

7. Please answer the following questions YES or NO. (circle your response)

A.	Have you contacted the city or county where you live or another government agency about a problem, request for service, or for information in the past 12 months?	Yes	No	Don't Know
B.	Are you aware that if you need help you can dial 2-1-1 to obtain information about community resources?	Yes	No	Don't Know
C.	Is there one person that you can depend upon to help you in an emergency? (for example, your husband/wife or friend)	Yes	No	Don't Know
D.	Have you received help from a non-profit or public social service agency during the past 2 years?	Yes	No	Don't Know
E.	Are you aware that if you are looking for ways to volunteer you can call Volunteer Services at Rappahannock United Way to get information about available opportunities?	Yes	No	Don't Know

Transportation Issues

8. Is a bus stop located within walking distance of your home? Yes No Don't Know

9. Which of the following best describes how often you use public transportation?

- | | |
|--|---|
| <input type="checkbox"/> (5) Almost every day | <input type="checkbox"/> (2) A few times per year |
| <input type="checkbox"/> (4) A few times per week | <input type="checkbox"/> (1) Seldom or never |
| <input type="checkbox"/> (3) A few times per month | <input type="checkbox"/> (9) Don't know |

10. Do you have problems getting transportation to go to: (circle your response)

A.	Work (or look for a job)	Yes	No	Don't Know
B.	Shopping areas	Yes	No	Don't Know
C.	Medical/dental appointments	Yes	No	Don't Know
D.	School	Yes	No	Don't Know

11. Do you typically drive your own vehicle to work or school? Yes No Don't Know

12. Have you missed work or a job interview during the past year because you did not have access to transportation? Yes No Don't Know

Employment and Job Skills

13. Please answer the following questions YES or NO. (circle your response)

A.	Have you been employed continuously for the last two years?	Yes	No	Don't Know
B.	In the past year, has any adult in your household been out of work and looking for a job?	Yes	No	Don't Know
C.	Has a lack of job skills prevented you or other members of your household from getting a better paying job in the past two years?	Yes	No	Don't Know
D.	Do any adult members of your household need training in basic reading skills?	Yes	No	Don't Know
E.	Do any adult members of your household need training to improve their English?	Yes	No	Don't Know
F.	Do any adult members of your household need computer skills to help you get a better paying job?	Yes	No	Don't Know

Health and Health Care

14. Is everyone in your household covered by health insurance?..... Yes NoDon't Know

14a. IF YES to #14, where do members of your household get health insurance? (check all that apply)

- (1) Employer, union, or school (includes HMO)
 (2) Bought directly (includes HMO)
 (3) Medicare (a governmental plan that pays for healthcare bills for people ages 65+ and for some disabled people)
 (4) Medicaid/FAMIS
 (5) Other: _____

15. At any time during the past 12 months, was anyone in your household completely without any health plan or medical insurance coverage?..... Yes NoDon't Know

16. Where do you typically go to receive regular healthcare or medical attention? (check all that apply)

- (1) Primary Care Physician
 (2) Free Clinic
 (3) Urgent Care Clinic
 (4) Friend or family member
 (5) Emergency Room
 (6) Other: _____

17. In the past year, was there any time when someone in your household needed medical care but did not get it? Yes NoDon't Know

17a. If YES to Q#17: what were the *primary* reasons you were unable to get the medical help you needed in this situation? (check all that apply)

- (01) It cost too much
 (02) Not covered by insurance
 (03) Managed care hassles
 (04) No one to take care of children
 (05) Could not get an appointment
 (06) Don't know good doctor/clinic
 (07) Too nervous or afraid
 (08) No transportation
 (09) Could not get off work
 (10) Couldn't find doctor who accepts Medicaid/FAMIS
 (11) Wait too long at doctor's office/clinic
 (12) Couldn't find doctor who speaks my language
 (13) Other; specify: _____

18. Please answer the following questions YES or NO. (circle your response)

A.	In the past year, was there any time when someone in your household needed <u>mental</u> health care but did not get it?	Yes	No	Don't Know
B.	Did one or more members of your household go without a prescription because you could not afford to pay for it?	Yes	No	Don't Know
C.	Have you been able to get shots for your children for childhood diseases and other scheduled immunizations?	Yes	No	Don't Know
D.	Has your household had problems paying medical bills during the past year?	Yes	No	Don't Know
E.	Do you get physical exercise for 30 minutes at least three times per week?	Yes	No	Don't Know
F.	Is anyone in your household overweight?	Yes	No	Don't Know

19. How would you rate your overall health compared to others your age?

- (5) Excellent
 (4) Good
 (3) Average
 (2) Poor
 (1) Very poor
 (9) Don't Know

Dental Care

20. In the past year, was there a time when anyone in your household needed dental care but did not get it? Yes No Don't Know

20a. **If YES to Q#20:** What were the *primary* reasons this person was unable to get the dental help needed in this situation? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> (01) It cost too much | <input type="checkbox"/> (08) No transportation |
| <input type="checkbox"/> (02) Not covered by insurance | <input type="checkbox"/> (09) Could not get off work |
| <input type="checkbox"/> (03) Managed care hassles | <input type="checkbox"/> (10) Couldn't find doctor who accepts Medicaid/FAMIS |
| <input type="checkbox"/> (04) No one to take care of children | <input type="checkbox"/> (11) Wait too long at dentist's office/clinic |
| <input type="checkbox"/> (05) Could not get an appointment | <input type="checkbox"/> (12) Couldn't find dentist who speaks my language |
| <input type="checkbox"/> (06) Don't know good dentist/clinic | <input type="checkbox"/> (13) Other; specify: _____ |
| <input type="checkbox"/> (07) Too nervous or afraid | |

Individual and Household Needs

21. In the last year, has anyone in your household experienced the following: (circle YES or NO and the corresponding number to the right if you answer YES)			<u>If YES: How well do facilities and services where you live support your needs related to this condition?</u>				
			Fully Support	Mostly Support	Partly Support	Do Not Support	
A.	Personal or emotional crisis	Yes	No	4	3	2	1
B.	Severe mental health problem	Yes	No	4	3	2	1
C.	Depression or anxiety	Yes	No	4	3	2	1
D.	A need for suicide prevention services	Yes	No	4	3	2	1
E.	Serious physical illness or condition	Yes	No	4	3	2	1
F.	Serious injury	Yes	No	4	3	2	1
G.	Alcohol or drug abuse	Yes	No	4	3	2	1
H.	Family violence	Yes	No	4	3	2	1
I.	Sexual assault	Yes	No	4	3	2	1
J.	Severe financial problem/crisis	Yes	No	4	3	2	1
K.	A child with social/behavioral problems	Yes	No	4	3	2	1
L.	A child with developmental disabilities	Yes	No	4	3	2	1
M.	Homelessness	Yes	No	4	3	2	1
N.	A need for adult day care services	Yes	No	4	3	2	1
O.	A need for assistance with daily activities such as preparing meals, taking medication, or shopping for an adult age 65 or older	Yes	No	4	3	2	1
P.	A need for assistance with daily activities such as preparing meals, taking medication, or shopping for an adult under 65	Yes	No	4	3	2	1
Q.	A need for assistance with essential home repairs	Yes	No	4	3	2	1
R.	A need for after school/summer programs for children	Yes	No	4	3	2	1

Housing and Basic Needs

22. Please answer the following questions YES or NO. (circle your response)

A.	Have you missed a utility payment for electricity, water, or gas during the past year because you could not afford to pay the bill?	Yes	No	Don't Know
B.	Have you or other members of your household taken a "Pay Day Loan" or other short term loan to pay for basic living expenses during the past year?	Yes	No	Don't Know
C.	Has your household had trouble affording an apartment or house in your community?	Yes	No	Don't Know
D.	Are your monthly housing expenses (rent/mortgage, utilities, taxes, etc.) more than a third of your monthly income?	Yes	No	Don't Know
E.	Does the condition of your home provide safe and adequate shelter for your household?	Yes	No	Don't Know
F.	Have you been denied housing, a car or home loan, or a job because of poor credit?	Yes	No	Don't Know

Parenting

Answer Questions 23 and 24 ONLY if you have primary responsibility for raising a child age 18 or younger. Otherwise, skip to Q#27.

23. Please answer the following questions YES or NO. (circle your response)

A.	During the past year, have you attended parent-teacher conferences to discuss your child's performance and behavior at school?	Yes	No	NA/ Don't Know
B.	Is a grandparent or are grandparents currently responsible for most of the basic needs of any grandchild(ren) under the age of 18 who live(s) in your home?	Yes	No	NA/ Don't Know
C.	During the last month, did any of your children who are under age 13 take care of themselves or stay alone with other children who are under age 13 on a regular basis, even for a small amount of time?	Yes	No	NA/ Don't Know

24. Please indicate whether the following is a MAJOR PROBLEM, MINOR PROBLEM, or NOT A PROBLEM for your household: (check the corresponding number)

	Major Problem	Minor Problem	Not a Problem	NA/ Don't Know
A. Having enough healthy food to feed my child for the entire month	3	2	1	9
B. Having someone available I can trust with my child when I need a break	3	2	1	9
C. Getting information to gain skills to help me be a better parent	3	2	1	9
D. Getting health care or medicine for my child when he/she is sick	3	2	1	9
E. Getting my child to attend school on a daily basis	3	2	1	9
F. Getting help with my child's behavioral/emotional problems	3	2	1	9
G. Getting tutoring services for my child	3	2	1	9

Childcare Issues

Answer Questions 25 and 26 ONLY if you have primary responsibility for raising a child age 6 or younger. Otherwise, skip to Q#27.

25. Please indicate whether the following is a MAJOR PROBLEM, MINOR PROBLEM, or NOT A PROBLEM for your household: (check the corresponding number)

	Major Problem	Minor Problem	Not a Problem	NA/ Don't Know
A. Finding quality child care	3	2	1	9
B. Finding child care for children with special needs	3	2	1	9
C. Finding affordable child care	3	2	1	9
D. Finding child care during the hours you need it	3	2	1	9
E. Finding child care convenient to your home or work	3	2	1	9
F. Providing a good car seat for my child and installing it properly	3	2	1	9

26. In a typical week, how much time do you or another adult caregiver spend reading with your child?

_____ hours per week

Caregiving

27. Please answer the following questions YES or NO. (circle your response)

A.	Are you or another member of your household the full-time caregiver and/or legal guardian for a person who is <u>older than 65</u> ?	Yes	No	Don't Know
B.	Are you or another member of your household the full-time caregiver and/or legal guardian for a person who is <u>younger than 65</u> but mentally or physically impaired?	Yes	No	Don't Know
C.	As a caregiver, do you have to provide help with daily living activities such as bathing, dressing, and eating?	Yes	No	Don't Know

Overall Ratings of Your Community

28. Using a scale of 1 to 5 where 5 means "excellent" and 1 means "poor," please rate the city or county where you live with regard to the following:

How would you rate the city or county where you live:	Excellent	Good	Neutral	Below Average	Poor	Don't Know
A. As a place to live	5	4	3	2	1	9
B. As a place to raise children	5	4	3	2	1	9
C. As a place to work	5	4	3	2	1	9
D. As a place to retire	5	4	3	2	1	9

Demographics

Please provide the following information to help us better understand the needs of people in our community. ALL INFORMATION WILL BE KEPT CONFIDENTIAL.

29. Your gender: ___(1) Male ___(2) Female

30. What is your age? _____ years

