

2025 Cleveland Health Survey

English Questionnaire



Cleveland Health Survey

Complete the survey for a chance to win **\$50**
Completa la encuesta para tener la oportunidad de ganar \$50

Help us understand the health issues that impact our city to shape resources available to our community!
¡Ayúdanos a entender los problemas de salud que afectan a nuestra ciudad para dar forma a los recursos disponibles para nuestra comunidad!

1 Scan the QR Code
Escanea el Código QR

2 Enter Your Access Code
Ingrese su código de acceso

3 Answer Questions
Responda Preguntas

You can also go online
También puede conectarse en línea
clehs2024.org

Or call us
O llámanos
(216) 368-2732

You must be 18 or older to take the survey. Limit one survey per household.
Debes tener 18 años o más para completar la encuesta. Límite de una encuesta por hogar.

www.prchn.org/clehealthsurvey

CASE WESTERN RESERVE UNIVERSITY School of Medicine

CITY OF CLEVELAND Mayor Justin M. Bibb PUBLIC HEALTH

The Cleveland Health Survey was administered by the Prevention Research Center for Healthy Neighborhoods at Case Western Reserve University in Partnership with the Cleveland Department of Public Health. The survey was available between November 21, 2024 and January 21, 2025 and could be completed online (via Qualtrics) or over the phone as well as in English or in Spanish. All of those who completed the survey were provided with electronic consent information or were verbally read the consent before receiving a mailed copy.

Thank you for your interest in the Cleveland Health Survey!

The purpose of this study is to understand health, health behaviors, and safety of Cleveland residents.

For more information, please visit www.prchn.org/clehealthsurvey or email us at clehealthsurvey@case.edu.

The first step in participating is to answer a few questions to make sure you are eligible.

If you received a postcard, make sure your postcard is available as we will need your unique code in order to proceed.

Before we begin, can you tell use how you heard about this survey? (Check all that apply).

- I received a postcard in the mail. (If you received a postcard, make sure your postcard is available as we will need your unique code in order to proceed) (1)
 - Radio (2)
 - Television (4)
 - Flyer (5)
 - Newsletter (6)
 - Someone you know (7)
 - Other, please specify (8) _____
-

[IF INDIVIDUAL HAS A POSTCARD (SHOWN ON PAGE 1)]

To make sure that you are eligible to participate in this survey, please answer the following questions.

Please enter the unique code from your postcard. _____

[IF INDIVIDUAL DID NOT RECEIVE A POSTCARD OR DO NOT HAVE THEIR POSTCARD]

To make sure that you are eligible to participate in this survey, please answer the following questions.

What is the address that you currently live at most of the time?

Please note that if you are eligible and complete the survey, **this address will be used in the \$50 drawing and a check will be sent to this address.**

Address: _____

Apartment or suite number: _____

What is your zip code? _____

What is your age? _____

[IF INDIVIDUAL IS A CLEVELAND RESIDENT WHO IS 18 YEARS OR OLDER AND NO ONE ELSE HAS USED THEIR UNIQUE HOUSEHOLD CODE, INDIVIDUAL IS ELIGIBLE]

Congratulations, you are eligible to participate in the Cleveland Health Survey study! To be eligible to enter the drawing for \$50 (chances of winning are 1 in 10), you will need to:

- Listen as I read the consent form carefully and ask questions if you have any
- Click on the box "I agree" to provide your consent to participate.
- Complete at least 80% of the questions

[CONSENT FORM PRESENTED]

Are you willing to participate **YES** or **NO**?

- YES, I AGREE** to participate (1)
 - NO, I DO NOT AGREE** to participate (2)
-

[IF INDIVIDUAL PROVIDES CONSENT]

A copy of the consent form will be sent to you electronically or to your mailing address, based on your preference:

- Email (1) _____
 - Mailing address (2)
-

If you are interested in being contacted about future parts of this study, we may contact you again in the future to give you more information. Can we contact you to provide more information about future parts of this study?

- Yes (1)
 - No (2)
-

[IF INDIVIDUAL AGREES TO BE CONTACTED AGAIN]

Please provide your preferred methods of contact:

- Email (1) _____
 - Mailing Address (2)
-

[SURVEY BEGINS]

Are you...?

- Male (1)
 - Female (2)
 - Nonbinary (3)
 - Don't know/Not sure (4)
-

What is your race and/or ethnicity?

- American Indian or Alaskan Native (1)
 - Asian (2)
 - Black or African American (3)
 - Hispanic or Latino (4)
 - Middle Eastern or North African (5)
 - Native Hawaiian or Pacific Islander (6)
 - White (7)
 - Other, please specify (8)
-
- Don't know/Not sure (9)

Are you...?

- Married (1)
- Divorced (2)
- Widowed (3)
- Separated (4)
- Never married (5)
- A member of an unmarried couple (6)
- Don't know/Not sure (7)

What is the highest grade or year of school you ever completed?

- Never attended school or only attended kindergarten (1)
 - Grades 1 through 8 (Elementary) (2)
 - Grades 9 through 11 (Some high school) (3)
 - Grade 12 or GED (High school graduate) (4)
 - College 1 year to 3 years (Some college or technical school) (5)
 - College 4 years or more (College graduate) (6)
 - Don't know/Not sure (7)
-

Do you own or rent your home?

- Own (1)
 - Rent (2)
 - Other arrangement (3)
 - Don't know / Not sure (4)
-

Are you currently...

- Employed for wages (1)
 - Self-employed (2)
 - Out of work for 1 year or more (3)
 - Out of work for less than 1 year (4)
 - A homemaker (5)
 - A student (6)
 - Retired (7)
 - Unable to work (8)
 - Don't know/Not sure (9)
-

How many members of your household, including yourself, are 18 years of age or older?

How many children less than 18 years of age live in your household?

Which of the following best represents how you think of yourself?

- Gay or Lesbian (1)
- Straight (2)
- Bisexual (3)
- None of the above (4)
- Don't know/Not sure (5)

Do you consider yourself to be transgender?

- Yes, Transgender, male-to-female (1)
- Yes, Transgender, female-to-male (2)
- Yes, Transgender, gender nonconforming (3)
- No (4)
- Don't know / Not sure (5)

Would you say that in general your health is:

- Excellent (1)
- Very good (2)
- Good (3)
- Fair (4)
- Poor (5)
- Don't know / not sure (6)

Now 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?

Now 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?

During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

About how tall are you without shoes on?

Feet (1) _____

Inches (2) _____

About how much do you weigh without shoes on?

[IF INDIVIDUAL IDENTIFIES AS FEMALE]

To your knowledge, are you now pregnant?

Yes (1)

No (2)

Not applicable (4)

Don't know / Not sure (3)

[IF INDIVIDUAL IDENTIFIES AS FEMALE]

Have you ever had a hysterectomy?

- Yes (1)
 - No (2)
 - Not applicable (4)
 - Don't know / Not sure (3)
-

What is the current source of your primary health insurance? Please check all that apply

- A plan purchased through an employer or union (including plans purchased by another person's employer) (1)
 - A private nongovernmental plan that you or another family member buys on your own (2)
 - Medicare (3)
 - Medigap (4)
 - Medicaid (5)
 - Children's Healthcare Insurance Program (CHIP) (6)
 - Military related healthcare: TRICARE (CHAMPUS) / VA health care / CHAMP-VA (7)
 - Indian Health Service (8)
 - State sponsored health plan (9)
 - Other government program (10)
 - No coverage of any type (11)
 - Don't know / Not sure (12)
-

[IF INDIVIDUAL HAS MEDICAID]

Who is your managed care provider?

- AmeriHealth Caritas Ohio (1)
 - Anthem Blue Cross Blue Shield (2)
 - Buckeye Health Plan (3)
 - CareSource Ohio (4)
 - Humana Healthy Horizons Ohio (5)
 - Molina Healthcare of Ohio (6)
 - UnitedHealthcare Community Plan of Ohio (7)
 - Other: please specify (9) _____
 - Don't know / Not sure (8)
-

Do you have one person (or a group of doctors) that you think of as your personal health care provider?

- Yes, only one (1)
 - More than one (2)
 - No (3)
 - Don't know / Not sure (4)
-

Was there a time in the past 12 months when you needed to see a doctor but could not because you could not afford it?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

About how long has it been since you last visited a doctor for a routine checkup? *A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.*

- Within past year (anytime less than 12 months ago) (1)
 - Within past 2 years (1 year but less than 2 years ago) (2)
 - Within past 5 years (2 years but less than 5 years ago) (3)
 - 5 or more years ago (4)
 - Never (5)
 - Don't know / Not sure (6)
-

When was the last time you had your eyes examined by any doctor or eye care provider?

- Within past year (anytime less than 12 months ago) (1)
 - Within past 2 years (1 year but less than 2 years ago) (2)
 - Within past 5 years (2 years but less than 5 years ago) (3)
 - 5 or more years ago (4)
 - Never (5)
 - Don't know / Not sure (6)
-

Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?

- Within past year (anytime less than 12 months ago) (1)
 - Within past 2 years (1 year but less than 2 years ago) (2)
 - Within past 5 years (2 years but less than 5 years ago) (3)
 - 5 or more years ago (4)
 - Never (5)
 - Don't know / Not sure (6)
-

Including all types of mental health providers, such as therapists, counselors, and all other mental health providers, how long has it been since you last visited a mental health provider for any reason?

- Within past year (anytime less than 12 months ago) (1)
 - Within past 2 years (1 year but less than 2 years ago) (2)
 - Within past 5 years (2 years but less than 5 years ago) (3)
 - 5 or more years ago (4)
 - Never (5)
 - Don't know / Not sure (6)
-

Have you EVER been told by a doctor that you have diabetes?

- Yes (1)
 - No (2)
 - Told I have pre-diabetes or borderline diabetes (3)
 - Don't know / Not sure (4)
-

[IF INDIVIDUAL IDENTIFIES AS FEMALE AND HAS BEEN TOLD THEY HAVE DIABETES]

Was this only when you were pregnant?

- Yes (1)
 - No (2)
 - Not applicable (4)
 - Don't know/Not Sure (3)
-

[IF INDIVIDUAL HAS BEEN TOLD THEY HAVE DIABETES]

According to your doctor or other health professional, what type of diabetes do you have?

- Type 1 (1)
 - Type 2 (2)
 - Don't know / Not sure (3)
-

Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

- Yes (1)
 - No (2)
 - Told borderline high or pre-hypertensive (3)
 - Don't know / Not sure (4)
-

[IF INDIVIDUAL IDENTIFIES AS FEMALE AND THAT THEY HAVE BEEN TOLD THEY HAD HIGH BLOOD PRESSURE]

Was this only when you were pregnant?

- Yes (1)
 - No (2)
 - Not applicable (4)
 - Don't know/Not Sure (3)
-

Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high? *By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.*

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

Has a doctor, nurse, or other health professional EVER told you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL HAS BEEN TOLD THEY HAVE SOME FORM OF ARTHRITIS]

Please think about the past 30 days, keeping in mind all of your joint pain or aching and whether or not you have taken medication. During the past 30 days, how bad was your joint pain on average on a scale of 0 to 10 where **0 is no pain** and **10 is pain or aching as bad as it can be**?

Have you EVER been told by a doctor, nurse, or other health professional that you have asthma? *By health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.*

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

[IF INDIVIDUAL HAS BEEN TOLD THEY HAVE ASTHMA]

Do you still have asthma?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

Have you ever been told by a doctor, nurse, or other health professional that you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

Have you ever been told by a doctor, nurse, or other health professional that you have an anxiety disorder (including acute stress disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder)?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

[IF INDIVIDUAL IDENTIFIES AS MALE]

Have you EVER had a P.S.A. test? *A P.S.A. test is a blood test to detect prostate cancer. It is also called a prostate-specific antigen test.*

- Yes (1)
 - No (2)
 - Not applicable (4)
 - Don't know / Not sure (3)
-

[IF INDIVIDUAL HAS HAD A PSA]

How long has it been since your most recent PSA test?

- Within the past year (anytime less than 12 months ago) (1)
 - Within the past 2 years (1 year but less than 2 years ago) (2)
 - Within the past 3 years (2 years but less than 3 years ago) (3)
 - Within the past 5 years (3 years but less than 5 years ago) (4)
 - 5 or more years ago (5)
 - Don't know / Not sure (6)
-

[IF INDIVIDUAL IDENTIFIES AS FEMALE]

Have you EVER had a mammogram? *A mammogram is an X-ray of each breast to look for cancer.*

- Yes (1)
 - No (2)
 - Not applicable (4)
 - Don't know / Not sure (3)
-

[IF INDIVIDUAL HAS HAD A MAMMOGRAM]

How long as it been since you had your last mammogram?

- Within the past year (anytime less than 12 months ago) (1)
 - Within the past 2 years (1 year but less than 2 years ago) (2)
 - Within the past 3 years (2 years but less than 3 years ago) (3)
 - Within the past 5 years (3 years but less than 5 years ago) (4)
 - 5 or more years ago (5)
 - Don't know / Not sure (6)
-

[IF INDIVIDUAL IDENTIFIES AS FEMALE]

Have you ever had a cervical cancer screening test? *This could include a PAP or an HPV test.*

- Yes, PAP test (1)
 - Yes, HPV test (2)
 - Yes, both PAP test and HPV test (3)
 - No (4)
 - Not applicable (6)
 - Don't know / Not sure (5)
-

[IF INDIVIDUAL HAS HAD A PAP AND/OR HPV TEST]

How long has it been since you had your last cervical cancer screening test?

- Within the past year (anytime less than 12 months ago) (1)
 - Within the past 2 years (1 year but less than 2 years ago) (2)
 - Within the past 3 years (2 years but less than 3 years ago) (3)
 - Within the past 5 years (3 years but less than 5 years ago) (4)
 - 5 or more years ago. (5)
 - Don't know / Not sure (6)
-

There are many ways to be screened for colorectal cancer. Which of the following have you ever had? Please check all that apply.

- Colonoscopy (1)
- Sigmoidoscopy (2)
- Virtual colonoscopy (3)
- CT colonography (4)
- Blood stool test (5)
- FIT DNA test (6)
- Cologuard test (7)
- None of these (8)
- Don't know/ Not sure (9)

[IF INDIVIDUAL HAS BEEN SCREENED FOR COLORECTAL CANCER THIS QUESTION IS ASKED FOR EACH TEST THEY HAVE INDICATED THEY RECEIVED]

How long has it been since you had your last [NAME OF TEST] test?

- Within the past year (anytime less than 12 months ago) (1)
- Within the past 2 years (1 year but less than 2 years ago) (2)
- Within the past 3 years (2 years but less than 3 years ago) (3)
- Within the past 5 years (3 years but less than 5 years ago) (4)
- Within the past 10 years (5 years but less than 10 years ago) (5)
- More than 10 years ago (6)
- Don't know / Not sure (7)

During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

During the past 30 days, did you provide regular care or assistance to a friend or family member who has a health problem or disability?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

How safe do you consider your neighborhood to be?

- Extremely safe (1)
 - Quite safe (2)
 - Slightly safe (3)
 - Not at all safe (4)
 - Don't know / Not sure (5)
-

Have you or a member of your household been a victim of a crime in your neighborhood in the past 12 months?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

The next question is about safety and firearms. Some people keep guns for recreational purposes such as hunting or sport shooting. People also keep guns in the home for protection. Please include firearms such as pistols, revolvers, shotguns, and rifles; but not BB guns or guns that cannot fire. Include those kept in a garage, outdoor storage area, or motor vehicle. Are any firearms now kept in or around your home?

- Yes (1)
 - No (2)
 - Don't know / Not sure (3)
-

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

Are you in a safe place to answer these questions?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL IS IN A SAFE SPACE]

In the past 12 months, has anyone ever had sex with you after you said or showed that you didn't want them to or without your consent?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL IS IN A SPACE SPACE]

In the past 12 months, have you experienced any physical violence or had unwanted sex with an intimate partner? *An intimate partner could include a current or former intimate partner, including a spouse, ex-spouse, boyfriend, girlfriend, or dating partner.*

- Yes (1)
- No (2)
- Don't know/Not sure (3)

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call the National Sexual Assault Hotline at 1-800-656-4673.

In general, how satisfied are you with your life? Are you...

- Very satisfied (1)
 - Satisfied (2)
 - Dissatisfied (3)
 - Very dissatisfied (4)
 - Don't know / Not sure (5)
-

How often do you get the social and emotional support that you need? Is that...

- Always (1)
 - Usually (2)
 - Sometimes (3)
 - Rarely (4)
 - Never (5)
 - Don't know/Not sure (6)
-

How often do you feel lonely? Is it...

- Always (1)
 - Usually (2)
 - Sometimes (3)
 - Rarely (4)
 - Never (5)
 - Don't know/Not sure (6)
-

Stress means a situation in which a person feels tense, restless, nervous or anxious or is unable to sleep at night because their mind is troubled all the time. Within the last 30 days, how often have you felt this kind of stress? Was it...

- Always (1)
 - Usually (2)
 - Sometimes (3)
 - Rarely (4)
 - Never (5)
 - Don't know/Not sure (6)
-

During the past 12 months, has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

In the past 12 months have you lost employment or had hours reduced?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

During the past 12 months how often did the food that you bought not last, and you didn't have money to get more? Was that...

- Always (1)
 - Usually (2)
 - Sometimes (3)
 - Rarely (4)
 - Never (5)
 - Don't know/Not sure (6)
-

During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

During the last 12 months, was there a time when you were unable to pay your mortgage, rent or utility bills?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

How often do you think about your race?

- Never (1)
 - Once a year (2)
 - Once a month (3)
 - Once a week (4)
 - Once a day (5)
 - Once an hour (6)
 - Constantly (7)
 - Don't know / Not sure (8)
-

Within the past 12 months, do you feel in general that you were treated worse than, the same as, or better than people of other races or ethnicities?

- Worse than other races or ethnicities (1)
 - The same as other races or ethnicities (2)
 - Better than other races or ethnicities (3)
 - Worse than some races or ethnicities, better than others (4)
 - Only encountered people of the same race or ethnicities (5)
 - Don't know/Not sure (6)
-

[IF INDIVIDUAL IS EMPLOYED OR A STUDENT]

Within the past 12 months at work or school, do you feel you were treated worse than, the same as, or better than people of other races or ethnicities?

- Worse than other races or ethnicities (1)
 - The same as other races or ethnicities (2)
 - Better than other races or ethnicities (3)
 - Worse than some races or ethnicities, better than others (4)
 - Only encountered people of the same race or ethnicities (5)
 - Don't know/Not sure (6)
-

Within the past 12 months, when seeking health care, do you feel your experiences were worse than, the same as, or better than people of other races or ethnicities?

- Worse than other races or ethnicities (1)
 - The same as other races or ethnicities (2)
 - Better than other races or ethnicities (3)
 - Worse than some races or ethnicities, better than others (4)
 - Only encountered people of the same race or ethnicities (5)
 - Not applicable (7)
 - Don't know/Not sure (6)
-

Within the past 30 days, have you experienced any physical symptoms, for example, a headache, an upset stomach, tensing of your muscles, or a pounding heart, **as a result of how you were treated based on your race or ethnicity?**

- Yes (1)
 - No (2)
 - Don't know/ Not sure (3)
-

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

- Every day (1)
 - Some days (2)
 - Not at all (3)
 - Don't know/Not sure (4)
-

[IF INDIVIDUAL USES CIGARETTES EVERY DAY OR SOME DAYS]

Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

Do you smoke cigars every day, some days, or not at all? *Please DO NOT include little cigars or cigarillos, such as Black & Mild's, when considering your answer to this question.*

- Every day (1)
 - Some days (2)
 - Not at all (3)
 - Don't know/Not sure (4)
-

Do you now smoke little cigars or cigarillos, such as Black and Mild's, every day, some days, or not at all?

- Every day (1)
 - Some days (2)
 - Not at all (3)
 - Don't know/Not sure (4)
-

Do you now use e-cigarettes or other electronic vaping products every day, use them some days, or used or not at all?

- Every day (1)
 - Some days (2)
 - Not at all (3)
 - Don't know/Not sure (4)
-

Do you currently use chewing tobacco, snuff, pouches or snus every day, some days, or not at all?

- Every day (1)
 - Some days (2)
 - Not at all (3)
 - Don't know/Not sure (4)
-

Do you now use any flavored e-cigarette or tobacco products every day, some days, or not at all? *This can include menthol cigarettes, flavored cigar products, and/or e-cigarettes or vapes.*

- Every day (1)
 - Some days (2)
 - Not at all (3)
 - Don't know/Not sure (4)
-

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

- I have not smoked in the past 12 months (1)
 - Yes (2)
 - No (3)
 - Don't know/Not sure (4)
-

[IF INDIVIDUAL USES ANY TOBACCO OR NICOTINE PRODUCTS]

During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL USES ANY TOBACCO OR NICOTINE PRODUCTS]

Think about the last time you tried to quit or when you quit smoking, did you use any of the following to help you? Please check all that apply.

- Nicotine replacement therapy (nicotine patch, gum, inhaler, nasal spray or lozenge) (1)
- Prescription drugs (Chantix, varenicline, Wellbutrin, Zyban, or bupropion) (2)
- Counseling (3)
- A quit tobacco clinic, class or support group (e.g., Freedom from Smoking) (4)
- A telephone help line or quit line (e.g., Ohio Quit Line) (5)
- Books, pamphlets, or videos (6)
- An internet or web-based program (7)
- Other, please specify (8) _____
- None (e.g., cold turkey) (9)
- Don't know/Not sure (10)

During the past 30 days, on how many days did you use marijuana or cannabis? **Please DO NOT include hemp-derived cannabinoids, like delta-8 THC, delta-10 THC, THC-O, THC-A, THC-P and HHC.**

During the past 30 days, on how many days did you use hemp-derived cannabinoids like delta-8 THC, delta-10 THC, THC-O, THC-A, THC-P or HHC?

[IF INDIVIDUAL HAS USED CANNABIS OR HEMP-DERIVED CANNABINOIDS ON 1 OR MORE DAYS]

During the past 30 days, which of the following best describes the products that you used?

- Delta-9 THC (1)
 - Delta-8 THC (2)
 - Delta-10 THC (3)
 - THC-A (4)
 - THC-O (5)
 - THC-P (6)
 - THC-V (7)
 - HHC (8)
 - Other, please specify (9) _____
 - Don't know/Not sure (10)
-

[IF INDIVIDUAL HAS USED CANNABIS OR HEMP-DERIVED CANNABINOIDS ON 1 OR MORE DAYS]

During the past 30 days, did you:

- Smoke it (for example, in a joint, bong, pipe, or blunt) (1)
 - Eat it (for example, in brownies, cakes, cookies, or candy) (2)
 - Drink it (for example, in tea, cola, or alcohol) (3)
 - Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device) (4)
 - Dab it (for example, using a dabbing rig, knife, or dab pen), or (5)
 - Use it some other way (6)
 - Don't know / Not sure (7)
-

During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? *A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.*

[IF INDIVIDUAL HAS USED ALCOHOL ON 1 OR MORE DAYS]

During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? *A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.*

The next questions are about drugs or other substances you have used. Have you EVER, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? *Do not include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.*

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used a prescription pain reliever in a way a doctor did not direct you to use it?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know/Not sure (5)
-

Have you EVER, even once, used fentanyl in any way a doctor did not direct you to use it?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used fentanyl in a way a doctor did not direct you to use it?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know/Not sure (5)
-

Have you EVER, even once, used cocaine including all the different forms of cocaine such as powder, 'crack', 'free base', and coca paste?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used cocaine?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know / Not sure (5)
-

Have you EVER, even once, used heroin?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used heroin?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know / Not sure (5)
-

Have you EVER, even once, used methamphetamine, also known as crank, crystal, ice or speed?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used methamphetamine?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know / Not sure (5)
-

Have you EVER, even once, used a needle to inject a drug not prescribed by a doctor?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used a needle to inject a drug not prescribed by a doctor?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know / Not sure (5)
-

Have you EVER, even once, used a hallucinogen? *Include things such as LSD (also called "acid"), PCP (also called "angel dust"), peyote, mescaline, psilocybin, found in mushrooms, Ketamine (also called "Special K"), Salvia divinorum, or any other hallucinogen.*

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used a hallucinogen?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know / Not sure (5)
-

Have you EVER, even once, used kratom which can come in forms such as powder, pills, or leaf?

- Yes (1)
 - No (2)
 - Don't know/Not sure (3)
-

[IF INDIVIDUAL SAID 'YES' TO ABOVE]

When was the last time you used kratom?

- Within the past 30 days (1)
 - More than 30 days ago but within the past 12 months (2)
 - More than 12 months ago (3)
 - Don't know/Not sure (4)
-

Are there other items related to health and wellbeing that you think need to be considered that were not covered on this survey?

In your opinion, what is the biggest issue or concern facing the people in your community?

What do you think should be done to address those needs?

[END]