



MAYO CLINIC
HEALTH SYSTEM

September 2021

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 2021 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), Megan Roschen – Goodhue County (651-385-6140), Chris Weis – Mower County (507-437-9701), or Ilaya Hopkins – Mayo Clinic (507-266-4536).

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

Crystal Peterson
Director
Mower County
Health and Human Services

Robert Albright Jr. D.O.
Regional Vice President
Mayo Clinic Health System
Southeast Minnesota

DO NOT WRITE IN THIS BOX



2021 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"/>	
q. COVID-19	<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
 Schedule telehealth or virtual visit
 A free clinic
 An emergency room
 No usual place
 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. ... COVID-19 vaccine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. ... a prostate exam (men only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. ... a Pap test (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. ... a mammogram (women only)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. ... 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 could not take time off from work
- I had family obligations
- I did not know where to go
- My clinic was closed due to COVID-19
- I was in isolation or quarantine due to COVID-19
- 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
- I could not take time off from work
- I had family obligations
- My clinic was closed due to COVID-19
- I was in isolation or quarantine due to COVID-19
- Other reason _____

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?

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	

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
- I could not take time off from work
- I had family obligations
- My clinic was closed due to COVID-19
- I was in isolation or quarantine due to COVID-19
- Other reason _____

14. 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

15. 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

16. 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

17. 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"/>

18. In an <u>average week</u> , how many <u>times</u> do you do the following?	0	1-2	3-4	5-6	7 or more
a. Eat at or get food 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 at or get food from 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"/>

19. During the <u>growing season</u> , 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"/>

20. 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

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

Yes No

22. How much of a problem are the following factors for you in terms of preventing you from eating more fruits and vegetables?	Not a problem	A small problem	A big problem
a. The fresh fruits and vegetables where I usually shop are too expensive	<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"/>

23. 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 20 minutes of vigorous physical activity? *Vigorous activities cause heavy sweating and a large increase in breathing or heart rate.*

24. 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 2 days 4 days 6 days
 1 day 3 days 5 days 7 days

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

26. 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"/>

27. Where do you usually exercise or do physical activities? (Mark ALL that apply)

- At home
- At work
- At a health club, fitness center, or gym
- At a public recreation facility or community center
- Somewhere outdoors (park, trails, etc.)
- Some other place
- Not applicable-I do not do or I am unable to do physical activities

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 often do you get the social and emotional support you need?

- Always
- Usually
- Sometimes
- Rarely
- Never

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

	Strongly agree	Agree	Disagree	Strongly disagree
a. I am comfortable when mothers breastfeed their babies near me in a public place, such as a mall, bus station, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Public buildings need to have a room where mothers can breastfeed and pump milk for their babies.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Strongly agree Agree Disagree Strongly disagree

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

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

- Yes No ► GO TO QUESTION 35

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

- Every day Some days Not at all ► GO TO QUESTION 35

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

- Yes No

35. Have you ever used an electronic cigarette, vaping device, Mod, JUUL, or other electronic nicotine device even just one time in your entire life?

- Yes No ► IF NO, GO TO QUESTION 37

36. Were you a tobacco user (cigarette, cigar, little cigar, pipe, snuff, snus, chewing tobacco, etc.) at the time you first used an e-cigarette or other electronic nicotine delivery device?

- Yes No

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

Every day Some days Not at all

- a. Cigars, cigarillos, or little cigars Every day Some days Not at all
- b. Pipes Every day Some days Not at all
- c. Snuff, snus or chewing tobacco Every day Some days Not at all
- d. E-cigarettes (vaping pen, JUUL, etc.) Every day Some days Not at all
- e. Any other type of tobacco product Every day Some days Not at all
- f. Marijuana Every day Some days Not at all

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

39. 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 ► GO TO QUESTION 43

40. 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	

41. 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
- 4 drinks
- 7 drinks
- 2 drinks
- 5 drinks
- 8 drinks
- 3 drinks
- 6 drinks
- 9 drinks
- 10 drinks or more

42. 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	

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

- Yes No I don't know

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

- Yes No ► GO TO QUESTION 46

Not applicable:
I don't have a cell phone

45. 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"/> | <input type="radio"/> |
| d. ...drive when you have perhaps had too much to drink? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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

- Always Most of the time Sometimes Seldom Never

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

- Yes
 No

48. 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 _____

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 Intersex

52. What is your gender identity?

- Male
 Female
 Transgender
 Not sure
 Please describe: _____

53. What is your sexual orientation?

- Heterosexual or Straight
 Gay, Lesbian, or homosexual
 Bisexual
 Please describe: _____

54. Your age group:
- 18-24 35-44 55-64 75 or older
- 25-34 45-54 65-74

55. Are you a member of any of the following ethnic or cultural groups?
- Hispanic or Latino/Latina
- Somali
- Sudanese
- Burmese
- Karen
- Other _____

56. Which of the following best describes you?
(Mark ALL that apply)
- American Indian
- Asian or Pacific Islander
- Black, African or African American
- White
- Other _____

57. 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

58. 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

59. 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

60. 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

61. 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

62. Household income per year:

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

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

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

64. Do you rent or own your current housing?

- Rent
- Own
- Other _____

65. How much is your current monthly rent or mortgage?

Thank you for completing this survey!