

# Kenosha County Public Health's Community Health Assessment

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Q0 Para Español, haga clic en la flecha hacia abajo a la derecha.

**Share your voice about the Health of Kenosha County and you could win a \$100 gift card! 10 winners will be chosen!**

Thank you for giving your valuable time to complete Kenosha County's Community Health Assessment (CHA). Kenosha County Public Health, Aurora Health Care, and Froedtert South conduct the CHA every three years to provide an accurate look into the health needs and wants of our local communities. With this **anonymous** information, we create a Community Health Improvement Plan (CHIP) to lead to a Healthy and Thriving Kenosha County.

This online Community Health Assessment will take approximately **15-20 minutes** of your time and cover topics such as you and your family's health behaviors, environmental health, mental health, and questions about your community. This information is very important for understanding gaps and disparities in Kenosha County. At the end of the survey, you will be redirected to an unlinked site to enter for a chance to win a \$100 Gift Card.

Questions? [thrive@kenoshacounty.org](mailto:thrive@kenoshacounty.org)

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Page Break

Q1 1 - Did you have health insurance during all, part, or none of the past 12 months?

- ☐ All (1)
  - ☐ Part (2)
  - ☐ None (3)
  - ☐ Not sure (4)
- 

Q2 2 - Currently, what is your primary type of health care coverage?

- ☐ Private insurance from employer (1)
  - ☐ Private insurance purchased from insurance company (2)
  - ☐ State coverage from Medicaid including medical assistance, Title 19, or Badger Care (3)
  - ☐ Medicare (4)
  - ☐ Affordable Care Act (ACA)/ Obamacare (5)
  - ☐ No health care coverage (6)
  - ☐ Not sure (7)
- 

Q3 3 -Did everyone in your household have health insurance during all, part, or none of the past 12 months?

- ☐ All (1)
  - ☐ Part (2)
  - ☐ None (3)
  - ☐ Not sure (4)
-



Q4 4 - In the past 12 months, did you delay or NOT seek medical or dental care, take prescribed medications, or perform routine medical care due to any of the following? (Choose all that apply)

- ☐ I did receive the care and medications I needed (1)
- ☐ Cost - too expensive/can't pay (2)
- ☐ No insurance (3)
- ☐ Lack of transportation (4)
- ☐ Mental Health (depression, ADHD, anxiety, mental exhaustion, any other) (5)
- ☐ Language barrier (6)
- ☐ Did not feel cared for, respected or understood (7)
- ☐ Hours of operation did not fit my schedule (8)
- ☐ Wait was too long (9)
- ☐ No doctor or pharmacy nearby (10)
- ☐ Office/service/program had limited access or was closed due to pandemic (11)
- ☐ Insurance not accepted (12)
- ☐ Cultural/religious reasons (13)
- ☐ Concerned that others would judge me (14)
- ☐ Lack of trust in healthcare services and/or providers (15)
- ☐ Previous negative experience receiving care or services (16)
- ☐ Not enough personal time (17)

☐ Concerned about exposure to COVID-19 (18)

☐ Not Applicable (19)

☐ Other (please specify) (20)

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Q5 5 - In the past 12 months, did you delay or NOT seek mental health services or alcohol/drug treatment due to any of the following? (Choose all that apply)

- ☐ I did receive the care and medications I needed (1)
- ☐ Cost - too expensive/can't pay (2)
- ☐ No insurance (3)
- ☐ Lack of transportation (4)
- ☐ Mental Health (depression, ADHD, anxiety, mental exhaustion, any other) (5)
- ☐ Language barrier (6)
- ☐ Did not feel cared for, respected or understood (7)
- ☐ Hours of operation did not fit my schedule (8)
- ☐ Wait was too long (9)
- ☐ No doctor or pharmacy nearby (10)
- ☐ Office/service/program had limited access or was closed due to pandemic (11)
- ☐ Insurance not accepted (12)
- ☐ Cultural/religious reasons (13)
- ☐ Concerned that others would judge me (14)
- ☐ Lack of trust in healthcare services and/or providers (15)
- ☐ Previous negative experience receiving care or services (16)
- ☐ Not enough personal time (17)

- ☐ Concerned about exposure to COVID-19 (18)
- ☐ Not Applicable (19)
- ☐ Other (please specify) (20)
- 

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Q6 6 - Do you have a primary care doctor, nurse practitioner, physician assistant or primary care clinic where you regularly go for check-ups and when you are sick?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure (3)
- 

Q7 7 - Generally speaking, would you say that your own health is...?

- ☐ Very Poor (1)
- ☐ Poor (2)
- ☐ Average (3)
- ☐ Good (4)
- ☐ Excellent (5)
- ☐ Not sure (6)
-

Q8 8 - From which source do you get most of your health information?

- ☐ Doctor (1)
  - ☐ Internet (2)
  - ☐ My own education/experience (3)
  - ☐ Work (4)
  - ☐ Family/friends (5)
  - ☐ Other health professional (6)
  - ☐ Not sure (8)
  - ☐ Other (please specify) (7)
- 

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Q9 9 - On an average day, how many servings of fruit do you eat or drink? One serving is  $\frac{1}{2}$  cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of 100% fruit juice.

- ☐ One or fewer servings (1)
  - ☐ Two servings (2)
  - ☐ Three or more servings (3)
  - ☐ Not sure (4)
-



Q10 10 - On an average day, how many servings of vegetables do you eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of 100% veggie juice.

- ☐ One or fewer servings (1)
  - ☐ Two servings (2)
  - ☐ Three or more servings (3)
  - ☐ Not sure (4)
- 

Q11 11 - Was there a time during the last 12 months that your household was hungry, but didn't eat because you could not afford enough food?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not sure (3)
- 

Q12 12 - In the past 12 months, did you or someone living in your home receive emergency food from a church, clinic, food pantry, or eat in a soup kitchen?

- ☐ Often (1)
  - ☐ Sometimes (2)
  - ☐ Never (3)
-

Q13 13 - Is there a grocery store in your neighborhood (**not** including gas stations, convenience stores, or liquor stores)?

☐ Yes (1)

☐ No (2)

☐ Not sure (3)

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Q14 14 - Are fresh fruit and vegetables affordable?

☐ Yes (1)

☐ No (3)

☐ Not sure (2)

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Q15 15 - In a usual week, do you eat take-out meals **more often** than homemade meals?

☐ Yes (1)

☐ No (2)

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Q15a 15b - What are the reasons why? (Choose all that apply)

- ☐ Do not like to cook (1)
  - ☐ Lack of access to fresh, affordable ingredients (2)
  - ☐ Lack of time (3)
  - ☐ Never learned how to cook (4)
  - ☐ Unsure (5)
  - ☐ Other reason (please specify) (6)
- 

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Q16 16 - In a usual week, not including while at work, on how many days do you do moderate activities for at least 30 minutes at a time? Light-moderate physical activity includes brisk walking, bicycling, vacuuming, gardening or anything else that causes some increase in breathing or heart rate.

- ☐ Zero days (1)
  - ☐ 1 to 2 days (2)
  - ☐ 3 to 4 days (3)
  - ☐ 5 to 7 days (4)
  - ☐ Not sure (5)
-

Q17 17 - Not including while at work, in a usual week, how often do you do vigorous activities for at least 20 minutes at a time? Vigorous activities include running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate.

- ☐ Zero days (1)
  - ☐ 1 to 2 days (2)
  - ☐ 3 to 4 days (3)
  - ☐ 5 to 7 days (4)
  - ☐ Not sure (5)
- 

Q18 18 - In the past 12 months, have you fallen and injured yourself at home?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not sure (3)
- 



Q19 19 - As a result of your last injury due to a fall, were you hospitalized?

- ☐ Yes (1)
  - ☐ No (2)
-

Q20 A routine check-up is a general physical exam, not an exam for a specific injury, illness or condition. About how long has it been since you last received:

	Less than 1 year (1)	1 to 2 Years (2)	3 to 4 Years (3)	5+ Years (4)	Never (5)	Not Sure (6)
20 - A routine checkup (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21 - A routine cholesterol test (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22 - A routine dental cleaning (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23 - A routine eye/vision exam (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q24 24 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **high blood pressure?**

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not Sure (3)

Q24a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
- ☐ No (2)

Q25 25 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **high cholesterol?**

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not Sure (3)
- 

Q25a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
  - ☐ No (2)
- 

Q26 26 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **heart disease or a heart condition?**

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not Sure (3)
- 

Q26a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
  - ☐ No (2)
-

Q27 27 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have an **anxiety or other panic disorder?**

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not Sure (3)
- 

Q27a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
  - ☐ No (2)
- 

Q28 28 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **depression?**

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not Sure (3)
- 

Q28a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
  - ☐ No (2)
-

Q29 29 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **post traumatic stress disorder (PTSD)?**

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not Sure (3)
- 

Q29a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
- ☐ No (2)
- 

Q30 30 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **obsessive-compulsive disorder (OCD)?**

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not Sure (3)
- 

Q30a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
- ☐ No (2)
-



Q31 31 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **any other mental health condition?**

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not Sure (3)
- 

Q31a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
- ☐ No (2)
- 



Q32 32 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have **diabetes** (for women: not associated with a pregnancy)?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not Sure (3)
- 

Q32a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
- ☐ No (2)
-

Q33 33 - In the past three years, have you been treated for or been told by a doctor, nurse, or other health care provider that you have asthma?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not Sure (3)
- 

Q33a Is it under control through medication, exercise, or lifestyle changes?

- ☐ Yes (1)
  - ☐ No (2)
- 



Q34 34 - When you are sick, to which one of the following places do you usually go?

- ☐ Kenosha Community Health Center Clinic (Pillar Health) (1)
  - ☐ Telehealth (2)
  - ☐ Primary Doctor (3)
  - ☐ Hospital emergency room (4)
  - ☐ Urgent care center (5)
  - ☐ Quick care clinic (Fast care clinic) (6)
  - ☐ Worksite clinic (7)
  - ☐ No usual place (8)
  - ☐ Not sure (9)
  - ☐ Other (please specify) (10)
-

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Q35 35 - In the last 3 years, have you ever talked with a health care professional (doctor, nurse, therapist, specialist, etc.) about your own mental health?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not sure (3)
- 

Q36 36 - During the past 30 days, about how often would you say you felt anxious, stressed, uneasy, couldn't sleep or relax for no reason?

- ☐ Never (1)
  - ☐ Rarely (2)
  - ☐ Sometimes (3)
  - ☐ Often (4)
  - ☐ Always (5)
  - ☐ Not sure (6)
-

Q37 37 - During the past 30 days, about how often would you say you felt sad, blue, or depressed?

- ☐ Never (1)
  - ☐ Rarely (2)
  - ☐ Sometimes (3)
  - ☐ Often (4)
  - ☐ Always (5)
  - ☐ Not sure (6)
- 

Q38 38 - In the past year have you considered suicide?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not sure (3)
- 

Q39 39 - How often would you say you find meaning and purpose in your daily life?

- ☐ Never (1)
  - ☐ Rarely (2)
  - ☐ Sometimes (3)
  - ☐ Often (4)
  - ☐ Always (5)
  - ☐ Not sure (6)
-

Q40 40 - Do you feel that you have an adequate support network around you that benefits your mental health?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Don't know (3)
- 

Q41 41 - Considering all types of alcoholic beverages, how many times during the past 30 days did you have five or more drinks on an occasion?

- ☐ 0 days (1)
  - ☐ 1 to 4 days (2)
  - ☐ 5 to 10 days (3)
  - ☐ 11 to 20 days (4)
  - ☐ 21+ days (5)
- 

Q42 42 - In the past 30 days, did you drive or ride when a driver had too much alcohol to drink?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not sure (3)
-

Q43 In the past 30 days, did you use:

	Yes (1)	No (2)	Not sure (3)
43 - Smokeless tobacco including chewing tobacco, snuff, snus, plug, or spit (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
44 - Cigars, cigarillos, or little cigars (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
45 - Vaping, Electronic Cigarettes or e-cigarettes (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q46 46 - Do you smoke tobacco cigarettes every day, some days or not at all?

- ☐ Every day (1)
  - ☐ Some days (2)
  - ☐ Not at all (3)
  - ☐ Not sure (4)
- 

Q47 47 - During the past 12 months, have you stopped smoking or vaping for one day or longer because you were trying to quit?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ Not sure (3)
  - ☐ Not Applicable (4)
-

Q48 48 - In the past seven days, how many days were you in the same room or did you ride in a car with someone who was smoking cigarettes or vaping?

- ☐ 0 days (1)
  - ☐ 1 to 3 days (2)
  - ☐ 4 to 6 days (3)
  - ☐ All 7 days (4)
  - ☐ Not sure (5)
  - ☐ Not Applicable (6)
- 

Q49 49 - A mammogram is an x-ray of each breast to look for breast cancer. **How long has it been since you had your last mammogram?**

- ☐ Within the past year (anytime less than 12 months ago) (1)
  - ☐ Within the past 2 years (1 year, but less than 2 years ago) (2)
  - ☐ Within the past 3 years (2 years, but less than 3 years ago) (3)
  - ☐ Within the past 5 years (3 years, but less than 5 years ago) (4)
  - ☐ 5 or more years ago (5)
  - ☐ Never (6)
  - ☐ Not sure (7)
  - ☐ Not applicable (8)
-

Q50 50 - A pap smear is a test for cancer of the cervix. If you have **not** had a hysterectomy, **how long has it been since you had your last pap smear?**

- ☐ Within the past year (anytime less than 12 months ago) (1)
  - ☐ Within the past 2 years (1 year, but less than 2 years ago) (2)
  - ☐ Within the past 3 years (2 years, but less than 3 years ago) (3)
  - ☐ Within the past 5 years (3 years, but less than 5 years ago) (4)
  - ☐ 5 or more years ago (5)
  - ☐ Never (6)
  - ☐ Not sure (7)
  - ☐ Not applicable (8)
- 

Q51 51 - An HPV test is a test for the human papillomavirus in the cervix and is sometimes done at the same time as a pap smear. **When was the last time you had an HPV test?**

- ☐ Within the past year (anytime less than 12 months ago) (1)
  - ☐ Within the past 2 years (1 year, but less than 2 years ago) (2)
  - ☐ Within the past 3 years (2 years, but less than 3 years ago) (3)
  - ☐ Within the past 5 years (3 years, but less than 5 years ago) (4)
  - ☐ 5 or more years ago (5)
  - ☐ Never (6)
  - ☐ Not sure (7)
  - ☐ Not applicable (8)
-



Q52 52 - Do you have one or more children under age 18 in your home that you make healthcare decisions for?

☐ Yes (1)

☐ No (2)

☐ Not sure (3)



Q53 53 - Was there a time during the last 12 months that you felt your children did NOT get the medical care they needed? (Choose all that apply)

- ☐ My children did receive the care they needed (1)
- ☐ Cost - too expensive/can't pay (2)
- ☐ No insurance (3)
- ☐ Lack of transportation (4)
- ☐ Mental Health (depression, ADHD, anxiety, mental exhaustion, any other) (5)
- ☐ Language barrier (6)
- ☐ Did not feel cared for, respected, or understood (7)
- ☐ Hours of operation did not fit my schedule (8)
- ☐ Wait is too long (9)
- ☐ No doctor nearby (10)
- ☐ Office/service/program had limited access or was closed due to the pandemic (11)
- ☐ Insurance not accepted (12)
- ☐ Cultural/religious reasons (13)
- ☐ Concerned that others would judge my parenting (14)
- ☐ Lack of trust in healthcare services and/or providers (15)
- ☐ Previous negative experience receiving care or services (16)
- ☐ Not enough personal time (17)

☐ Concern about exposure to COVID-19 (18)

☐ Not Applicable (19)

☐ Other (please specify) (20)

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Q54 54 - A primary doctor/nurse is a health professional who knows your children well and is familiar with their health history. This can be a general doctor, a pediatrician, a specialist, a nurse practitioner or a physician assistant. **Do you have one or more persons you think of as your children's primary doctor or nurse?**

☐ Yes (1)

☐ No (2)

☐ Not sure (3)

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Q55 Did your children receive preventative care within the last 12 month such as:

	Yes (1)	No (2)	Not sure (3)	Not applicable (4)
55 - Well Child Check (checkup regarding sleep, diet, growth, and overall health) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
56 -Routine Physical Exam (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
57 - Immunizations (Not COVID-19) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
58 - Blood Lead Test (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
59 - Eye/Vision Screening (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
60 - Dental Care (Cleaning, Cavity Check) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61 - Sports Physical (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
62 - Mental Health Screening (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Q63 63 - Have any of the children in your home experienced any of the following health issues?  
(Choose all that apply)

- ☐ ADHD (1)
- ☐ Allergies (2)
- ☐ Asthma (3)
- ☐ Autism (4)
- ☐ Autoimmune disorders (Celiac Disease, Arthritis, Lupus) (5)
- ☐ Behavioral Issues (i.e., anger, frustration, aggression) (6)
- ☐ Cancer (7)
- ☐ Childhood disabilities or special needs (8)
- ☐ Diabetes (9)
- ☐ Hearing (10)
- ☐ Heart disease or other heart conditions (11)
- ☐ Lead poisoning (12)
- ☐ Low birth weight, premature birth (13)
- ☐ Mental health (i.e. fearfulness, depression, panic, anxiety) (14)
- ☐ Nervous system disorders (i.e. migraine, seizures) (15)
- ☐ Oral health (16)
- ☐ Overweight (17)

- ☐ Sexually transmitted infections (18)
  - ☐ Stroke (19)
  - ☐ Teen pregnancy (20)
  - ☐ Unintentional injuries (i.e. bicycle crash, food poisoning, household chemical poisoning) (21)
  - ☐ Vision (22)
  - ☐ Unsure (23)
  - ☐ Not applicable, my children did not experience any health issues (24)
  - ☐ Other Chronic Illness (25)
- 



Q64 64 - Which of the following services were the children in your home NOT able to get in the past 12 months when they needed them? (Choose all that apply)

- ☐ Alcohol or other substance use treatment (1)
- ☐ Vision (2)
- ☐ Hearing (3)
- ☐ Behavioral Issues (i.e., anger, frustration, aggression) (4)
- ☐ Autism (5)
- ☐ Dental care (routine cleaning or urgent care) (6)
- ☐ Emergency care services (911/ER) (7)
- ☐ Mental health services (i.e. depression, anxiety, ADHD) (8)
- ☐ Reproductive health services (9)
- ☐ Nutrition services (10)
- ☐ Prescription medications (11)
- ☐ Routine care/treatment for ongoing or chronic condition (i.e. allergies, respiratory conditions, diabetes) (12)
- ☐ Scheduled vaccination(s) (13)
- ☐ Services for special needs (14)
- ☐ Sick visit/urgent care visit (15)
- ☐ Well child visit/check-up (16)
- ☐ Not applicable, my children received the care they needed (17)

☐

Other (please specify) (18)

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Q65 65 - Do you have concerns for any of the following activities for the children in your care?  
(Choose all that apply)

☐

Alcohol use (1)

☐

Cigarette smoking and other tobacco use (2)

☐

Drug use and abuse (prescription drug misuse and street drug use, including marijuana and weed) (3)

☐

Nutrition and eating habits (4)

☐

Physical activity and exercise (5)

☐

Vaping, juuling, and e-cigarette use (6)

☐

No Concerns (7)

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Q66 66 - In the past 12 months, have any of your children had asthma attacks or episodes that limit their activity more than usual or make you seek medical care?

☐ Yes (1)

☐ No. They have asthma, but it is managed well (2)

☐ Not sure (3)

☐ My children do not have asthma (4)

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Q67 67 - When your children were less than one year old, where did they usually sleep?  
(Choose all that apply)

- ☐ Crib or bassinette (1)
  - ☐ Pack n' Play (2)
  - ☐ Couch or chair (3)
  - ☐ Swing or bouncer (4)
  - ☐ Car seat (5)
  - ☐ Floor (6)
  - ☐ In bed with you or another person (7)
  - ☐ Not sure (8)
  - ☐ Not Applicable (9)
  - ☐ Other (please specify) (10)
-

Q68 68 - How often do you feel your children are safe in your neighborhood?

- ☐ Never (1)
  - ☐ Rarely (2)
  - ☐ Sometimes (3)
  - ☐ Often (4)
  - ☐ Always (5)
  - ☐ Not sure (6)
- 

Q69 69 - In the past 6 months, how often did one or more of your children feel sad, blue, or depressed?

- ☐ Never (1)
  - ☐ Rarely (2)
  - ☐ Sometimes (3)
  - ☐ Often (4)
  - ☐ Always (5)
  - ☐ Not sure (6)
- 



Q70 70 - How did you find out if your children felt sad, blue, or depressed? (Choose all that apply)

- ☐ Was told directly from them (1)
  - ☐ Was told by friend or other family member (2)
  - ☐ Told by a health care provider (i.e. doctor, nurse, therapist) (3)
  - ☐ Guessed or assumed (4)
  - ☐ I don't know (5)
  - ☐ Other (please specify) (6)
- 

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Q71 71 - Have your children experienced bullying in the last 12 months?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure (3)



Q72 72 - What type of bullying did your child experience?

- ☐ Physically bullied (i.e. being hit, shoved, or kicked) (1)
  - ☐ Verbally abused (i.e. spreading mean rumors or kept out of a group) (2)
  - ☐ Cyber or electronically bullied (i.e. teased, taunted, humiliated or threatened by email, cell phone, social media, texts or other electronic methods) (3)
  - ☐ Not sure (4)
  - ☐ Other (please specify) (5)
- 

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Q73 73 - On an average day, how many servings of fruit do your children eat or drink? One serving is ½ cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of 100% fruit juice or fruit smoothie

- ☐ One or fewer servings (1)
  - ☐ Two servings (2)
  - ☐ Three or more servings (3)
  - ☐ Not sure (4)
- 

Q74 74 - On an average day, how many servings of vegetables do your children eat? One serving is ½ cup of cooked or raw vegetable or 6 ounces of 100% veggie juice

- ☐ One or fewer servings (1)
  - ☐ Two servings (2)
  - ☐ Three or more servings (3)
  - ☐ Not sure (4)
-

Q75 75 - During the past seven days, on how many days were your children physically active for a total of at least 60 minutes that caused an increase in their heart rate and made them breathe hard some of the time?

- ☐ Zero or one day (1)
- ☐ Two through four days (2)
- ☐ Five or more days (3)
- ☐ Not sure (4)



Q76 76 - What are the reasons your children may **not** be physically active for at least 60 minutes on more days? (Choose all that apply)

- ☐ No afterschool activities (1)
  - ☐ Does not like to be physically active (2)
  - ☐ Does not have the ability to be active (3)
  - ☐ Likes to play video games or on computer (4)
  - ☐ Neighborhood is not safe to be outside (5)
  - ☐ School/homework/other activities (6)
  - ☐ Lack of time (7)
  - ☐ Works a job (8)
  - ☐ Prefers to watch TV (9)
  - ☐ Sick/ill (10)
  - ☐ Weather (11)
  - ☐ Not Applicable (12)
  - ☐ Other (please specify) (13)
- 

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Page Break

Q77 77 - Not including COVID-19, is everyone in your household up-to date with all other vaccines?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Not sure (3)
- ☐ Not Applicable (4)



Q78 78 - What are the reasons someone in your household is not up to date with vaccines?  
(Choose all that apply)

- ☐ Cost - too expensive/can't pay (1)
- ☐ No insurance (2)
- ☐ Lack of transportation (3)
- ☐ Mental Health (depression, ADHD, anxiety, mental exhaustion, any other) (4)
- ☐ Language barrier (5)
- ☐ Did not feel cared for, respected, or understood (6)
- ☐ Hours of operation did not fit my schedule (7)
- ☐ Wait was too long (8)
- ☐ No doctor nearby (9)
- ☐ Office/service/program had limited access or was closed due to pandemic (10)
- ☐ Insurance not accepted (11)
- ☐ Cultural/religious reasons (12)
- ☐ Concerned that others would judge me (13)
- ☐ Lack of trust in healthcare services and/or providers (14)
- ☐ Previous negative experience receiving care or services (15)
- ☐ Not enough personal time (16)
- ☐ Concern about exposure to COVID-19 (17)



☐

Other (please specify) (18)

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Q79 79 - Are you satisfied with the level of sexual health education in schools?

- ☐ Yes (1)
  - ☐ Neutral (2)
  - ☐ No (3)
  - ☐ Unsure (4)
- 

Q80 80 - Do you feel that reproductive health services and prenatal care are available and accessible?

- ☐ Yes, they are available and accessible (1)
  - ☐ They are available, but not accessible (2)
  - ☐ Not available or accessible (3)
  - ☐ Not Applicable (4)
- 



Q81 81 - Are you satisfied with the level of information given to students regarding mental health and stress in schools.

- ☐ Yes (1)
  - ☐ Neutral (2)
  - ☐ No (3)
  - ☐ Unsure (4)
- 

Q82 82 - Do you feel that you and your family are healthier now than 5 years ago

- ☐ Yes, we are healthier (1)
  - ☐ Our health status has stayed the same (2)
  - ☐ We are less healthy (3)
- 



Q83 Please tell us how you feel about the following statements:

	Agree (1)	Neutral (2)	Disagree (3)	Not Sure (4)
83 - There are quality health care services in my community. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
84 - There are affordable health care services in my community. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
85 - Individuals in my community can access health care services regardless of race, gender, sexual orientation, immigration status, etc. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
86 - There are plenty of well-paying jobs available for those who are over 18 years old. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
87 - There are plenty of jobs available for those who are under 18 years old. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
88 - There are job trainings or employment resources in my community for those who need them. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
89 - There are resources for individuals in my community to start a business (financing, training, real estate, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90 - Childcare and pre-school resources are affordable and available for those who need them. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

91 - Head start programs are easily accessible for my family. (9)

☐☐☐☐

92 - The K-12 schools in my community provide good quality education. (10)

☐☐☐☐

93 - Our local university/community colleges provide quality education at an affordable cost. (11)

☐☐☐☐

94 - There are affordable places to live in my community. (12)

☐☐☐☐

95 - Streets in my community are typically clean and buildings are well maintained. (13)

☐☐☐☐

96 - Public transportation is easy to use if I need it. (14)

☐☐☐☐

97 - Crime is an issue in my neighborhood. (15)

☐☐☐☐

98 - I feel safe in my own neighborhood. (16)

☐☐☐☐

99 - I am friendly with most of my neighbors. (17)

☐☐☐☐

100 - There is a feeling of trust in law enforcement in my community. (18)

☐☐☐☐

101 - Affordable healthy food options are easy to purchase at nearby corner stores, grocery stores, or farmer's markets. (19)

☐☐☐☐

102 - In my neighborhood, it is easy to grow and eat fresh food from a home garden. (20)

☐☐☐☐

103 - I can get to a grocery store when I need food or other household supplies. (21)

☐☐☐☐

104 - Local restaurants serve healthy food options. (22)

☐☐☐☐

105 - There are good parks and recreational facilities near me. (23)

☐☐☐☐

106 - There are good sidewalks or trails for walking or biking safely. (24)

☐☐☐☐

107 - It is easy for people to get around regardless of ability. (25)

☐☐☐☐

108 - Air and water quality are safe in my community. (26)

☐☐☐☐

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Q109 109 - What is something our community needs to become healthier/more well?

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Q110 110 - In your opinion, what are the **three** largest health concerns in Kenosha County?

- ☐ Access to affordable healthy food (1)
- ☐ Access to health care (physical, mental or dental care) (2)
- ☐ Affordable health care (3)
- ☐ Affordable housing (4)
- ☐ Aging related issues (5)
- ☐ Alcohol use or abuse (6)
- ☐ Cancer (7)
- ☐ Chronic diseases like diabetes or heart disease (8)
- ☐ Driving problems/aggressive driving/drunk driving (9)
- ☐ Environmental issues (air, water, global warming) (10)
- ☐ Illegal drug use (11)
- ☐ Infant mortality (12)
- ☐ Infectious diseases such as whooping cough, tuberculosis, or sexually transmitted diseases (13)
- ☐ Lack of jobs (14)
- ☐ Lack of neighborhood cohesion (15)
- ☐ Lack of physical activity (16)
- ☐ Lead poisoning (17)



- ☐ Mental health or depression (18)
  - ☐ Overweight or obesity (19)
  - ☐ Poor education/lack of access to education (20)
  - ☐ Prescription or over-the-counter drug abuse (21)
  - ☐ Racism (22)
  - ☐ Tobacco use (23)
  - ☐ Transportation issues (24)
  - ☐ Violence or crime (25)
  - ☐ Other (please specify) (26)
- 

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Q111 111 - What gender do you identify with?

- ☐ Female (1)
  - ☐ Male (2)
  - ☐ Nonbinary (3)
  - ☐ Transgender (4)
  - ☐ Other Identification (5)
  - ☐ Prefer not to answer (6)
- 



Q112 112 - Which of the following would you say is your race?

- ☐ American Indian or Alaska Native (1)
  - ☐ Asian (2)
  - ☐ Black, African American (3)
  - ☐ Hispanic, Latino, Latinx (4)
  - ☐ Native Hawaiian or Other Pacific Islander (5)
  - ☐ White (6)
  - ☐ Another race, please describe (7) \_\_\_\_\_
  - ☐ Multiple races (8)
  - ☐ Not sure (9)
- 

Q113 113 - Were you born in the US?

- ☐ Yes (1)
  - ☐ No (2)
  - ☐ I don't know (3)
  - ☐ Decline to answer (4)
- 

Q114 114 - What language do you mainly speak at home

- ☐ English (1)
- ☐ Spanish (2)
- ☐ Other, please specify (3) \_\_\_\_\_

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Q115 115 - How many people live in your household? (Number including yourself)

- ☐ 1 (Live by yourself) (1)
- ☐ 2 People (2)
- ☐ 3 People (3)
- ☐ 4 People (4)
- ☐ 5 People (5)
- ☐ 6 People (6)
- ☐ 7 People (7)
- ☐ 8 People (8)
- ☐ 9 People (9)
- ☐ 10+ People (10)



Q116 116 - How old are you?

- ☐ 16-17 years old (1)
  - ☐ 18 to 34 years old (2)
  - ☐ 35 to 44 years old (3)
  - ☐ 45 to 54 years old (4)
  - ☐ 55 to 64 years old (5)
  - ☐ 65 and older (6)
-



Q117 117 - What is the highest level of education you have completed?

- ☐ Less than a high school diploma (1)
  - ☐ High school degree or equivalent (e.g. GED) (2)
  - ☐ Some college, no degree (3)
  - ☐ Technical/trade degree (4)
  - ☐ Associate degree (e.g. AA, AS) (5)
  - ☐ Bachelor's degree (e.g. BA, BS) (6)
  - ☐ Master's degree (e.g. MA, MS, MEd) (7)
  - ☐ Doctorate (e.g. PhD, EdD) (8)
  - ☐ Unsure (9)
- 



Q118 118 - Which is your current employment status? (Not including leave)

- ☐ Employed/self-employed, working full-time (1)
- ☐ Employed/self-employed, working part-time (2)
- ☐ Not working by choice (3)
- ☐ Out of work and looking for work (4)
- ☐ Student, working full or part time (5)
- ☐ Student, not working (6)
- ☐ Retired (7)
- ☐ Unable to work (8)
- ☐ Not applicable (9)



Q119 119 - What is the main reason(s) you are not working full time? [Choose all that apply]

- ☐ Attending school (1)
- ☐ Available jobs do not pay a wage that allows me to care for myself and my family (2)
- ☐ Cannot find child care (3)
- ☐ Cost of child care is too high (4)
- ☐ Part time work is not enough (5)
- ☐ Furloughed or temporarily unemployed (6)
- ☐ Shifts do not work with my schedule (7)
- ☐ Taking care of family member (8)
- ☐ Lack of transportation (9)
- ☐ Positive drug test/drug screen (10)
- ☐ Criminal history (11)
- ☐ Under 18 years old (12)
- ☐ Have not received my high school diploma or GED (13)
- ☐ Mental Health prevents me from working (14)
- ☐ Physically disabled (15)
- ☐ I did not have a fair chance to get a job (16)
- ☐ Not Applicable (18)

☐

Other (please specify) (18)

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Q120 120 - What is your living situation today?

- ☐ I have a steady place to live (1)
  - ☐ I have a place to live today, but I am worried about losing it in the future (2)
  - ☐ I do not have a steady place to live (I am temporarily staying with others, in a hotel, or in a car) (3)
  - ☐ I do not have a place to live (in a shelter, living outside on the street, an abandon building, on a beach, train or bus station, or a park) (4)
- 



Q121 121 - What issues do you have with your current housing situation? (Choose all that apply)

- ☐ Renting but would prefer to own, unable to obtain loan (1)
  - ☐ Eviction concerns (prior, current, or potential) (2)
  - ☐ Current housing is temporary, need permanent housing (3)
  - ☐ Bed bugs (4)
  - ☐ High crime (5)
  - ☐ Mortgage is too expensive (6)
  - ☐ Need supportive and/or assisted living (7)
  - ☐ Rent/facility is too expensive (8)
  - ☐ Utilities (water, heat, electric) (9)
  - ☐ Too far from town/services (10)
  - ☐ Too run down or unhealthy environment (ex. mold, lead) (11)
  - ☐ Too small /crowded problems with other people (12)
  - ☐ Unsafe (13)
  - ☐ None of the above (14)
  - ☐ Other (please specify) (15)
- 





Q122 122 - What city, town or village do you reside in?

- ☐ City of Kenosha (1)
- ☐ Town of Brighton (2)
- ☐ Town of Paris (3)
- ☐ Town of Randall (4)
- ☐ Town/Village of Somers (5)
- ☐ Town of Wheatland (6)
- ☐ Village of Bristol (7)
- ☐ Village of Genoa City (8)
- ☐ Village of Paddock Lake (9)
- ☐ Village of Pleasant Prairie (10)
- ☐ Village of Salem Lakes (11)
- ☐ Village of Twin Lakes (12)
- ☐ Other (13)



Q123 123 - What is the zip code of your primary residence?

- ☐ 53142 (1)
  - ☐ 53140 (2)
  - ☐ 53143 (3)
  - ☐ 53144 (4)
  - ☐ 53168 (5)
  - ☐ 53158 (6)
  - ☐ 53181 (7)
  - ☐ 53104 (8)
  - ☐ 53105 (9)
  - ☐ Not Sure (10)
  - ☐ Other (please specify) (11)
- 

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Q124 124 - What is your annual household income before taxes?

- ☐ Less than \$10,000 (1)
- ☐ \$10,000 to \$20,000 (2)
- ☐ \$20,001 to \$30,000 (3)
- ☐ \$30,001 to \$40,000 (4)
- ☐ \$40,001 to \$50,000 (5)
- ☐ \$50,001 to \$60,000 (6)
- ☐ \$60,001 to \$75,000 (7)
- ☐ \$75,001 to \$90,000 (8)
- ☐ \$90,001 to \$105,000 (9)
- ☐ \$105,001 to \$120,000 (10)
- ☐ \$120,001 to \$135,000 (11)
- ☐ Over \$135,000 (12)
- ☐ Not sure (13)
- ☐ Prefer not to answer (14)



Q125 If you would like to enter the drawing for a **\$100 Visa gift card**, [click the statement below](#). Your contact information is **not** linked to your survey responses, which will remain anonymous.

- ☐ **I would like to enter the drawing** (1)

End of Block: Default Question Block

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