Community Health Needs Survey - Asian American Health Initiative

Directions: The purpose of this survey is to understand health needs among Asian Americans in Montgomery County. Please answer all of the questions as honestly as possible and check all items that apply. Your participation in this survey is voluntary. Your answers will be grouped together with the answers of other community members, and your name is not asked in the survey and will not be used in any report. You are free to ask questions, not answer any question, or stop at any time without penalty. Please do not write your name down anywhere on the survey.

Which County do you live in?
______________________________
Zipcode: ___________

Health Status

1. How would you describe your health?
   [ ] Good
   [ ] Fair
   [ ] Poor
   [ ] Don't know

2. When was your last visit to a doctor?
   [ ] Less than 6 months ago
   [ ] 6 months to 1 year ago
   [ ] 2 to 5 years ago
   [ ] Over 5 years ago
   [ ] I have never seen a doctor
3. When was your last visit to a dentist?  

Less than 6 months ago  

6 months to 1 year ago  

2 to 5 years ago  

Over 5 years ago  

I have never been to the dentist  

5. Do you and/or your family prefer to go to a doctor of the same ethnic origin (i.e., a doctor who speaks your native language)?  

No  

Yes  

If yes, reasons  

6. Does your family regularly go outside your County for health services?  

No  

Yes  

If yes, reasons  

4. Which of the following screenings have you received in the last year?  

Blood pressure check  

Blood sugar check  

Cholesterol screening  

Blood stool/urine test  

Infectious diseases (e.g. Hepatitis B.)  

Cancer screening (e.g. Pap smear for females)  

If yes, reasons  

7. What factors keep you or your family away from seeing doctors when in need?

- Cannot afford co-pay and/or deductible
- Do not have health insurance
- Language barrier
- Concerns about immigration status
- Do not have transportation
- Do not have time
- Do not understand the American medical system
- Lack of resource for referrals
- Long wait for services
- Other (specify) [specify]

8. For which of the following health conditions do you receive ongoing treatment?

<table>
<thead>
<tr>
<th>Condition</th>
<th>Received treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>High blood pressure</td>
<td></td>
</tr>
<tr>
<td>Hepatitis</td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
<td></td>
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<tr>
<td>Mental Health</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

9. If there are seniors/elderly living in your household, which of the following services do they use?

- Special transportation to access to health care services
- Nursing home
- Use a health aide who comes into the home
- Day care for the elderly
10. How would you describe your child/children's health?

- Good
- Fair
- Poor
- Don't know

11. Is there any vaccination program at school for your child/children?

- Yes
- No
- I do not know

12. In the last few weeks, how often do you feel tired out for no good reasons?

- Usually
- Sometimes
- Rarely
- Never
- Don't know

13. What kind of health insurance do you and/or your family have?

- Managed Care (e.g. HMO, PPO, etc.)
- Private Insurance (e.g. Blue Cross, Blue Shield, Aetna)
- Medicaid
- Medicare
- Government (e.g. CHIP, CHAMPUS, etc.)
- I do not have health insurance

14. If there are seniors living in your household, what type of health insurance do they have?

- Managed Care (e.g. HMO, PPO, etc.)
- Private Insurance (e.g. Blue Cross, Blue Shield, Aetna)
- Medicaid
- Medicare
- Government (e.g. CHIP, CHAMPUS, etc.)
- I do not have health insurance
15. How do you pay for your health insurance?
- My or my spouse’s employer pays
- I pay for all costs
- I do not buy health insurance

16. If you and/or your family members do not have insurance, where do you seek health care?
- Hospital/emergency room
- Community health clinic (e.g., Pan Asian Clinic)
- Government-provided health care
- Faith-based clinics, e.g., Holy Cross Hospital
- Pay cash for the care at the doctor’s office
- Use oriental or alternative/herbal medicine.
- Others (specify) ស្រាប់ជូនប្រចាំឆ្នាំ

17. What is your ability in speaking and understand English?
- I speak and understand English fluently
- Basic words and simple phrase
- Short conversation
- I do not speak and understand English
- My spouse/spouse pays

18. When using health services provided by English-speakers, do you usually...
- Use by yourself without help
- Bring a friend or relative to translate
- Bring a social worker to translate
- Use an interpreter
- Others (specify) ប្រភេទអនុញ្ញាត
Community Resources

19. Which of following issues among Asian Community do you think have problems that need to be addressed?

- Health care facilities (available/affordable)
- Dental services
- Transportation (Public)
- Language services
- Alcohol/drug use
- Smoking
- Elder day care (safe/available/affordable)
- Child day care (safe/available/affordable)
- Domestic Violence
- Health Information availability
- Disease Prevention
- Health Insurance

20. What are your primary sources of health information?

- Health clinic
- Family or friends
- Mass media (local newspaper, radio, TV, Internet)
- Community organizations

Demographic Information

1. Gender ការដឹកជញ្ជូន

- Male ប្រទេស
- Female ប្រទេស

2. Age Group អាយុ

- 18-34
- 35-49
- 50-64
- 65 and over

3. How many people are living in your household?

- Adults
- Children
- Seniors/Elders (aged 65 and older)
4. What is your ethnic background/origin?  
   เติมข้อมูลเกี่ยวกับสัญชาติ
   Asian Indian  ฮินดู    
   Cambodian   становится
   Chinese  จีน
   Filipino  ฟิลิปปินส์
   Japanese  ญี่ปุ่น
   Korean  เกาหลี
   Vietnamese  เวียดนาม
   Other (please specify)  ระบุที่ต้องการ

5. How long have you been living in the United States?  
   เติมข้อมูลเกี่ยวกับระยะเวลาที่คุณอาศัยอยู่
   Less than 1 year  ติดปี 1 ปี
   1 to 4 years  ติดปี 4 ปี
   5 to 7 years  ติดปี 7 ปี
   8 to 10 years  ติดปี 10 ปี
   More than 10 years  ติดปี 10 ปี

6. What is your highest level of education?  
   เติมข้อมูลเกี่ยวกับระดับการศึกษา
   Did not complete high school  ไม่ได้จบการศึกษา
   High school diploma  ประกาศนียบัตร
   Vocational training program  �บวัตถิ์สัสดีบัตร
   Some college  บางส่วน
   College degree  ปริญญาตรี
   Graduate school  ปริญญาโท

7. What is your average annual household income?  
   เติมข้อมูลเกี่ยวกับรายได้สุทธิในปีละ
   Less than $5,000  ติดปีละ $5,000
   $5,000 or more  ติดปีละ $5,000
   $5,000 or more  ติดปีละ $9,999
   $10,000 or more  ติดปีละ $19,999
   $20,000 or more  ติดปีละ $29,999
   $30,000 or more  ติดปีละ $39,999
   $40,000 or more  ติดปีละ $40,000 or more
8. What is your employment status?

- Employed full time
- Employed part time
- Self-employed
- Unemployed
- Retired
- Student
- Other (specify) ____________________

This is the end of the survey. We appreciate you taking the time to answer our survey questionnaire. If you have any questions or concerns about this survey, please feel free to ask any of the researchers.

การสนับสนุนจากผู้ตอบแบบสอบถาม เราขอขอบคุณที่ได้รับการสนับสนุนจากผู้ตอบแบบสอบถาม วิจัยสังคมศาสตร์ ม lease feel free to ask any of the researchers.