



MAYO CLINIC
HEALTH SYSTEM

Fall 2018

Dear Southeastern Minnesota Resident:

This is your opportunity to help improve the health of your community!

Freeborn, Mower and Goodhue Counties, in partnership with Mayo Clinic Health System, are conducting the 2018 Community Health Needs Assessment Survey. Your household has been randomly selected to participate.

This survey helps us gather information to complete an in-depth assessment of our community's health and determine how to direct resources in the future. This information is used by many organizations including local counties and Mayo Clinic Health System to design programs to support community health and wellness.

Participation in this survey is completely voluntary. All answers to the questions are strictly confidential and no identifying information will be linked to any of the responses. We do track which surveys have been completed through the identifying number on each survey. This allows us to remove addresses from the mailing list for reminder notices once we receive the completed survey.

Only a limited number of randomly selected addresses are receiving this mailing. The study will be more meaningful if someone from your household completes the survey and mails it back. In order to get a mix of the population, **please give the survey to the ADULT (age 18 or older) in your household who has most recently had a birthday.** Please complete the enclosed survey form and return it in the postage-paid envelope provided.

By completing this survey, your household will make a valuable contribution to improving the health of people living in your community. If you have any questions, please contact: Sue Yost – Freeborn County (507-377-5273), David Anderson – Goodhue County (651-385-6148) or Chris Weis – Mower County (507-437-9701).

Thank you very much for your participation.

Sincerely,

Sue Yost
Public Health Director
Freeborn County Public Health

Nina Arneson
Director
Goodhue County
Health and Human Services

Lisa Kocer
Director
Mower County
Health and Human Services

Annie T. Sadosty M.D.
Regional Vice President
Mayo Clinic Health System
South East Minnesota

DO NOT WRITE IN THIS BOX



2018 Community Health Needs Assessment Survey

SURVEY INSTRUCTIONS



Correct marks



Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

- Excellent
 Very good
 Good
 Fair
 Poor

2. Have you ever been told by a doctor or other health care professional that you had any of the following health conditions?

	No	Yes	Yes, but only during pregnancy
a. High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pre-hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Overweight	<input type="radio"/>	<input type="radio"/>	
f. Cancer	<input type="radio"/>	<input type="radio"/>	
g. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	
h. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	
i. Stroke or stroke-related health problems	<input type="radio"/>	<input type="radio"/>	
j. High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	
k. Arthritis	<input type="radio"/>	<input type="radio"/>	
l. Depression	<input type="radio"/>	<input type="radio"/>	
m. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	
n. Other mental health problems	<input type="radio"/>	<input type="radio"/>	
o. Obesity	<input type="radio"/>	<input type="radio"/>	
p. Asthma	<input type="radio"/>	<input type="radio"/>	

3. What kind of place do you usually go to when you are sick or need advice about your health?

- A doctor's office
 A tribal clinic
 An urgent care clinic
 A clinic
 Some other health center
 No usual place
 A free clinic
 An emergency room
 Some other place _____

4. When was the last time you had...

	Within the past year	Within the past 2 years	Within the past 5 years	Five or more years ago	Never
a. ... a flu shot?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. ... a dental exam or your teeth cleaned?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. ... a hearing test?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. ... an eye exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. ... your blood pressure checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. ... your blood cholesterol checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. ... your blood sugar checked?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. ... any screening for skin cancer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. ... any screening for colon cancer? <i>Examples are fecal occult blood test, proctoscopic exam, sigmoidoscopy, colonoscopy or barium enema</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. ... a prostate exam (men only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. ... a Pap test (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. ... a mammogram (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. ... a general health exam?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Write the number in the boxes, then fill in the appropriate circle beneath each box.

		days
0	0	
1	1	
2	2	
3	3	
4		
5		
6		
7		
8		
9		

6. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

Yes No ▶ IF NO, GO TO QUESTION 8

7. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I had transportation problems
- I was too nervous or afraid
- I did not think it was serious enough
- It cost too much
- I did not have insurance
- My insurance did not cover it
- I did not know where to go
- Other reason _____

8. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?

Yes No ▶ IF NO, GO TO QUESTION 10

9. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I had transportation problems
- I was too nervous or afraid
- It cost too much
- I did not have insurance
- The dentist wouldn't accept my insurance
- I did not know where to go
- Other _____

10. In the past 12 months, have you experienced feelings of hopelessness, anxiety or loss of interest in things you used to enjoy?

Yes No

11. Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

		days
0	0	
1	1	
2	2	
3	3	
4		
5		
6		
7		
8		
9		

12. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues, but did not go, or delayed talking with someone?

Yes No ▶ IF NO, GO TO QUESTION 14

13. Why did you not get or delay getting the mental health care you thought you needed? (Mark ALL that apply)

- I could not get an appointment
- I had transportation problems
- I was too nervous or afraid
- I did not think it was serious enough
- It cost too much
- I did not have insurance
- My insurance did not cover it
- I did not know where to go
- Other reason _____

14. Do you currently have any of the following types of health insurance? (Please mark yes or no for each.)

	Yes	No
a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer	<input type="radio"/>	<input type="radio"/>
b. Health insurance or coverage bought directly by yourself or your family (<u>not</u> through an employer)	<input type="radio"/>	<input type="radio"/>
c. Indian or Tribal Health Service	<input type="radio"/>	<input type="radio"/>
d. Medicare	<input type="radio"/>	<input type="radio"/>
e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP)	<input type="radio"/>	<input type="radio"/>
f. MinnesotaCare	<input type="radio"/>	<input type="radio"/>
g. Insurance through MNSure or South Country Health Alliance (SCHA)	<input type="radio"/>	<input type="radio"/>
h. CHAMPUS, TRICARE, or Veterans' benefits	<input type="radio"/>	<input type="radio"/>
i. Other health insurance or coverage (please specify): _____	<input type="radio"/>	<input type="radio"/>
j. NO health insurance coverage	<input type="radio"/>	<input type="radio"/>

15. A serving of fruit is one medium-sized piece of fruit, or a half cup of chopped, cut or canned fruit. How many servings of fruit did you have yesterday?

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

16. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

17. A serving of vegetables—not including French fries—is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

0 1 2 3 4 5 6 7 8 9 10 11 12+ servings

18. How often did you drink the following beverages in the <u>past week</u> ?	Never or less than 1 time per week	1 time per week	2-4 times per week	5-6 times per week	1 time per day	2-3 times per day	4 or more times per day
a. Fruit drinks (such as Snapple, flavored teas, Capri Sun, and Kool-Aid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sports drinks (such as Gatorade; PowerAde); these drinks usually do not have caffeine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Regular soda or pop (include all kinds such as Coke, Pepsi, 7-Up, Sprite, root beer)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Energy drinks (such as Rockstar, Red Bull, Monster, and Full Throttle); these drinks usually have caffeine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. In an average week, how many times do you do the following?

	0	1-2	3-4	5-6	7 or more
a. Eat out or order out a meal from a <u>fast food</u> place (McDonald's, KFC, Taco Bell, pizza places, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Eat a meal out at a <u>restaurant</u> that is <u>not</u> a fast food place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Eat a home-cooked meal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. During the growing season, how often do you or others in your household buy or get food from a Farmer's market or a fruit/vegetable stand?

Never or less than one time per month	About one time per month	About two or three times per month	About one time per week	Two or more times per week
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- Often Rarely
 Sometimes Never

22. During the past 12 months, have you used a community food shelf program?

- Yes No

23. How much do you agree or disagree with these statements?

	Strongly agree	Agree	Disagree	Strongly disagree
a. The fresh fruits and vegetables where I usually shop are too expensive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Fruits and vegetables are difficult to prepare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. During the past 30 days, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?

- Yes No

25. During an average week, other than your regular job, how many days do you get at least 30 minutes of moderate physical activity? *Moderate activities cause only light sweating and a small increase in breathing or heart rate.*

- 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

26. During an average week, other than your regular job, how many days do you get at least 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.*

- 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

27. Please indicate whether you use the following resources and facilities in your community.

	I use this	I do not use this	My community does not have this
a. Walking paths or trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Bicycle paths, shared use paths or bike lanes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Public swimming pools or water parks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Public recreation or community centers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Parks or sports fields	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Schools, colleges or universities that are open for public use for exercise or physical activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. A shopping mall or store for physical activity or walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Health club, fitness or wellness center (YMCA, Curves, Snap Fitness, Anytime Fitness, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Nearby waterways, such as creeks, rivers, and lakes for water-related activities (canoeing, swimming, kayaking, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. How much of a problem are the following factors for you in terms of preventing you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of programs, leaders or facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lack of support from family or friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. No one to exercise with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. The cost of fitness programs, gym memberships or admission fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Not having sidewalks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Traffic problems (excessive speed, too much traffic)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Long-term illness, injury or disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Fear of injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Distance I have to travel to fitness, community center, parks or walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. No safe place to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. The weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I don't like to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. Lack of self-discipline or willpower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
p. I don't know how to get started	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. Other reasons	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How much do you agree or disagree with these statements?

- a. I am comfortable when mothers breastfeed their babies near me in a public place, such as a mall, bus station, etc.
- b. Public buildings need to have a room where mothers can breastfeed and pump milk for their babies.

Strongly agree	Agree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How much do you agree or disagree with these statements?

- a. I am more comfortable helping a person who has a physical illness than I am helping a person who has a mental illness.
- b. People are generally caring and sympathetic to people with mental illness.
- c. People with mental illness do not try hard enough to get better.

Strongly agree	Agree	Disagree	Strongly disagree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

- Yes No ► GO TO QUESTION 34

32. Do you now smoke cigarettes every day, some days, or not at all?

- Every day Some days Not at all ► GO TO QUESTION 34

33. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit?

- Yes No

34. How often do you use any of the following products?

- a. Cigars, cigarillos, or little cigars
- b. Pipes
- c. Snuff, snus or chewing tobacco
- d. E-cigarettes (vaping pen, JUUL, etc.)
- e. Any other type of tobacco product
- f. Marijuana

Every day	Some days	Not at all
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Does anyone, including yourself, smoke tobacco (not including e-cigarettes) regularly inside your home? Yes No

36. During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage, or liquor?

- Yes No ► IF NO, GO TO QUESTION 40

37. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage? →

Days	
0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

38. During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

(A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.)

- 1 drink 6 drinks
- 2 drinks 7 drinks
- 3 drinks 8 drinks
- 4 drinks 9 drinks
- 5 drinks 10 drinks or more

39. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES:
4 or more drinks
on one occasion

FOR MALES:
5 or more drinks
on one occasion

Times	
0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

Times	
0	0
1	1
2	2
3	3
4	
5	
6	
7	
8	
9	

40. Has your household air ever been tested for the presence of radon?

- Yes No ► GO TO QUESTION 42
▼

41. Has your household air ever tested positive for radon?

- Yes No

42. Do you ever drive a car or other vehicle?

- Yes No ► GO TO QUESTION 44
▼

43. When **DRIVING** a car or other vehicle, how often do you...

Often Sometimes Never Not applicable:
I don't have a cell phone

- | | Often | Sometimes | Never | Not applicable:
I don't have a cell phone |
|---|-----------------------|-----------------------|-----------------------|--|
| a. ...read or send text messages? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. ...make or answer a phone call? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. ...do other activities such as eat, read, apply makeup or shave? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |
| d. ...drive when you have perhaps had too much to drink? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | |

44. How often do you wear a seat belt when you drive or ride in a car?

- Always Most of the time Sometimes Seldom Never

45. Do you ever use public transportation such as *Hiawathaland Transit, SMART* or any other kind of bus transit?

- Yes ► IF YES, GO TO QUESTION 47
 No
▼

46. If no, why don't you use public transportation?

(Write in) _____

47. What is the main way you usually get around for things like work, shopping, medical visits, etc.?

(Mark **ONLY ONE** answer)

- My own vehicle (car, truck, van, motorcycle)
 Get rides from family/friends
 Public transportation such as Hiawathaland Transit or SMART (or any other kind of bus transit)
 Carpool or vanpool
 Bicycle
 Walk
 I don't have any regular transportation
 Other transportation method _____

48. Do you have access to at least one *working* car or other vehicle to use when you need to?

- Yes No

49. In the past 12 months, has someone living in your home made you fearful through action, tone of voice, threats, or destroying your property?

- Yes No

50. During the past 12 months, did you seriously think about killing yourself?

- Yes No

51. Are you:

- Male
- Female
- Transgender

52. Your age group:

- 18-24
- 35-44
- 55-64
- 75 or older
- 25-34
- 45-54
- 65-74

53. Are you a member of any of the following ethnic or cultural groups?

- Hispanic or Latino/Latina
- Somali
- Sudanese
- Burmese
- Karen
- Other _____

54. Which of the following best describes you?

(Mark ALL that apply)

- American Indian
- Asian or Pacific Islander
- Black, African or African American
- White
- Other _____

55. How tall are you without shoes?

Feet	Inches
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
	<input type="radio"/> 8
	<input type="radio"/> 9
	<input type="radio"/> 10
	<input type="radio"/> 11

56. Approximately how much do you weigh?

Pounds		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

57. Including yourself, how many adults (age 18 or older) live in your household?

Number of adults:

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more

58. How many children (under age 18) live in your household?

Number of children:

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12 or more

59. What is the highest level of education you have completed? (Please mark only ONE)

- Did not complete 8th grade
- Did not complete high school
- High school diploma/GED
- Trade/Vocational school
- Some college
- Associate degree
- Bachelor's degree
- Graduate/Professional degree

60. Household income per year:

- Less than \$10,000
- \$10,000 - \$14,999
- \$15,000 - \$24,999
- \$25,000 - \$34,999
- \$35,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 - \$199,999
- \$200,000 or more

61. Are you currently... (Mark ALL that apply)

- Employed
- Self-employed or farmer
- Serving in the Armed Forces
- Unemployed or out of work
- A homemaker or stay-at-home parent
- A student
- Retired
- Unable to work because of a disability

Thank you for completing this survey!