Agree ▼	Neither agree nor disagree ▼	Disagree ▼	Strongly disagree ▼
I can influence decisions affecting Athens.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I put a lot of effort into being part of the Athens community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

49. Do you consider religion to be an important part of your life, or not?

- Important
- Not Important → **Please skip to question #51**

50. What level of guidance would you say your religion provides in your day-to-day life?

- No guidance in your day-to-day life
- Some guidance
- Quite a bit of guidance
- A great deal of guidance

51. All things considered, how satisfied are you with your life as a whole these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied?

- Very satisfied
- Satisfied
- Not very satisfied
- Not at all satisfied

52. All things considered, how satisfied are you with your life at home these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied?

- Very satisfied
- Satisfied
- Not very satisfied
- Not at all satisfied

73. Have you received the COVID-19 vaccine?

- Yes, got one-dose vaccine
 - Yes, got first dose of two-dose vaccine
 - Yes, got both doses of two-dose vaccine
 - No
- } **Please skip to question #76**

74. As you may know, an FDA-authorized vaccine for COVID-19 is now available for free to all adults in the U.S. Do you think you will...?

- Get the vaccine as soon as you can
- Wait until it has been available for a while to see how it is working for other people
- Only get the vaccine if you are required to do so for work, school, or other activities
- Definitely not get the vaccine

75. Which of the following, if any, are reasons that you did not get a COVID-19 vaccine? Please select all that apply.

- I am concerned about possible side effects of a COVID-19 vaccine
- I don't know if a COVID-19 vaccine will protect me
- I don't believe I need a COVID-19 vaccine
- My doctor has not recommend it
- I plan to wait and see if it is safe and maybe get it later
- I am concerned about the cost of a COVID-19 vaccine
- I don't trust COVID-19 vaccines
- I don't trust the government
- I don't think COVID-19 is that big of a threat
- It's hard for me to get a COVID-19 vaccine
- I already had COVID-19
- Other (please specify):

76. Have any children (12 to 17 years old) in your household received a COVID-19 vaccine? **(If you do not have a 12 to 17 year old child/children, please skip to question #77.)**

- Yes, got first dose of two-dose vaccine
- Yes, got both doses of two-dose vaccine
- No

77. Has anyone in your household tested positive for COVID-19, or has no one tested positive?

- Someone in my household tested positive
- No one tested positive

67. Have you ever, even once, used **any prescription pain reliever** in any way a doctor did not direct you to use it including: using it without a prescription of your own; using it in greater amounts, more often, or longer than you were told to take it; using it in any other way a doctor did not direct you to use it?

- Yes
- No

68. Does anyone in your household (including yourself) currently use **tobacco products**?

Tobacco products can include cigarettes, cigars, smokeless tobacco (e.g., chewing tobacco, snuff, dip), e-cigarettes or other electronic vaping products, as well as other tobacco products.

- Yes
- No

69. In the past 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No

70. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

- Often
- Sometimes
- Never true

71. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard (such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar activities)?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

72. Would you say that in general your health is...

- Excellent
- Very good
- Good
- Fair
- Poor

53. All things considered, how satisfied are you with your job these days? Are you very satisfied, satisfied, not very satisfied, or not at all satisfied? **(If you did not work at a job or business at any time during the past 12 months, please skip to question #54.)**

- Very satisfied
- Satisfied
- Not very satisfied
- Not at all satisfied

54. Has anyone in your household (including yourself) ever been told by a doctor, nurse or other health professional that they had any of the following health conditions? Please select all that apply.

- Cancer
- Diabetes
- Hypertension or high blood pressure
- Arthritis or rheumatism
- High cholesterol
- Asthma
- Heart disease
- Obesity
- Depression
- Anxiety
- Other mental health disorder (e.g., bipolar, schizophrenia)
- Alcohol use disorder
- Opioid use disorder
- Other drug use disorder (e.g., cocaine, methamphetamine)
- Chronic pain
- No one in my household (including myself) has any of the health conditions listed above

55. During the past 12 months, how many times have you gone to a hospital emergency room about your own health? This includes emergency room visits that resulted in a hospital admission.

- None → **Please skip to question #58 on page 12**
- 1
- 2-3
- 4 or more

56. Thinking about your most recent emergency room visit, did you go to the emergency room either at night or on the weekend?

- Yes
- No

57. Which of these apply to your last emergency room visit?

Yes No
▼ ▼

- | | |
|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> |

58. During the past 12 months, did your child/children receive a well-child check-up, that is a general check-up, when they were not sick or injured? **(If you do not have a school-aged or younger child/children, please skip to question #59.)**

- Yes
 No

59. During the past 12 months, did you (or someone in your household) have trouble finding a general doctor or provider who would see you?

- Yes
 No → **Please skip to question #61**

60. Were you (or someone in your household) able to find a general doctor or provider who could see you?

- Yes
 No

61. During the past 12 months, were you (or someone in your household) told by a doctor's office or clinic that they did not accept your health care coverage?

- Yes
 No

62. During the past 12 months, was there any time when you (or someone in your household) needed dental care but didn't get it?

- Yes
 No

63. During the past 12 months, was there any time when you (or someone in your household) needed mental health treatment or counseling but didn't get it?

- Yes
 No → **Please skip to question #65**

64. Which of these statements explains why you (or someone in your household) did not get the mental health treatment or counseling needed? Please select all that apply.

- You couldn't afford the cost.
- You were concerned that getting mental health treatment or counseling might cause your neighbors or community to have a negative opinion of you.
- You were concerned that getting mental health treatment or counseling might have a negative effect on your job.
- Your health insurance does not cover any mental health treatment or counseling.
- Your health insurance does not pay enough for mental health treatment or counseling.
- You did not know where to go to get services.
- You were concerned that the information you gave the counselor might not be kept confidential.
- You were concerned that you might be committed to a psychiatric hospital or might have to take medicine.
- Some other reason(s). (please specify)

65. During the past 12 months, was there any time when you (or anyone in your household) needed treatment or counseling for your/their use of **alcohol or drugs** but didn't get it?

- Yes
 No → **Please skip to question #67 on page 14**

66. Which of these statements explain why you (or someone in your household) did not get the treatment or counseling needed for the use of **alcohol or drugs**? Please select all that apply.

- You had no health care coverage, and you couldn't afford the cost.
- You did have health care coverage, but it didn't cover treatment for alcohol/drugs or didn't cover the full cost.
- You had no transportation to a program, or the programs were too far away, or the hours were not convenient.
- You didn't find a program that offered the type of treatment or counseling you wanted.
- You were not ready to stop using alcohol/drugs.
- There were no openings in the programs.
- You did not know where to go for treatment.
- You were concerned that getting treatment or counseling might cause your neighbors or community to have a negative opinion of you.
- You were concerned that getting treatment or counseling might have a negative effect on your job.
- Some other reason(s). (please specify)