

# **Southeastern Ohio Health Improvement Collaborative (SOHIC) Community Member Survey**

Welcome!

Southeastern Ohio Health Improvement Collaborative (SOHIC) (including Genesis HealthCare System, Morgan County Health Department, Noble County Health Department, Perry County Health Department, and Zanesville-Muskingum County Health Department) is conducting a Community Health Needs Assessment (CHNA) to identify and assess the health needs of the community. We are asking community members (those who live and/or work in the counties served by the collaborative) to complete this short, **20-minute** survey. This information will help guide us as we consider services, programs, and policies that will benefit the community.

Be assured that this process is completely anonymous - we cannot access your name or any other identifying information. Your individual responses will be kept strictly confidential and the information will only be presented in aggregate (as a group). Your participation in this survey is entirely voluntary and you are free to leave any of the questions unanswered/skip questions you prefer not to answer (so only answer the questions you want to answer!). Thank you for helping us to better serve our community!

## **Ranking Health Needs**

While it can be hard to choose, do your best to select what you feel are the TOP 3 COMMUNITY CONDITIONS of concern in your community? **(please check your top 3)**

- Access to childcare
- Access to dental/oral healthcare
- Access to mental healthcare
- Access to primary healthcare (e.g. doctors, hospitals, specialists, mental healthcare, dental/oral care, vision care, medical appointments, health insurance coverage, health literacy, etc.)
- Access to public/safe water and other utilities (e.g. heat, electric, natural gas)
- Access to social engagement and volunteer opportunities
- Access to specialist healthcare
- Access to vision healthcare
- Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma, etc.)
- Crime and violence
- Education and literacy (e.g. early childhood education, elementary school, post-secondary education, etc.)
- Environmental conditions (e.g. air and water quality, vector-borne diseases, etc.)
- Food insecurity (e.g. not being able to access and/or afford healthy food)
- Health insurance coverage
- Health literacy
- Housing and homelessness
- Income/poverty and employment
- Internet/wifi access
- Nutrition
- Overweight and obesity
- Physical health/exercise
- Preventive care and practices (e.g. screenings, mammograms, pap tests, vaccinations)
- Transportation (e.g. public transit, cars, cycling, walking)

Not Listed (feel free to specify)

While it can be hard to choose, do your best to select what you feel are the TOP 3 HEALTH OUTCOMES (e.g. impacts, diseases, conditions, etc.) of concern in your community? **(please check your top 3)**

Chronic diseases (e.g. heart disease, diabetes, cancer, asthma, etc.) - **Please specify which chronic disease(s) you feel is the biggest issue in the community in the 'Not Listed' box below.**

Mental health (e.g. depression, anxiety, suicide, etc.)

Substance use disorder (alcohol and drugs)

Suicide

HIV/AIDS and Sexually Transmitted Infections (STIs)

Tobacco and nicotine use/smoking/vaping

Injuries (workplace injuries, car accidents, falls, etc.)

Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal morbidity and mortality)

Not Listed (feel free to specify)

### Access to Healthcare

If you do NOT currently have healthcare coverage or insurance, what are the main reasons why? **(select all that apply)**

I am waiting to get coverage through my job

I am not eligible or do not qualify

I don't think I need health insurance

It is too confusing to sign up

I haven't had time to deal with it

I do not have an ID or permanent address

It costs too much

Does not apply - I have health coverage/insurance

Not Listed (feel free to specify)

In the last year, if you or a member of your household delayed or went without necessary healthcare, what were the main reasons why? **(select all that apply)**

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Not knowing where to go or how to find a doctor
- Could not get an appointment that was convenient with my work hours or child's school schedule
- Technology barriers with virtual visits/telehealth services
- Distrust/fear of discrimination
- Not having a provider who understands and/or respects my cultural or religious beliefs
- Lack of provider awareness and/or education about my health condition
- Lack of transportation to the appointment
- Language barriers
- The appointment was too far away and/or outside of my community
- No insurance and could not afford care
- I could not find a doctor or dentist that takes Medicaid
- Insurance did not cover the cost of the procedure or care
- No barriers and did not delay health care - received all the care that was needed
- Insurance deductibles were too high
- Not Listed (feel free to specify)

Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, treatment for chronic diseases, blood work, etc.)? **(select all that apply)**

- Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.) in my own county
- Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.) outside of my own county
- Emergency room department at the hospital
- Urgent care clinic
- Virtual visits/telehealth services
- Health department
- Medical lab/clinic
- I wouldn't go to a doctor unless it was an emergency
- Not sure
- None of the above

Not Listed (feel free to specify)

Where do you and your family members go most often to receive immunizations? **(select all that apply)**

- Doctor's office (primary care physician/provider, family physician, internist, pediatrician, etc.)
- Pharmacy
- Health Department
- Not Listed (feel free to specify)
- Not sure
- None of the above

How long has it been since you have had a flu shot/vaccine?

- Within the last year
- 1-2 years
- 3-5 years
- 5 or more years ago
- I have never had a flu shot/vaccine
- Prefer not to answer

Which immunizations do you and your family receive? **(select all that apply)**

- All REQUIRED immunizations (such as Tdap, Meningococcal)
- All age appropriate immunizations (such as HPV, Pneumococcal, Shingles)
- Seasonal immunizations (such as Flu, COVID-19)
- Alternate immunization schedule (one vaccine at a time)
- Not Listed (feel free to specify)
- No combination immunizations
- Not sure
- None of the above

How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to a doctor for a checkup

If you were **sick**, where would you go first for treatment? Assume that this is not an emergency situation. **(choose one)**

- Doctor's office (primary care physician, family physician, internist, pediatrician, etc.)
- Virtual visits/telehealth services
- Specialist's office (cardiologist, pulmonologist, endocrinologist, etc.)
- I wouldn't go to a doctor unless it was an emergency
- Emergency room department at hospital
- Not sure
- Urgent care clinic
- None of the above

Not Listed (feel free to specify):

Do you have a personal physician/primary care provider?

- Yes
- No

How would you rate your current access to mental, behavioral health, or substance use disorder services?

- Very high access
- High access
- Neutral
- Low access
- Very low access

In the last year, if you or a member of your household delayed or went without mental, behavioral health, or substance use disorder services, what were the main reasons why? (select all that apply)

- Could not get an appointment quickly enough/too long of a wait for an appointment
- Insurance or cost issues
- Not knowing where to go or how to find behavioral or mental health providers
- Distrust/fear of discrimination
- Uncomfortable with mental or behavioral health provider
- Stigma of mental or behavioral health/nervous about admitting that I have a mental or behavioral health concern
- Language barriers
- Technology barriers with virtual visits/telehealth services
- Lacked transportation to the appointment
- Lack of type of services needed (detox, MAT, inpatient beds full, etc.)
- Do not need behavioral or mental health care
- No barriers - received all the behavioral and mental health care that was needed

Not Listed (feel free to specify)



In the last year, if you or a member of your household delayed or went without needed prescription medicine, what were the main reasons why? **(select all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> I had a needed prescription medicine that was eventually filled, but I had to wait for it | <input type="checkbox"/> Lack of transportation to get prescription medicine  |
| <input type="checkbox"/> No insurance and could not afford prescription medicine                                   | <input type="checkbox"/> The place to get the prescription medicine was too far away and/or outside of my community                           |
| <input type="checkbox"/> Insurance did not cover the cost of the prescription medicine                             | <input type="checkbox"/> My prescription medicine was out of stock  |
| <input type="checkbox"/> Insurance deductibles were too high   | <input type="checkbox"/> No barriers and did not delay prescription medicine - got access to all of the prescription medicine that was needed |
| <input type="checkbox"/> Not knowing where to go or how to find prescription medicine                              |   |
| <input type="checkbox"/> Not Listed (feel free to specify)   |   |

About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- Within the last year
- 1-2 years ago
- 3-5 years ago
- More than 5 years ago
- I have never been to the dentist for a checkup

In the last year, was there a time when you needed dental care but could not get it?

- Yes
- No

In the last year, was there a time when you needed vision/eye care but could not get it?

- Yes
- No

**Health Status**

Thinking about the last year, overall, my physical health is:

- Excellent
- Very good
- Good
- Fair
- Poor

Thinking about the last year, overall, my mental health is:

- Excellent
- Very good
- Good
- Fair
- Poor

In the last year, have you had thoughts of suicide?

- Yes
- No
- Prefer not to answer

If you do want to get healthier and in better shape; what if anything, do you feel is holding you back? **(select all that apply)**

- Stress
- Lack of energy
- My busy schedule (I don't have time to cook or exercise)
- Lack of support from friends
- Lack of support from family
- I feel intimidated or awkward going to a gym or fitness center
- Money (gyms and healthy foods are too expensive)
- Lack of gyms or fitness centers to go to near me
- Food and fitness is too confusing
- Convenience (eating out is easier)
- Childcare concerns
- I don't like to cook
- I don't like to exercise
- I don't feel motivated to be healthier
- None of the above. (I'm in good shape or don't want to be in better shape)

Not Listed (feel free to specify)

What kind of physical activity/exercise do you currently participate in or want to participate in? **(select all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Aerobics/dancing         | <input type="checkbox"/> Going to the gym/weightlifting                                   | <input type="checkbox"/> Soccer            |
| <input type="checkbox"/> Baseball/softball        | <input type="checkbox"/> Golf   | <input type="checkbox"/> Swimming          |
| <input type="checkbox"/> Basketball               | <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Volleyball        |
| <input type="checkbox"/> Biking/cycling           | <input type="checkbox"/> Hockey   | <input type="checkbox"/> Walking/hiking    |
| <input type="checkbox"/> Bowling                  | <input type="checkbox"/> Martial arts (e.g. karate, judo, taekwondo, etc.)                | <input type="checkbox"/> Wrestling         |
| <input type="checkbox"/> Boxing/kickboxing        | <input type="checkbox"/> Racket sports (e.g. tennis, badminton, squash, pickleball, etc.) | <input type="checkbox"/> Yoga/pilates      |
| <input type="checkbox"/> Canoeing/kayaking/rowing | <input type="checkbox"/> Running/jogging  | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Football                 | <input type="checkbox"/> Skating  |  |
| <input type="checkbox"/> Gardening/yard work      | <input type="checkbox"/> Skiing/snowboarding  |  |

Not Listed (feel free to specify)

### Transportation

In the past 12 months, has lack of reliable transportation kept you from going to **(select all that apply)**:

- Medical appointments (for yourself or another member of your family)
- Work/meetings
- School (for yourself or another member of your family)
- Childcare
- Not Listed (feel free to specify)
- Buying food/groceries
- Physical activity opportunities/the gym
- Getting other things for daily living
- Not applicable

How do you travel to where you need to go? **(select all that apply for each category - work, appointments, food shopping)**

	Drive alone	Public transit	Taxi/cab	Ride with others in a carpool or vanpool	Cycle	Walk	Family member takes me	It depends on the day as to what is available	I struggle with finding a way to get here
Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appointments (e.g. medical, mental health, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Not Listed (feel free to specify)

**Community Resources**

What resources are lacking within your community? **(select all that apply)**

- Accessibility for people with disabilities
  - Adult literacy programs
  - Affordable and healthy food (e.g. grocery stores, healthy restaurants, farmers markets, food pantries, etc.)
  - Affordable and available housing
  - Car services (e.g. repair, tire dealers, oil change, etc.)
  - Childcare
  - Dental/oral healthcare access
  - Hospital/acute and emergency healthcare
  - Maternal, infant, and child healthcare (e.g. OB/GYN, midwives, doulas, pediatricians, etc.)
  - Mental healthcare access
  - Not Listed (feel free to specify)
- Primary healthcare access
  - Recreational spaces (e.g. parks, walking paths, community centers, gyms/workout facilities, exercise opportunities, etc.)
  - Social activities (e.g. clubs, senior activities, youth activities, community spaces, etc.)
  - Specialist healthcare (e.g. oncologist/cancer care, cardiologist/heart care, nephrologist/kidney care, physical therapy, dietitian, etc.)
  - Substance use treatment/harm reduction services
  - Translation/interpretation services (ASL, Spanish, etc.)
  - Transportation
  - Vision healthcare access
  - There is no lack of resources in my community
  - I don't know what resources are lacking in my community

In the last year, did you travel outside of your county to access any resources? If yes, please specify which resources.

- Yes
- No
- Prefer not to answer

If yes, please specify which resources:

In the last year, did you or your family worry that your food will run out and that you won't be able to get more?

- Yes
- No
- Prefer not to answer
- Not Listed (feel free to specify)

In the last year, did you have issues affording your utilities (e.g. heat, electric, natural gas or water)?

- Yes
- No
- Prefer not to answer
- Other/Not Listed (feel free to specify)

**Health Behaviors**

How often in the last 30 days (last month) did you smoke cigarettes?

- Never
- 1 time/week or less
- 2-3 times/week
- Not Listed (feel free to specify)
- 4-6 times/week
- Daily
- Prefer not to answer

How often in the last 30 days (last month) did you vape/use e-cigarettes?

- Never
- 1 time/week or less
- 2-3 times/week
- Not Listed (feel free to specify)
- 4-6 times/week
- Daily
- Prefer not to answer

How often in the last 30 days (last month) did you use other nicotine or tobacco products?

- Never
- 1 time/week or less
- 2-3 times/week
- Not Listed (feel free to specify)
- 4-6 times/week
- Daily
- Prefer not to answer



How often in the last 30 days (last month) did you have a drink containing alcohol?

- Never
- 1 time/week or less
- 2-3 times/week
- Not Listed (feel free to specify)
- 4-6 times/week
- Daily
- Prefer not to answer

How often in the last 30 days (last month) have you had 5 or more drinks containing alcohol at any one time?

- Never
- 1 time/week or less
- 2-3 times/week
- Not Listed (feel free to specify)
- 4-6 times/week
- Daily
- Prefer not to answer

How often in the last 30 days (last month) have you used marijuana/cannabis/THC for recreational purposes?

- Never
- 1 time/week or less
- 2-3 times/week
- Not Listed (feel free to specify)
- 4-6 times/week
- Daily
- Prefer not to answer

How often in the last 30 days (last month) have you used illicit/illegal drugs/substances?

- Never
- 1 time/week or less
- 2-3 times/week
- Not Listed (feel free to specify)
- 4-6 times/week
- Daily
- Prefer not to answer

In the last year, have you used prescription medication that was not prescribed for you, or took more medicine than was prescribed for you, in order to feel good, high, more active, or more alert?

- Yes
- No
- Prefer not to answer

**Demographics**

Which county do you live or reside in? **(choose one)**

- Coshocton
- Guernsey
- Morgan
- Muskingum
- Noble
- Perry
- Prefer not to answer

Where do you live or reside? **(choose one)**

- 43006
- 43076
- 43150
- 43701
- 43702
- 43750
- 43755
- 43756
- 43758
- 43760
- 43804
- 43805
- 43811
- 43812
- 43821

- |                             |                             |  |
|-----------------------------|-----------------------------|--|
| <input type="radio"/> 43711 | <input type="radio"/> 43760 | <input type="radio"/> 43821                |
| <input type="radio"/> 43717 | <input type="radio"/> 43761 | <input type="radio"/> 43822                |
| <input type="radio"/> 43720 | <input type="radio"/> 43762 | <input type="radio"/> 43822                |
| <input type="radio"/> 43722 | <input type="radio"/> 43762 | <input type="radio"/> 43824                |
| <input type="radio"/> 43723 | <input type="radio"/> 43764 | <input type="radio"/> 43828                |
| <input type="radio"/> 43724 | <input type="radio"/> 43766 | <input type="radio"/> 43830                |
| <input type="radio"/> 43725 | <input type="radio"/> 43767 | <input type="radio"/> 43832                |
| <input type="radio"/> 43727 | <input type="radio"/> 43768 | <input type="radio"/> 43836                |
| <input type="radio"/> 43728 | <input type="radio"/> 43771 | <input type="radio"/> 43842                |
| <input type="radio"/> 43730 | <input type="radio"/> 43772 | <input type="radio"/> 43843                |
| <input type="radio"/> 43731 | <input type="radio"/> 43772 | <input type="radio"/> 43844                |
| <input type="radio"/> 43731 | <input type="radio"/> 43773 | <input type="radio"/> 43845                |
| <input type="radio"/> 43732 | <input type="radio"/> 43773 | <input type="radio"/> 43973                |
| <input type="radio"/> 43732 | <input type="radio"/> 43777 | <input type="radio"/> 43983                |
| <input type="radio"/> 43732 | <input type="radio"/> 43777 | <input type="radio"/> 44637                |
| <input type="radio"/> 43732 | <input type="radio"/> 43778 | <input type="radio"/> 45711                |
| <input type="radio"/> 43733 | <input type="radio"/> 43779 | <input type="radio"/> 45715                |
| <input type="radio"/> 43734 | <input type="radio"/> 43780 | <input type="radio"/> 45715                |
| <input type="radio"/> 43735 | <input type="radio"/> 43780 | <input type="radio"/> 45727                |
| <input type="radio"/> 43736 | <input type="radio"/> 43782 | <input type="radio"/> 45732                |
| <input type="radio"/> 43738 | <input type="radio"/> 43783 | <input type="radio"/> 45732                |
| <input type="radio"/> 43739 | <input type="radio"/> 43787 | <input type="radio"/> 45745                |
| <input type="radio"/> 43740 | <input type="radio"/> 43788 | <input type="radio"/> 45746                |
| <input type="radio"/> 43746 | <input type="radio"/> 43791 | <input type="radio"/> Prefer not to answer |
| <input type="radio"/> 43748 | <input type="radio"/> 43802 |  |

43749

43803

None of the above, I live primarily at the following ZIP code:

Where do you work? **(choose one)**

43006

43750

43804

43076

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43805

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- |                             |                             |   |
|-----------------------------|-----------------------------|---|
| <input type="radio"/> 43733 | <input type="radio"/> 43779 | <input type="radio"/> 45715                       |
| <input type="radio"/> 43734 | <input type="radio"/> 43780 | <input type="radio"/> 45715                       |
| <input type="radio"/> 43735 | <input type="radio"/> 43780 | <input type="radio"/> 45727                       |
| <input type="radio"/> 43736 | <input type="radio"/> 43782 | <input type="radio"/> 45732                       |
| <input type="radio"/> 43738 | <input type="radio"/> 43783 | <input type="radio"/> 45732                       |
| <input type="radio"/> 43739 | <input type="radio"/> 43787 | <input type="radio"/> 45745                       |
| <input type="radio"/> 43740 | <input type="radio"/> 43788 | <input type="radio"/> 45746                       |
| <input type="radio"/> 43746 | <input type="radio"/> 43791 | <input type="radio"/> I am not currently employed |
| <input type="radio"/> 43748 | <input type="radio"/> 43802 | <input type="radio"/> Prefer not to answer        |
| <input type="radio"/> 43749 | <input type="radio"/> 43803 |   |

None of the above, I work primarily at the following ZIP code:

Which of the following best describes your age?

- |                                |  |
|--------------------------------|--|
| <input type="radio"/> Under 18 | <input type="radio"/> 45-54                |
| <input type="radio"/> 18-24    | <input type="radio"/> 55-64                |
| <input type="radio"/> 25-34    | <input type="radio"/> 65+                  |
| <input type="radio"/> 35-44    | <input type="radio"/> Prefer not to answer |

What is your gender identity? **(select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Woman  | <input type="checkbox"/> Transgender/Trans man (person who identifies as a man) |
| <input type="checkbox"/> Man  | <input type="checkbox"/> Non-binary/non-conforming                              |
| <input type="checkbox"/> Transgender/Trans woman (person who identifies as a woman) | <input type="checkbox"/> Prefer not to answer                                   |
| <input type="checkbox"/> Not Listed (feel free to specify)                          |   |

What is your sexual orientation? **(select all that apply)**

- Heterosexual or Straight
- Gay
- Lesbian
- Not Listed (feel free to specify)
- Bisexual
- Asexual
- Prefer not to answer

What is your race and/or ethnicity? **(select all that apply)**

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Not Listed (feel free to specify)
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Prefer not to answer

What is your primary language spoken at home?

- English
- Spanish
- Prefer not to answer
- Not Listed (feel free to specify)

How many children, ages 0-17, live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- Not Listed (feel free to specify)
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Prefer not to answer

What is the highest level of education you have completed?

- 8th grade or less
- Some High School but no degree
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)
- Prefer not to answer

Are you currently employed?

- Yes, full-time (30 hours per week or more)
- Yes, part-time (less than 30 hours per week)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student
- Retired
- Disabled
- Prefer not to answer

What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000
- Prefer not to answer

Do you have any of the following disabilities or chronic conditions? **(select all that apply)**

- Attention deficit
- Autism
- Blind or visually impaired
- Cancer
- Chronic Liver Disease/Cirrhosis
- Chronic Obstructive Pulmonary Disease (COPD)
- Deaf or hard of hearing
- Not Listed (feel free to specify or tell us more)
- Dementia (e.g. Alzheimer's and other worsening confusion and cognitive decline)
- Diabetes
- Health-related disability
- Heart disease and/or stroke
- Kidney disease
- Learning disability
- Mental health condition
- Mobility-related disability
- Parkinson's disease
- Speech-related disability
- Substance use disorder
- None
- Prefer not to answer



What is your current living situation? **(select all that apply)**

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am staying in a hotel/motel
- Not Listed (feel free to specify)
- I am living outside
- I am living in a car
- I am living in an RV or state/public park
- I am living elsewhere
- Prefer not to answer

**Trigger Warning: The following question about abuse may be disturbing for some people and trigger unpleasant memories or thoughts. Please remember you can always skip any question you don't feel comfortable reading or answering.**

**If you or someone in your life are in need of support, visit [thehotline.org](http://thehotline.org), or call 1.800.799.SAFE (7233), or text "START" to 88788.**

Have you experienced any of the following types of abuse in the past year?  
**(select all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Physical violence (punching, hitting, slapping, kicking, strangling, or physically restraining someone against their will, use of weapons, etc.) | <input type="checkbox"/> Cultural/Identity (discrimination based on race, culture, religion, sexual orientation, gender identity, disability, class, age, etc.) |
| <input type="checkbox"/> Sexual (rape or other forced sexual acts, unwanted touching, etc.)   | <input type="checkbox"/> Human Trafficking (coercion to provide labor or services, or to engage in commercial sex acts)   |
| <input type="checkbox"/> Verbal/Emotional (hurtful words, insults, etc.)  | <input type="checkbox"/> Employer Abuse (not paying overtime, not splitting tips properly, not letting a person go home after their shift, etc.)                |
| <input type="checkbox"/> Mental/Psychological (negatively affecting someone's mental health, manipulation, etc.)  | <input type="checkbox"/> Have not experienced abuse of any kind in the past year  |
| <input type="checkbox"/> Financial/Economic (using money/finances to control someone)   | <input type="checkbox"/> Prefer not to answer   |
| <input type="checkbox"/> Elder (an intentional act or failure to act that causes or creates a risk of harm to an older adult)   |   |
| <input type="checkbox"/> Not Listed (feel free to specify)  |   |

**Final Comments**

Do you have any other feedback or comments to share with us? (optional)

Please return completed survey to the Morgan County Health Department to be entered in a drawing for a \$25 Kroger gift card