
APPENDIX B – SURVEY SCRIPT

Q#	Dutchess County 01
	<p>Hello, this is [name] calling on behalf of the Dutchess County Department of Health. We are contacting one thousand Dutchess County residents to ask them for their opinion about health and safety issues in their community.</p> <p>Are you currently a resident of Dutchess County? [IF NO, THANK AND TERMINATE]</p> <p>Would you like to have your opinion included in this very important survey? [IF NO, THANK AND TERMINATE]</p> <p>First, I need to ask you if you are at least 18 years old. [IF NO, ASK FOR ADULT. IF NONE AVAILABLE, THANK AND TERMINATE]</p> <p>Please be aware that this call may be recorded for quality purposes. However, all of your answers are confidential and anonymous. Also, you do not have to answer any question that makes you uncomfortable. Any information you give us will be very helpful. Let's get started.</p>
Q1	In what town, village or city do you currently live? [IF NOT IN [CITY], CAPTURE CITY NAME. IF RESPONSE IS POUGHKEEPSIE VERIFY TOWN OR CITY]
Q2	First, we would like your opinion about safety issues in your community. In your opinion, are any of the following issues a serious threat to safety in your community? Please answer yes, no or don't know.
Q2a	Unsafe driving or roads as a threat to pedestrians, drivers, or others
Q2b	Substance Abuse (for example, drugs or alcohol)
Q2c	Unsafe use of firearms
Q2d	Crime in general
Q2e	Violence in the home such as domestic violence or child abuse
Q2f	School violence or bullying
Q2g	Internet predators
Q2Other	Can you think of any other issues that are a serious threat to the safety of your community?
Q3	In your opinion, are any of the following a serious health issue in your community?
Q3a	Air pollution
Q3b	Water pollution
Q3c	Unsafe housing conditions
Q3d	Food safety
Q3e	Lyme disease or other insect-related diseases
Q3Other	Can you think of any other serious health issues in your community?
Q4	Do you feel that your community is ready to deal with a natural disaster or other emergency?

Q5 Now I'm going to ask you a few questions about healthcare services. At any time in the past year, did you or any member of your immediate household need but did not receive any of the following healthcare services? Please answer yes, no, or don't know.

Q5a Health Screening (for example, mammogram, Pap smear, colonoscopy)

Q5b Primary care for an adult, such as an annual checkup or a visit for a minor complaint such as a cold

Q5c Visits to a pediatrician, for a regular checkup or when a child was sick

Q5d Surgery

Q5e A visit to a specialist who treats heart problems, diabetes, or other specific conditions

Continuing our list, at any time in the past year, did you or any member of your immediate household need but did not receive any of the following healthcare services?

Q5f Eye care

Q5g Hearing care

Q5h Dental Care

Q5i Mental health services

Q5j Substance abuse services

Q5k Prescription drugs

Q5l ANY medical services provided by the Veteran's Administration

Q5Other Were there any other healthcare services that were needed but not received in the past year?

[IF Q5i = y]

Q6 In regards to mental health services, in the past year, did you or any member of your immediate household need but did not receive any of the following services?

Q6a Crisis Care

Q6b Hospitalization

Q6c Counseling/Therapy

Q6d Medications

Q6Other Were there any other mental healthcare services that were needed but not received in the past year?

[IF ANY BETWEEN Q5a - Q5l = y]

Q7 Was health insurance ever a reason why you or any immediate member of your household did not receive a needed healthcare service?

[IF Q7 = y]

Q8 Did you experience any of the following health insurance problems?

Q8a Lack of health insurance and could not pay out-of-pocket

Q8b Health insurance policy did not cover service

Q8c Health insurance policy covered the service but the co-pay or deductible was too expensive

Q8Other Were there any other health insurance problems?

[IF ANY BETWEEN Q5a - Q5l = y]

Q9 Continuing possible reasons why you or any immediate member of your household did not receive a needed healthcare service, were any of the following a problem for you?

Q9a The provider had limited hours

Q9b There was too long a wait to get an appointment

Q9c The service was not available

Q9d Transportation problems (for example, unavailable or too expensive)

Q9e Child care problems

Q9f Unable to take time off from work

Q9g Provider did not speak your language (for example, little or no translation available)

Q9h Not aware at the time that the service was available

Q9Other Were there any other issues we did not mention that prevented access to needed healthcare? (If yes, list reasons)

[ALL]

Q10 In the past year, have you or any immediate member of your household gone outside of Dutchess County to get healthcare services?

[IF Q10 = y]

Q11 Please indicate which of the following reasons you or a household member had for going outside Dutchess County for healthcare services?

Q11a Preferred a provider outside of Dutchess County

Q11b Could not locate a provider in Dutchess County

Q11c Health insurance did not cover the providers needed in Dutchess County

Q11d It was more convenient to go outside Dutchess County

Q11Other Was there any other reason for going outside Dutchess County for healthcare services?

[ALL]

The next question is about your personal health insurance coverage.

Q12 Do you currently have health insurance coverage for yourself?

[IF Q12 = y]

Q13 Which of the following type of health insurance are you covered by? Select One.

1. Health insurance through an employer, whether your own or someone else's (for example, own current or former employer or someone else's employer, such as a spouse)

2. Medicaid/Medicaid Managed Care

3. Family Health Plus

4. Medicare

5. Health insurance policy that I pay for entirely by myself

6. DK

7. Refused

[ALL]

Q14 Now I would like to ask you about services that are provided by the County or Non-Profit Agencies. At any time during the past year, did you or any member of your immediate household need but did not receive any of the following basic types of assistance from a county or non-profit agency? Please answer yes, no, or don't know.

Q14a Fuel and/or utilities assistance

Q14b Housing assistance

Q14c Child care subsidy

Q14d Legal assistance or advocacy services (for example, family court)

Q14e Transportation

Q14f Home care, respite or adult day care

Q14g Developmental disability or mental retardation services

Q14h Senior services

Q14i Youth programs (after school, mentoring)

Q14Other Was there any other type of county or non-profit assistance that you or a household member needed but could not get?

[IF Q14a - Q14i = y or Q14Other not empty]

Q15 Were any of the following issues a reason why you or any immediate member of your household did not receive the needed service?

Q15a The service was too expensive

Q15b Not eligible for service

Q15c Service hours too limited

Q15d The wait to get an appointment was too long

Q15e Service not available in community

Q15f Service full and unable to take more people

Q15g Child care problems

Q15h I did not have transportation to reach the service

Q15i Unable to take time off from work

Q15j Felt uncomfortable about seeking service

Q15k Language (for example, little/no translation available)

Q15l Application process too complicated/did not understand application

Q15m Unaware that such service was available

Q15Other Was there any other reason why you or a household member could not get the service?

[ALL]

Q16 In the past year, did you or any immediate member of your household apply for any of the following types of financial assistance from a county or non-profit agency, but were unable to receive them?

Q16a Social Security Disability (SSD) or Supplemental Security Income (SSI)

Q16b Non-medical Services provided by the Veteran's Administration

Q16c Temporary Assistance for Needy Families (for example, TANF/Welfare)

Q16d Food stamps

Q16e	Medicaid
[IF ANY BETWEEN Q16a - Q16e = y]	
Q17	Were any of the following service issues a reason that you or any immediate member of your household did not receive the needed service?
Q17a	Not eligible for service
Q17b	Service hours too limited
Q17c	The wait to get an appointment was too long
Q17d	Service not available in community
Q17e	Service full and unable to take more people
Q17f	Child care problems
Q17g	I did not have transportation to reach the service
Q17h	Unable to take time off from work
Q17i	Felt uncomfortable about seeking service
Q17j	Language (for example, little/no translation available)
Q17k	Application process too complicated/did not understand application
Q17l	Unaware that such service was available
Q17Other	Was there any other reason why you or a household member could not get the service?
[ALL]	
Q18	Are you or anyone in your immediate household a caregiver to an elderly, ill, or disabled family member?
[IF Q18 = y]	
Q19	In the past year, did you or the person you care for, need, but were unable to receive any of the following services ?
Q19a	Information and support
Q19b	In home care, respite or adult day care
Q19c	Minor home modifications
Q19d	Transportation services
Q19e	Financial assistance
Q19Other	Was there any other caregiver service you could not get?
[ALL]	
Now I am going to ask you a few questions about your community.	
Q20	Are you satisfied with your current housing situation?
	1. Yes
	2. No
	3. Unsure
[IF Q20 = No]	
Q21	Are any of the following reasons why you are not satisfied?
Q21a	Housing run down or structurally unsafe
Q21b	Housing too expensive
Q21c	Housing is too far from town/services
Q21d	Problems with the neighborhood (for example, noise level)
Q21Other	Are there any other reasons you are not satisfied with your current housing situation?
[ALL]	

Q22 In the next few questions, I am going to ask you about the availability of certain community features. Are any of the following features available in your local community? Please answer yes, no, or unsure.

Q22a Public outdoor recreation areas like parks, playgrounds, sports fields?

1. Yes
2. No
3. Unsure

Q22b Public outdoor trails for walking, running or bicycling

1. Yes
2. No
3. Unsure

Q22c Community Centers

1. Yes
2. No
3. Unsure

[IF Q22a = Y OR Q22b = Y OR Q22c = Y]

Q23 Which of these features do you use?

Q23a Public outdoor recreation areas like parks, playgrounds, sports fields?

Q23b Public outdoor trails for walking, running or bicycling

Q23c Community Centers

Q24 Do any of the following issues make these features difficult or impossible to use?

Q24a They are not safe

Q24b They are difficult to get to

Q24c They are too expensive to use

Q24Other Are there any other issues that make these features difficult or impossible to use? (If yes, list reasons)

[ALL]

Q25 Is it difficult for you to buy healthy foods in your community, such as fresh fruits, vegetables and low-fat milk?

1. Yes
2. No
3. Unsure

[IF q25 = Y]

Q26 Are any of the following reasons why it is difficult for you to buy healthy foods?

Q26a Too Expensive

Q26b Not Available where I shop

Q26c Too far to get to

Q26Other Are there any other reasons that make it difficult for you to buy healthy foods?

[ALL]

Q27 In preparation for an emergency – like a winter storm - do you stockpile at least a two week supply of emergency food and supplies, such as canned food, bottled water and any medicine you take regularly?

1. Always
2. Sometimes
3. Never
4. DK [Don't read]
5. Refused [Don't read]

Q28 How satisfied are you with the quality of life in Dutchess County? Would you say:

1. Very Satisfied
2. Somewhat Satisfied
3. Neither Satisfied nor Dissatisfied
4. Somewhat Dissatisfied
5. Dissatisfied
6. DK [Don't read]
7. Refused [Don't read]

These remaining questions allow us to see how different types of people feel about the local health issues you have identified in this survey.

Q29 What zip code do you live in?

Q30 Do you rent or own?

1. Rent
2. Own
3. Other [Don't read]
4. Don't Know [Don't read]
5. Refused [Don't read]

Q31 Approximately how many years have you lived in Dutchess County?

Q32 Gender [by observation]

1. Male
2. Female

Q33 Do you consider yourself either Hispanic or Latino?

1. Yes
2. No
3. Don't Know [Don't read]
4. DK [Don't read]

Q34 What racial group do you most identify with? Choose One

1. African American / Black
2. Asian
3. Caucasian / White
4. Two or more races
5. Some other race
6. Don't Know [Don't read]
7. Refused [Don't read]

Q35 What is your country of birth?

1. US
2. Other

[IF Q35 = Other]

Q35 Other [Other Country]

Q36 How many years have you been living in the U.S.?

[ALL]

Q37 What is the primary language spoken at home?

1. English
2. Spanish
3. Other

Q38 Into which category would you classify your gross household income?

[Read list]

1. Less than \$15,000
2. \$15,000 to \$34,999
3. \$35,000 to \$49,999
4. \$50,000 to \$99,999
5. \$100,000 or greater
6. DK [Don't read]
7. Refused [Don't read]

Q39 How many adults 18 years of age or older live in your household (including yourself)?

Q40 How many children under 18 live in your household?

Q41 Which of the following best describes your education experience? [Read list]

1. Less than 9th grade
2. 9th-12th grade, no diploma
3. High school diploma or GED
4. Some college, no degree
5. College degree or associates degree
6. Graduate or professional degree
7. Other
8. DK [Don't read]
9. Refused [Don't read]

Q42 Which of the following age ranges do you fall into? [Read list]

1. 18- 21 years
2. 22-34 years
3. 35 - 59 years
4. 60 - 74 years
5. 75 years or older
6. DK [Don't read]
7. Refused [Don't read]

Q43 Are you or have you ever been a member of active military service? This includes National Guard members called to active duty by the president.

1. Yes
2. No
3. Unsure

[IF Q43 = Yes]

Q44 Are you aware that you may be entitled to veteran services even if you have not served in combat?

1. Yes
2. No
3. Unsure

[ALL]

Q45 What are your top two favorite ways of getting information on the services we talked about? Please select from the following list:

Q45a Word of mouth

1. Yes
2. No
3. Unsure

Q45b Internet

1. Yes
2. No
3. Unsure

Q45c Newspaper

1. Yes
2. No
3. Unsure

Q45d Radio

1. Yes
2. No
3. Unsure

Q45e Service providers

1. Yes
2. No
3. Unsure

Q45f 211

1. Yes
2. No
3. Unsure

Q45Other What other ways do you prefer to get information?

This concludes our survey. Thank you for taking the time to provide this very important information.