|  |
| --- |
| We are working to understand how our community members are doing. This survey will help us as a community to:<br />➘<br />➘&nbsp;&bull; Learn if our community is meeting the needs of different groups who are often left out.<br />➘&nbsp;&bull; Bring more resources to our community.<br />➘&nbsp;&bull; Learn how to make our community a better place to live for everyone.<br />➘<br />➘All of these questions are optional. You can also choose to not answer any questions that make you feel uncomfortable. You can choose not to take the survey at all. This survey usually takes 10 to 15 minutes to complete.<br />➘<br />➘Whether or not you answer this survey will not affect if you are able to get a vaccine or other services. Your individual answers will be kept confidential (private). The unidentified information will be used by our community teams and the RISE partners for the purpose of understanding well-being in our nation. Your personal information will not be sold to others or made public.<br />➘<br />➘We thank you in advance for answering this brief survey. Your answers will really help us to take better care of our community. If you have questions or concerns, please contact rise@weintheworld.org.<br />➘<br />➘I agree to take the survey: |
| Yes |
| No |
| What RISE community are you connected with? |
| Central Florida |
| Central NE Missouri |
| Cook County |
| Eastern North Carolina |
| Fresno |
| Manchester, NH |
| San Bernardino |
| St. Louis |
| St. Louis Self Administered |
| Texas Panhandle |
| MCI |
| Wello |
| Please enter your initials. |
| Enter here: |
| Enter the Zip code where the outreach is occurring: |
|  |
| Date of survey administration: |
| Consider this image for the next few questions: |
|  |
| On which step of the ladder would you say you personally feel you stand at this time? |
| On which step do you think you will stand about five years from now? |
|  |
| Social Connections |
| Weatherization |
| Warrant/Legal Assistance |
| Drug Treatment/NARCAN |
| Trauma Counseling |
|  |
| Please use the resource link located at the end of the survey. |
| Which of the following categories best describes your employment status? |
| Employed, working 40 or more hours per week |
| Employed, working 1-39 hours per week |
| Contract/gig work 40 or more hours per week |
| Contract/gig work 1-39 hours per week |
| Not employed, looking for work |
| Not employed, NOT looking for work |
| Retired |
| Disabled, not able to work |
| Which of the following best describes your current job field? |
| Legal |
| Architecture and Engineering |
| Protective Service |
| Arts, Design, Entertainment, Sports, and Media |
| Building and Grounds Cleaning and Maintenance |
| Education, Training, and Library |
| Personal Care and Service |
| Life, Physical and Social Science |
| Production |
| Healthcare Practitioners and Technical |
| Sales and Related |
| Construction and Extraction |
| Business and Financial Operations |
| Management |
| Installation, Maintenance, and Repair |
| Office and Administrative Support |
| Community and Social Service |
| Food Preparation or Restaurant Related |
| Computer and Mathematical |
| Fishing and Forestry |
| Farming and Agriculture |
| Public Health |
| Transportation/Taxi |
| Ride or Delivery Service |
| Materials Moving |
| Other |
| In the last month, have you experienced a strong sense of belonging? |
|  |
| Where were the main places these experiences of belonging occurred? (check all that apply) |
| Store |
| Library |
| Restaurant |
| Hospital |
| Doctor's office |
| Insurance Company |
| Home |
| School |
| Work |
| Neighborhood |
| Faith community |
| Government agency (local, state, federal) |
| While driving |
| Other |
| During the past two weeks, have you felt emotionally upset (angry, frustrated, worried) because you felt you were treated unfairly based on your race, gender, or another identity (e.g., LGBTQ status, disability, experience with addiction, etc.)? |
|  |
| Not sure |
| How did you experience this the unfair treatment? (check all that apply) |
| You are treated with less courtesy than other people are. |
| You are treated with less respect than other people are. |
| You receive poorer service than other people at restaurants or stores. |
| People act as if they think you are not smart. |
| People act as if they are afraid of you. |
| People act as if they think you are dishonest. |
| People act as if they're better than you are. |
| You are called names or insulted. |
| You are threatened or harassed. |
| You are followed around in stores. |
| Other |
| What do you think is the main reason for these emotionally upsetting experiences? (check all that apply) |
| Your ancestry or ethnic group |
| Your gender |
| Your race |
| Your income |
| Your age |
| Your religion |
| Your height |
| Your weight |
| Some other aspect of your physical appearance |
| Your sexual orientation |
| Your education |
| Your income level |
| A physical disability |
| Your mental health |
| Your shade of skin |
| Your tribe |
| Your political views |
| Prefer not to answer |
| Other |
| Where were the main places these emotionally upsetting experiences occurred? (check all that apply) |
| Store |
| Library |
| Restaurant |
| Hospital |
| Doctor's office |
| Insurance Company |
| Home |
| School |
| Work |
| Family |
| Neighborhood |
| Faith community |
| Government agency (local, state, federal) |
| While driving |
| Other |
| What, if anything, makes you currently feel like you belong in your community? |
| What, if anything, makes you currently feel like you don't belong in your community? |
| Which of these conditions would help to make this a great community to be a part of? Please indicate the top 3. (Mark top 3) |
| Everyone feels like they belong |
| Most people help other people to feel welcome and take part in our community |
| Everyone works to make the community better for everyone else |
| People take care of each other and care about others |
| Everyone feels safe |
| Our community makes it easy to afford healthy food |
| Our community makes it easy to access basic needs for health and health care |
| Our community has access to lifelong learning across ages |
| Our community has access to good jobs that make it possible to live and provide for family |
| Our community has access to affordable and humane housing |
| Our community has access to reliable transportation |
| Our community makes it easy to access parks and nature |
| Our community makes it easy to access art and culture and gives people ways to express their culture |
| Our community is welcoming of people of all races and cultures |
| Other\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I prefer not to answer |
| Have you been vaccinated against COVID-19? |
| No, I have not been vaccinated |
| Yes, I am partially vaccinated (received first dose only) |
| Yes, I am fully vaccinated (received two doses or a single dose of J&J), but have NOT yet received a booster |
| Yes, I am fully vaccinated AND have received a booster vaccine |
| Do any leaders (religious, political, teachers, health care workers) in your community support COVID-19 vaccination? |
|  |
| I don't know |
| Do you know anyone who does not take a vaccine because of religious or cultural reasons? |
|  |
| Prefer not to answer |
| Does your religion/philosophy/culture recommend against COVID-19 vaccination? |
|  |
| I'm not sure |
| I prefer not to answer |
| Has your community refused vaccines, other than the COVID-19 vaccine, in the past? |
|  |
| I don't know |
| How strongly do you agree or disagree with the following statements?<br><br>&nbsp;I am aware of available vaccination sites in my community |
| Strongly disagree |
| Disagree |
| Neither agree/disagree |
| Agree |
| Strongly agree |
| How strongly do you agree or disagree with the following statements?➘<br><br>&nbsp;After receiving this information, I am more aware of available vaccination sites in my community |
| Strongly disagree |
| Disagree |
| Neither agree/disagree |
| Agree |
| Strongly agree |
| How strongly do you agree or disagree with the following statements?<br><br>&nbsp;I am confident in the COVID-19 vaccine |
| Strongly disagree |
| Disagree |
| Neither agree/disagree |
| Agree |
| Strongly agree |
| How strongly do you agree or disagree with the following statements?<br><br>After receiving the information provided today, I am more confident in the COVID-19 vaccine |
| Strongly disagree |
| Disagree |
| Neither agree/disagree |
| Agree |
| Strongly agree |
| Has distance, timing of clinic, time needed to get to clinic, or wait time at a clinic and/or costs prevented you from getting a COVID-19 vaccine? |
|  |
| How strongly do you agree or disagree with the following statements?➘<br><br>The information provided was in line with my cultural and/or religious beliefs |
| Strongly disagree |
| Disagree |
| Neither agree/disagree |
| Agree |
| Strongly agree |
| How strongly do you agree or disagree with the following statements?➘<br><br>The information provided was in a language I am most comfortable with |
| Strongly disagree |
| Disagree |
| Neither agree/disagree |
| Agree |
| Strongly agree |
| Do you face any challenges related to accessing health care? (select all that apply)<b></b> |
| High co-pay |
| Fear of cost associated with doctor's visit |
| Distance to provider |
| Fear of potential side effects |
| Availability of providers in my area |
| Difficulty keeping up/track with appointments |
| Lack of transportation |
| Hours of operation |
| Lack of specialty care |
| None of the above |
| Other |
| Are you currently covered by any form of health insurance or health plan? |
|  |
| Not sure |
| Prefer not to answer |
| Which of the following is your main source of health insurance coverage? |
| a plan through your employer |
| a plan through your spouse's employer |
| a plan you purchased yourself directly from an insurance company |
| a plan through the health insurance marketplace |
| a plan through your parents |
| Medicare |
| Medicaid |
| private |
| another source |
| I do not have health insurance |
| Prefer not to answer |
| Do you have a primary care provider? |
|  |
| Unsure |
| Prefer not to answer |
| Do you face any challenges related to accessing medication? (select all that apply) |
| High insurance co-pay |
| Distance to pharmacy |
| Fear of potential side effects |
| Availability of medication |
| Difficulty keeping up/track with medications |
| Limited pharmacy hours |
| Expensive cost associated with medication |
| Pharmacy hours of operation |
| Lack of transportation |
| Prefer not to answer |
| None of the above |
| Do you have any of the following conditions? (select all that apply) |
| Cancer |
| Chronic kidney disease |
| Chronic obstructive pulmonary disease (COPD) |
| Heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies |
| Obesity or severe obesity |
| Sickle cell disease |
| Immunocompromised due to solid organ transplant |
| Current smoker |
| Diabetes |
| Asthma |
| Hearing loss |
| Sight loss |
| None of the above |
| Prefer not to answer |
| Other |
| Are you taking medications for any of these conditions? |
|  |
| I am prescribed medication, but I do not take it |
| Prefer not to answer |
| Do you use any of the following tools to monitor your health? (select all that apply) |
| Smart watch, apple watch, fit bit, etc |
| Oura ring |
| Blood pressure monitor |
| Scale |
| Health/fitness apps |
| Blood glucose monitor |
| None of the above |
| Prefer not to answer |
| Other |
| If provided, would you be open to utilizing one of the previously mentioned health monitoring tools to help you keep track of your health? |
|  |
| Maybe |
| Is there anything else, not previously asked, that you would like to include that you feel has impacted your health status? |
| What changes or improvements would you like to see in your community, that you feel, would positively impact your health? |
| Do you own a home? |
|  |
| Prefer not to answer |
| Think about the place you live. Do you have problems with any of the following? (select all that apply) |
| Pests such as bugs, ants, or mice |
| Mold |
| Lead paint or pipes |
| Lack of heat |
| Oven or stove not working |
| Smoke detectors missing or not working |
| Water leaks |
| Prefer not to answer |
| None of the above |
| Do you help care for a child or adult who has a health problem or disability? |
|  |
| Prefer not to answer |
| How important do you think it is for everyone to get recommended, scheduled vaccines for themselves and their children? |
| For themselves |
| For their children |
| 1 |
| 2 |
| 3 |
| 3 |
| 4 |
| 5 |
| Not very important |
| Very important |
| Prefer not to answer |
| Please list ALL of the reasons why you may have hesitated or delayed getting a COVID19 vaccine before today.<em>&nbsp;[Ask as an open-ended question, mark all that they say]</em> |
| None |
| I didn't have any concerns making me hesitate to get a COVID19 vaccine |
| I did not have transportation/a way to actually get to a vaccine site (no ride) |
| I did not have time to get to a vaccine site because I had to work at my job(s) |
| I did not have time to get to a vaccine site because of my childcare or other family commitments (busy with kids or family) |
| Information I learned about the vaccine scared me but I later learned that this was wrong information |
| I was concerned about the vaccine’s potential side effects |
| I did not think I was at high risk for getting COVID19 (the coronavirus /illness) |
| I was not scared about getting COVID19 (the virus/illness) and therefore I didn't think I really needed the vaccine |
| I don't really trust doctors and/or the health care system |
| I don't really trust vaccines in general and I don't usually get any vaccines |
| This (COVID19) vaccine in particular scares me although I've gotten other types of vaccines before (like tetanus or flu shots) |
| I did not know where or how to get the vaccine |
| I did not know that the vaccine would be free (at no cost to me) |
| I really don’t know why I was hesitant to get the vaccine before |
| I prefer not to answer |
| During the past two weeks, have you felt emotionally upset because you were treated unfairly just because of who you are? |
|  |
| Prefer not to answer |
|  |
| Your political views |
|  |
| Local Public Health Department |
| Your doctor or health care provider |
|  |
| Unsure |
|  |
| 1 |
| 2 |
| 3 |
| 4 |
|  |
| Prefer not to answer |
| Enter your preferred contact information (choose any methods). Please expect a phone call or text from us. |
| First Name |
| Last Name |
| Phone number |
| Email |
| CDC Core Questions - Wisconsin |
| The most powerful, simple and trusted way to gather experience data. Start your journey to experience management and try a free account today. |
| Please select a date that is not in the future and not earlier than November 1, 2023. |
| Your entry of " + enteredValue + " is higher than what we typically see here. If you made a typo or entered the wrong value in that count (a zip code is a common mistake), please go back and re-enter it. If it is correct, please confirm the number by re-entering it here. |
| Your entry of " + enteredValue + " is higher than what we typically see here. If you made a typo or entered the wrong value in that count (a zip code is a common mistake), please go back and re-enter it. If it is correct, please confirm the number by re-entering it here. |
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