



St. Lucie County Wellbeing Survey

Thank you for taking the time to complete this Community Wellbeing Survey for St. Lucie County. The purpose of this survey is to gather your thoughts about the health and quality of life in our community. Your feedback will be used to develop a plan to improve St. Lucie County's public health system and the health of residents like you. This survey is for St. Lucie County residents. It can be completed online at <https://www.surveymonkey.com/r/SLC-CHA2019>. For additional information, please call 772-873-4923.

INSTRUCTIONS

Please read the questions carefully and answer to the best of your ability. Please keep in mind that your answers are confidential and cannot be linked to you in any way. This survey takes about 15 minutes to complete.

If you have already completed this survey, we thank you for your participation; you do not need to complete it a second time.

1. In which ZIP CODE do you live? _____

2. What is your AGE?

18-24

35-44

55-64

25-34

45-54

65+

3. Are you of HISPANIC or LATINO/LATINA origin or descent?

Yes, Hispanic or Latino/Latin

No, not Hispanic or Latino/Latina

4. Which RACE best describes you? Please choose only one answer.

White or Caucasian

American Indian or Alaska Native

Black or African American

Native Hawaiian or other Pacific Islander

Hispanic or Latino

More than one Race

Asian or Asian American

Prefer not to answer

5. What is your GENDER?

Male

Transgender Female to Male

Female

Transgender but do not identify as either male or female

Transgender Male to Female

Prefer not to answer

6. Which of the following best describes your SEXUAL ORIENTATION?

Heterosexual (Straight)

Prefer not to answer

Gay or Lesbian

Other (please specify) _____

Bisexual

7. Which LANGUAGE do you MAINLY speak at home?

Arabic

French

Portuguese

Vietnamese

Chinese

German

Russian

Other

English

Haitian Creole

Spanish

(specify) _____

8. What is the HIGHEST LEVEL of SCHOOL that you have completed?

- | | |
|---|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> 2-year college degree |
| <input type="checkbox"/> Some high school, but no diploma | <input type="checkbox"/> 4-year college degree |
| <input type="checkbox"/> High school diploma (or GED) | <input type="checkbox"/> Graduate-level degree or higher |
| <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Prefer not to answer |

9. How much TOTAL COMBINED INCOME did all members of your household earn last year?

- | | |
|--|--|
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> Between \$75,000 and \$99,999 |
| <input type="checkbox"/> Between \$15,000 and \$29,999 | <input type="checkbox"/> Between \$100,000 and \$150,000 |
| <input type="checkbox"/> Between \$30,000 and \$49,999 | <input type="checkbox"/> Over \$150,000 |
| <input type="checkbox"/> Between \$50,000 and \$74,999 | <input type="checkbox"/> Prefer not to answer |

10. Including yourself, how many people currently LIVE in your household?

- | | | |
|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 or more |

11. How many people in your household are UNDER 18 years of age?

- | | | | |
|-------------------------------|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 or more |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | |

12. How many people in your household are 65 YEARS of age or older? (Include yourself if you are 65 or older)

- | | | | |
|-------------------------------|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 2 | <input type="checkbox"/> 4 | <input type="checkbox"/> 6 or more |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 3 | <input type="checkbox"/> 5 | |

13. Which of the following best describes your current relationship status?

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> Married | <input type="checkbox"/> Separated | <input type="checkbox"/> Single, but living with a significant other |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> In a domestic partnership or civil union | <input type="checkbox"/> Single, never married |
| <input type="checkbox"/> Divorced | | |

14. Which of the following best describes your current status?

- | | |
|--|---|
| <input type="checkbox"/> Working full-time (30 or more hours per week) | <input type="checkbox"/> Looking after family or home |
| <input type="checkbox"/> Working part-time (29 hours or less per week) | <input type="checkbox"/> Student Retired |
| <input type="checkbox"/> Not employed | <input type="checkbox"/> Disabled, not able to work |

15. What kind of TRANSPORTATION do you normally use to go places?

- | | | |
|---|---|---|
| <input type="checkbox"/> I drive my own car | <input type="checkbox"/> I walk | <input type="checkbox"/> I ride a motorcycle or scooter |
| <input type="checkbox"/> Someone drives me | <input type="checkbox"/> I ride a bicycle | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> I take the bus | <input type="checkbox"/> I take a taxicab | _____ |

16. How long does it take you to commute to work (or school) regardless of the mode of transportation

- | | |
|--|--|
| <input type="checkbox"/> No commute (I work from home) | <input type="checkbox"/> 45 minutes |
| <input type="checkbox"/> 15 minutes | <input type="checkbox"/> More than an hour |
| <input type="checkbox"/> 30 minutes | <input type="checkbox"/> N/A |

YOUR PERSONAL HEALTH AND HEALTH CARE

The next questions ask you about your personal health and your opinions about the quality and availability of health care in the community where you live.

17. About how often do you eat at a FAST FOOD restaurant?

- | | |
|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Less than a few times a month |
| <input type="checkbox"/> A few times a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> A few times a month | |

18. About how often do you eat at a SIT DOWN restaurant?

- | | |
|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Less than a few times a month |
| <input type="checkbox"/> A few times a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> A few times a month | |

19. About how often do you prepare meals AT HOME?

- | | |
|--|--|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Less than a few times a month |
| <input type="checkbox"/> A few times a week | <input type="checkbox"/> Never |
| <input type="checkbox"/> A few times a month | |

20. If there was a time in the PAST 12 MONTHS when you needed MEDICAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).

- | | |
|---|---|
| <input type="checkbox"/> Can't afford it/costs too much | <input type="checkbox"/> Couldn't get an appointment/hard to get an appointment |
| <input type="checkbox"/> Don't have transportation | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Don't have insurance | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Don't have a doctor | |
| <input type="checkbox"/> Don't know where to go | |

21. If there was a time in the PAST 12 MONTHS when you needed DENTAL care but DID NOT get the care you needed, what were the BARRIERS? (CHECK ALL THAT APPLY).

- | | |
|---|---|
| <input type="checkbox"/> Can't afford it/costs too much | <input type="checkbox"/> Don't know where to go |
| <input type="checkbox"/> Don't have transportation | <input type="checkbox"/> Couldn't get an appointment/hard to get an appointment |
| <input type="checkbox"/> Don't have insurance | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Don't have a doctor | <input type="checkbox"/> Other (please specify) _____ |

22. How do you pay for your MEDICAL care?

- | | |
|--|--|
| <input type="checkbox"/> I pay cash/I don't have health insurance | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Medicare or Medicare HMO | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicaid or Medicaid HMO | <input type="checkbox"/> Florida Kid Care/Children's Health Insurance Program (CHIP) |
| <input type="checkbox"/> Commercial health insurance (private insurance, HMO, PPO) | <input type="checkbox"/> Other (please specify) _____ |
| <input type="checkbox"/> Veteran's Administration | |

24. How do you pay for your DENTAL care?

- | | |
|--|--|
| <input type="checkbox"/> I pay cash/I don't have health insurance | <input type="checkbox"/> TRICARE |
| <input type="checkbox"/> Combination of health insurance and cash | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicare or Medicare HMO | <input type="checkbox"/> Florida Kid Care/Children's Health Insurance Program (CHIP) |
| <input type="checkbox"/> Medicaid or Medicaid HMO | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Commercial health insurance (private insurance, HMO, PPO) | _____ |
| <input type="checkbox"/> Veteran's Administration | |

25. If you do not have health insurance, what is the barrier?

- | | |
|---|--|
| <input type="checkbox"/> N/A-I have health insurance | <input type="checkbox"/> Dissatisfied with previous insurance plan or provider |
| <input type="checkbox"/> Cannot afford insurance | <input type="checkbox"/> I don't qualify for health insurance |
| <input type="checkbox"/> Employer does not pay for insurance | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Not eligible for employer-paid insurance | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Do not need insurance | _____ |
| <input type="checkbox"/> Do not believe in insurance | |

26. Within the last 12 MONTHS:

(Select only one option for each row).	Yes	No	Don't Know/ Not Sure
Has the utility company shut off your services for not paying bills?			
Did you ever eat less because there wasn't enough money for food?			
Did you worry if your food would run out before you got money to buy more?			
Did you worry about not being able to make the minimum payments on your credit cards?			
Did you worry about not being able to pay your mortgage, rent, or other housing costs?			
Did you worry that you might lose your job?			

28. Thinking about your life at the moment, how often do you:

	Never or Almost Never	Hardly ever (less than 1 time per month)	Sometimes (1-3 times per month)	Frequently (more than 3 times per month)	Often (every day or almost daily)
Meet socially with friends, family or work colleagues?					
Get involved in work for voluntary or charitable organizations?					
Spend your leisure time away from home in the community or in public spaces such as libraries or parks?					

29. To what extent do you agree or disagree with each of the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
I have people with whom I can share problems or get help when needed.				
I have a positive view about the future.				
I have a sense of responsibility to improve the health of my community.				
When things go wrong in my life, it takes me a long time to get back to normal.				
I generally feel that what I do in my life is worthwhile.				
My religious or spiritual beliefs influence the way I live.				

30. Over the last week, how many days have you:

	None	Sometimes (1-2 days per week)	Often (2-3 days per week)	Frequently (more than 3 times per week)	Often (every day or almost daily)
Felt stressed?					
Had little interest or pleasure in doing things you normally enjoy doing?					
Felt Tired or had little energy?					
Had a poor appetite?					

COMMUNITY HEALTH

The next questions ask about what you think about the community in which you live.

31. Overall how would you rate the health of the community where you live?

Very unhealthy

Unhealthy

Somewhat Healthy

Healthy

Very Healthy

Not Sure

32. Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
Drug abuse is common in my community.					
I have no problem getting the health care services I need.					
We have great parks and recreation facilities.					
Public transportation is readily available to me if I need it.					
There are plenty of jobs available for those who want them.					
Crime in my area is a serious problem.					
Air pollution is a problem in my community.					
I feel safe in my own neighborhood.					
There are affordable places to live in my neighborhood					
The quality of health care in my neighborhood is good					
There are good sidewalks for walking safely.					
I can get healthy food easily.					
The water that comes from my tap is safe to drink.					
Our lakes, beaches and rivers are clean.					

34. Of the items in the list below, please check the FIVE MOST IMPORTANT factors that define quality of life in a community.

	Check only 5
Access to healthcare	
Clean environment	
Arts and cultural events	
Affordable health insurance	
Good jobs and healthy economy	
Healthy behaviors and lifestyles	
Low adult death and disease rates	
Religious or spiritual values	
Access to good or reliable health information	
Disaster preparedness	

35. Of the items in the list below, please check the FIVE MOST IMPORTANT factors that define quality of life in a community.

	Check only 5
Great place to raise children	
Great place to grow old	
Low crime/safe neighborhoods	
Low level of child abuse	
Good schools	
Affordable housing	
Excellent race relations	
Low infant deaths	
Parks and recreation	
Strong family life	

36. Of the items in the list below, please check the FIVE MOST IMPORTANT "health risks" in your community.

	Check only 5
Dropping out of school	
Lack of exercise	
Poor eating habits	
Not getting enough shots (immunizations, vaccinations) to prevent disease	
Racism	
Tobacco use/Vaping	
Not using seatbelts/child safety seats	
Neighborhood crime	
Domestic Violence	
Disaster preparedness	

37. Of the items in the list below, please check the FIVE MOST IMPORTANT "health risks" in your community.

	Check only 5
Alcohol Abuse	
Illegal drug use	
Not using birth control	
Unsafe sex	
Gun violence	
Underage drinking	
Prescription drug use	
Suicide	
Dementia/Alzheimer's Disease	
Mental Health Issues	

38. When thinking about retail stores (local convenience stores, gasoline service stations, grocery stores, or pharmacies) you visit, how often do you:

	Never	Hardly Ever	Sometimes	Always
See advertisements for tobacco products				
See advertisements for alcohol products (beer, wine, etc.)				
See alcohol products placed near or at the check-out counter				
See tobacco products placed at or near the check-out counter				
See sugary drinks at or near the check-out counter				
See advertisements for sugary drinks				
See fresh fruit/vegetables at or near the check-out counter				
Other (please specify):				

39. Please provide your opinion on the following statements when thinking about breastfeeding in your community. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
I am comfortable when mothers breastfeed their babies near me in a public place, such as a shopping center, restaurant, etc.					
Breastmilk is the best food for babies.					
Mothers have the right to breastfeed in public places.					

40. Please provide your opinion on the following statements when thinking about mental health in your community. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
Anyone can have a mental health problem.					
I would be too embarrassed to tell anyone that I had a mental health problem.					
Someone with a mental health problem should have the same right to a job as anyone else.					
I would not want to live next door to someone with a mental health problem.					
If I thought that I had a mental health problem I would know how to get help.					

41. In the last 5 years, do you believe you have experienced discrimination (been prevented from doing something, been hassled, or made to feel inferior) in any of the following situations because of your race, ethnicity, or skin color?

	Never or almost never	Hardly Ever (once or twice)	Sometimes (2-3 times)	Frequently (more than 4 times)
at school?				
getting hired or getting a job?				
at work?				
getting housing?				
getting medical care?				
getting dental care?				
getting service in a store or restaurant?				
getting credit, bank loans, or a mortgage?				
on the street or in a public setting?				
from the police or in courts?				

43. Below are some statements about your local community. You may agree with some and disagree with others. Please tell us how much you agree or disagree with each statement.

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree	Not Sure
Poor health is inevitable in older age.					
An older person is somebody aged 60 and above.					
A person's attitude toward aging has little or no influence on their health.					
Aging is an obstacle to a good life and must be overcome.					
As people get older, they continue to grow as a person					
As people age, they get wiser.					
I feel angry or sad when I think about getting older.					
I worry about how aging might affect the things that I can do.					
Developing chronic diseases (diabetes, heart conditions) as we age is not something we can control.					

44. Based on what you have seen or experienced, do you think older workers face discrimination in the workplace based on AGE?

- Yes
 No
 Not Sure

45. At what age do you think older workers begin to face age discrimination?

- 40s
 60s
 Not Sure
 50s
 70 or older

46. Do you believe you have experienced any of the following at work after the age of 40?

If you are under age 40, please check **Does Not Apply**

	Yes	No	Not Sure
Passed up for a promotion or a chance to get ahead because of your age			
Laid off, fired, or forced out of a job because of your age			
Not getting hired for a job you applied for because of your age			
Denied access to training or professional development opportunities because of your age			
Heard negative remarks related to your age from a supervisor			
Heard negative remarks related to your age from a colleague			

Please return this completed survey to the site that provided it or fax to 772-871-5360.