



## Lincoln County Health Department

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Margaret B. Dollar, M.Ed.  
Health Director



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Dear Resident,

**Every four years we at the Health Department conduct a Community Health Assessment. I have enclosed the survey for you to complete. The information that you tell us in the survey helps us develop programs that will be the most beneficial to you and your family. This survey is anonymous and we do not include your name anywhere in the reports.**

**Please complete the enclosed survey and mail it back to us at the address at the top of the page. You may also drop it off at the Health Department if you are in the area. If you have any questions please don't hesitate to call me. You are free to add additional concerns or health priorities at the bottom of the survey.**

**It is our job to help make you healthier. Please help us do that by sending in your information.**

**Thank you so much for your time,**

*Tiffany Pangle*

**Tiffany Pangle  
Health Educator  
704-736-2023**



# Lincoln County, NC Community Health Assessment 2013 Survey



**Note: To be completed by Lincoln County residents ONLY!**

## **Demographics**

1. What is your zip code? \_\_\_\_\_
2. What age group are you in?
  - a. 18-25
  - b. 26-35
  - c. 36-45
  - d. 46-55
  - e. 56-65
  - f. 66-75
  - g. 76-85
  - h. 85 +
3. What is your gender?
  - a. Male
  - b. Female
4. What is the highest grade you completed?
  - a. Some high school
  - b. High school graduate or GED
  - c. Some college
  - d. Associates Degree
  - e. Bachelor's degree
  - f. Masters degree
  - g. Doctorate
5. What is your race/ethnicity? (Please circle all that apply)
  - a. White/Caucasian
  - b. Black/African American
  - c. Hispanic/Latino
  - d. Native American
  - e. Asian/Pacific Islander
  - f. Other
6. Are you employed?
  - a. No
  - b. Full Time
  - c. Part Time
  - d. Both

7. What was your total household income in 2012?
  - a. less than \$10,000
  - b. \$10,000-\$20,000
  - c. \$20,000-\$29,999
  - d. \$30,000-\$49,999
  - e. \$50,000-\$74,999
  - f. \$75,000-\$99,999
  - g. \$100,000 or more
  - h. Don't know
8. Do you have trouble paying for any of the following services/necessities? Check all that apply
  - a. Buying necessary medications
  - b. Paying doctor bills
  - c. Paying for insurance
  - d. Paying for food
  - e. Gas
  - f. Other \_\_\_\_\_
9. What is the primary language spoken in your home?
  - a. English
  - b. Spanish
  - c. Russian
  - d. Vietnamese
  - e. Other
10. Do you have reliable transportation?
  - a. YES
  - b. NO
11. How do you receive information/news about Lincoln County services, events, reports?
  - a. Lincoln-Times News
  - b. News at Norman
  - c. Gaston Gazette
  - d. Charlotte Observer

- e. Television
  - f. Internet
  - g. Word of Mouth
  - h. Radio
  - i. From the school system
12. Is a member of your family currently serving in the military? If so, are they currently serving overseas?
- a. YES
  - b. NO
13. Do you have internet access at home?
- a. YES
  - b. NO

If no, do you have convenient access somewhere else?

- a. YES
- b. NO

18. Have you or a family member accessed mental health services in the past year? If so, which of the following have you accessed? Circle all that apply.
- a. Internet search engines
  - b. Partners Behavioral Health Management (formerly Pathways LME)
  - c. Primary care physician
  - d. Unaware of the services available to me
  - e. Other: \_\_\_\_\_

19. Do you have dental insurance?
- a. YES
  - b. NO

20. Do you receive any of the following services? Circle all that apply
- a. Food stamps
  - b. Medicaid
  - c. WIC
  - d. Public Housing
  - e. Work First
  - f. None of the above

21. Do you smoke or use smokeless tobacco (dip)?

- a. YES
- b. NO

If yes, in the last year have you tried to quit?

- a. YES
- b. NO

- Medical**
14. Do you have health insurance?
- a. YES
  - b. NO
15. If yes, what type do you have?
- a. Private (paid by employer)
  - b. Private (paid by you)
  - c. Medicare
  - d. Medicaid
  - e. Other: \_\_\_\_\_
16. Do you receive most of your medical services in Lincoln County?
- a. YES
  - b. NO
17. Do you have a doctor you see regularly?
- a. YES
  - b. NO

If no, what is source for medical care?

- a. Emergency Room
- b. Local Health Department
- c. Urgent Care Center
- d. Helping Hands Health Center
- e. Don't see a doctor

22. How many homemade meals do you consume a week?
- a. 0-2
  - b. 3-4
  - c. 5-7
  - d. 7 or more
23. How many of your meals each week include fresh fruits and vegetables?
- a. 0-2
  - b. 3-4
  - c. 5-7
  - d. 7 or more

24. How many days a week do you engage in at least 30 minutes of cardiovascular physical activity?

- a. 0-2
- b. 3-4
- c. 5-7
- d. 7 or more

25. In your opinion, which one issue most affects the quality of life in Lincoln County?

- a. Pollution (air, water, land)
- b. Dropping out of school
- c. Low income/poverty
- d. Low or no healthy food access
- e. Homelessness
- f. Sadness/Depression
- g. Lack of/inadequate health insurance
- h. Child abuse
- i. Other: \_\_\_\_\_

26. Have you been diagnosed with any of the following (circle all that apply)?

- a. Arthritis/Joint Bone Ailment
- b. Asthma/Respiratory Problems
- c. High Blood Pressure
- d. Diabetes
- e. Heart Disease
- f. Cholesterol Problems
- g. Other \_\_\_\_\_  
(please list)

27. Have you ever been diagnosed with cancer?

- a. YES
- b. NO

If yes, what type? \_\_\_\_\_

## **Parenting**

28. If you have children under 5 years old, where do they receive childcare services?

- a. Licensed Childcare Center
- b. Home Childcare/Head Start
- c. From a family member outside the home
- d. Stay at home mom/dad or other adult inside the home
- e. From a neighbor or friend
- f. Other

29. If you have children ages 6-12, who provides care for them after school?

- a. Adult in the household

- b. After school program
- c. After school program at a childcare facility
- d. Child's sibling
- e. Child stays alone

30. What are your most challenging parenting issues (circle all that apply)?

- a. Child behavior (tantrums)
- b. Juvenile delinquency
- c. Dating/sexuality/teen pregnancy
- d. Peer Pressure
- e. Drug/Alcohol Use
- f. Depression/Suicide/Eating Disorder/Other mental health issue
- g. Nutrition/Physical Activity

31. Are you parenting a child that has been diagnosed with a special need (ADHD, Autism Spectrum Disorder, etc.)?

- a. YES
- b. NO

If yes, please explain? \_\_\_\_\_

## **Public Safety/Preparedness**

32. Do you feel safe in Lincoln County?

- YES  
NO

33. Does your household have a working....circle all that apply

- a. Smoke detector
- b. Carbon monoxide detector
- c. Fire extinguishers

34. Does your family have a Family Emergency Plan?

- a. YES
- b. NO

35. Does your family have a basic emergency supply kit?

- a. YES
- b. NO

If so how many days worth?

- a. 3 days worth
- b. 1 week
- c. 2 weeks
- d. More than 2 weeks