

Section	Question	Response Options	Trend Data	Regional Comparisons
Demographics	What is your age?		2005, 2015	State, National
	Are you...	Male, Female, Nonbinary, Don't know/Not sure	2005, 2015	State, National
	What is your race and/or ethnicity?	American Indian or Alaskan Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, White, Other, please specify, Don't know/Not sure	2005, 2015	State, National
	Which of the following best represents how you think of yourself?	Gay or Lesbian, Straight, Bisexual, None of the above, Don't know/Not sure		State, National
	Do you consider yourself to be transgender?	Yes, Transgender male-to-female, Yes, Transgender female-to-male, Yes, Transgender gender nonconforming, No, Don't know/Not sure		State
	To your knowledge, are you now pregnant?	Yes, No, Not applicable, Don't know/Not sure		State, National
General Health Status	Would you say that in general your health is...	Excellent, Very good, Good, Fair, Poor, Don't know/Not sure	2005, 2015	State, National
	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?		2005, 2015	State, National
	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?		2005, 2015	State, National
	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?		2005, 2015	State, National
	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), Within past 2 years (1 year but less than 2 years ago), Within past 5 years (2 years but less than 5 years ago), 5 or more years ago, Never, Don't know/Not sure	2005, 2015	State, National
	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), Within past 2 years (1 year but less than 2 years ago), Within past 5 years (2 years but less than 5 years ago), 5 or more years ago, Never, Don't know/Not sure	2015	State
	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), Within past 2 years (1 year but less than 2 years ago), Within past 5 years (2 years but less than 5 years ago), 5 or more years ago, Never, Don't know/Not sure		
	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), Within past 2 years (1 year but less than 2 years ago), Within past 5 years (2 years but less than 5 years ago), 5 or more years ago, Never, Don't know/Not sure		

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Chronic Health Conditions	Have you EVER been told by a doctor that you have diabetes?	Yes, No, Told I have pre-diabetes or borderline diabetes, Don't know / Not sure	2005, 2015	State, National
	Was this only when you were pregnant?	Yes, No, Not applicable, Don't know / Not sure	2005, 2015	State, National
	According to your doctor or other health professional, what type of diabetes do you have?	Type 1, Type 2, Don't know / Not sure	2005, 2015	State, National
	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	Yes, No, Told borderline high or pre-hypertensive, Don't know / Not sure	2005, 2015	State, National
	Was this only when you were pregnant?	Yes, No, Not applicable, Don't know / Not sure	2005, 2015	State, National
	Have you EVER been told by a doctor, nurse, or other health professional that your blood cholesterol is high? <i>By other health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.</i>	Yes, No, Don't know / Not sure		State, National
	Has a doctor, nurse, or other health professional EVER told you had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	Yes, No, Don't know / Not sure		State, National
	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?			State, National
	Have you EVER been told by a doctor, nurse, or other health professional that you have asthma? <i>By health professional we mean nurse practitioner, a physician assistant, or some other licensed health professional.</i>	Yes, No, Don't know / Not sure	2005, 2015	State, National
	Do you still have asthma?	Yes, No, Don't know / Not sure	2005, 2015	State, National
	During the past 12 months, have you experienced difficulties with thinking or memory that are happening more often or are getting worse?	Yes, No, Don't know / Not sure		State, National
	About how tall are you without shoes on?		2005, 2015	State, National
	About how much do you weigh without shoes on?		2005, 2015	State, National

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Cancer Screening	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, No, Not applicable, Don't know / Not sure		National
	How long has it been since your most recent PSA test?	Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 3 years (2 years but less than 3 years ago), Within the past 5 years (3 years but less than 5 years ago), 5 or more years ago, Don't know / Not sure		National
	Have you ever had a mammograph? A mammogram is an x-ray of each breast to look for cancer.	Yes, No, Not applicable, Don't know / Not sure		National
	How long has it been since you had your last mammogram?	Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 3 years (2 years but less than 3 years ago), Within the past 5 years (3 years but less than 5 years ago), 5 or more years ago, Don't know / Not sure		National
	Have you ever had a hysterectomy?	Yes, No, Not applicable, Don't know/Not sure		
	Have you ever had a cervical cancer screening test? This could include a PAP or an HPV test.	Yes, PAP test, Yes, HPV test, Yes, both PAP test and HPV test, No, Not applicable, Don't know / Not sure		
	How long has it been since you had your last cervical cancer screening test?	Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 3 years (2 years but less than 3 years ago), Within the past 5 years (3 years but less than 5 years ago), 5 or more years ago, Don't know / Not sure		
	There are many ways to be screened for colorectal cancer. Which of the following have you ever had? Please check all that apply.	Colonoscopy, Sigmoidoscopy, Virtual colonoscopy, CT colonography, Blood stool test, FIT DNA test, Cologuard test, None of these, Don't know / Not sure		
	How long has it been since you had your last colorectal cancer screening test?	Within the past year (anytime less than 12 months ago), Within the past 2 years (1 year but less than 2 years ago), Within the past 3 years (2 years but less than 3 years ago), Within the past 5 years (3 years but less than 5 years ago), Within the past 10 years (5 years but less than 10 years ago), More than 10 years ago, Don't know / Not sure		

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Mental Health	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, No, Don't know / Not sure	2015	State, National
	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, No, Don't know / Not sure		
	In general, how satisfied are you with your life? Are you...	Very satisfied, Satisfied, Dissatisfied, Very dissatisfied, Don't know / Not sure		State, National
	How often do you get the social and emotional support that you need? Is that...	Always, Usually, Sometimes, Rarely, Never, Don't know / Not sure		State, National
	How often do you feel lonely? Is it...	Always, Usually, Sometimes, Rarely, Never, Don't know / Not sure		State, National
	<i>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.</i> Within the last 30 days, how often have you felt this kind of stress? Was it...	Always, Usually, Sometimes, Rarely, Never, Don't know / Not sure		State, National

Section	Question	Response Options	Trend Data	Regional Comparisons
Social Determinants of Health	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, Usually, Sometimes, Rarely, Never, Don't know / Not sure		State, National
	During the past 12 months, have you received food stamps, also called SNAP, the Supplemental Nutrition Assistance Program on an EBT card?	Yes, No, Don't know / Not sure		State, National
	During the last 12 months, was there a time when you were not able to pay your mortgage, rent or utility bills?	Yes, No, Don't know / Not sure		State, National
	During the last 12 months was there a time when an electric, gas, oil, or water company threatened to shut off services?	Yes, No, Don't know / Not sure		State, National
	Do you own or rent your home?	Own, Rent, Other arrangement, Don't know/Not sure	2005, 2015	State, National
	Are you currently...	Employed for wages, Self-employed, Out of work for 1 year or more, Out of work for less than 1 year, A homemaker, A student, Retired, Unable to work, Don't know/Not sure	2005, 2015	State, National
	In the past 12 months have you lost employment or had hours reduced?	Yes, No, Don't know / Not sure		State, National
	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, No, Don't know / Not sure		State, National
	What is the highest grade or year of school you completed	Never attended school or only attended kindergarten, Grades 1 through 8 (Elementary), Grades 9 through 11 (Some high school), Grade 12 or GED (High school graduate), College 1 year to 3 years (Some college or technical school), College 4 years or more (College graduate), Don't know/Not sure	2005, 2015	State, National
	Are you..	Married, Divorced, Widowed, Separated, Never married, A member of an unmarried couple, Don't know/Not sure	2005, 2015	State, National
	How many members of your household, including yourself, are 18 years of age or older		2005, 2015	State, National
	How many children less than 18 years of age live in your household?		2005, 2015	State, National
	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, No, Don't know/Not sure		State, National
	What is the current source of your primary health insurance?	A plan purchased through an employer or union (including plans purchased by another person's employer), A private nongovernmental plan that you or another family member buys on your own, Medicare, Medigap, Medicaid, Children's Healthcare Insurance Program (CHIP), Military-related healthcare: TRICARE (CHAMPUS) / VA health care / CHAMP-VA, Indian Health Service, State-sponsored health plan, Other government program, No coverage of any type, Don't know/Not sure	2005, 2015	State, National

Section	Question	Response Options	Trend Data	Regional Comparisons
Social Determinants of Health continued	Who is your managed care plan provider?	AmeriHealth Caritas Ohio, Anthem Blue Cross Blue Shield, Buckeye Health Plan, CareSource Ohio, Humana Healthy Horizons Ohio, Molina Healthcare of Ohio, UnitedHealthcare Community Plan of Ohio, Other: please specify, Don't know/Not sure		
	Do you have one person (or a group of doctors) that you think of as your personal health care provider?	Yes, only one, More than one, No, Don't know/Not sure	2005, 2015	State, National
	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, No, Don't know / Not sure		State, National
Racial & Ethnic Discrimination	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?	Worse than other races or ethnicities, The same as other races or ethnicities, Better than other races or ethnicities, Worse than some races or ethnicities and better than others, Only encountered people of the same race or ethnicity, Don't know / Not sure		State, National
	Within the past 12 months <u>at work or school</u> , do you feel you were treated worse than, the same as, or better than people of other races?	Worse than other races or ethnicities, The same as other races or ethnicities, Better than other races or ethnicities, Worse than some races or ethnicities and better than others, Only encountered people of the same race or ethnicity, Don't know / Not sure		State, National
	Within the past 12 months, <u>when seeking health care</u> , do you feel your experiences were worse than, the same as, or better than people of other races?	Worse than other races or ethnicities, The same as other races or ethnicities, Better than other races or ethnicities, Worse than some races or ethnicities and better than others, Only encountered people of the same race or ethnicity, Not applicable, Don't know / Not sure		State, National
	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?	Yes, No, Don't know / Not sure		State, National
	How often do you think about your race?	Never, Once a year, Once a month, Once a week, Once a day, Once an hour, Constantly, Don't know / Not sure		State, National

Section	Question	Response Options	Trend Data	Regional Comparisons
Neighborhood Safety & Violence	How safe do you consider your neighborhood to be?	Extremely safe, Quite safe, Slightly safe, Not at all safe, Don't know / Not sure	2005, 2015	
	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, no, Don't know/Not sure		National
	Have you or a member of your household been a victim of a crime in your neighborhood in the past 12 months?	Yes, No, Don't know / Not sure	2015	
	Are you in a safe place to answer these questions?	Yes, No, Don't know / Not sure		
	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, No, Don't know / Not sure		
	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, No, Don't know / Not sure		State

Section	Question	Response Options	Trend Data	Regional Comparisons
Tobacco & Nicotine Product Use	Do you now smoke cigarettes every day, some days, or not at all?	Every day, Some days, Not at all, Don't know / Not sure	2005, 2015	State, National
	Currently, when you smoke cigarettes, do you usually smoke menthol cigarettes?	Yes, No, Don't know / Not sure		State, National
	Do you smoke cigars every day, some days, or not at all? <i>Please DO NOT include little cigars or cigarillos, such as Black & Mild's, when considering your answer to this question.</i>	Every day, Some days, Not at all, Don't know / Not sure	2005, 2015	State
	Do you now smoke little cigars or cigarillos, such as Black and Mild's, every day, some days, or not at all?	Every day, Some days, Not at all, Don't know / Not sure	2005, 2015	State
	Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?	Every day, Some days, Not at all, Don't know / Not sure	2015	State, National
	Do you currently use chewing tobacco, snuff, pouches, or snus every day, some days, or not at all?	Every day, Some days, Not at all, Don't know / Not sure		State
	Do you now use any flavored e-cigarette or tobacco products every day, some days, or not at all? <i>This can include menthol cigarettes, flavored cigar products, and/or e-cigarettes or vapes.</i>	Every day, Some days, Not at all, Don't know / Not sure		State
	During the past 12 months, did any doctor, nurse, or other health professional advise you to quit smoking?	Yes, No, Don't know / Not sure		
	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, Yes, No, Don't know / Not sure		State
	Think about the last time you tried to quit or when you quit smoking, did you use any of the following to help you?	Nicotine replacement therapy (nicotine patch, gum, inhaler, nasal spray, or lozenge), Prescription drugs (Chantix, varenicline, Wellbutrin, Zyban, or bupropion), Counseling, A quit tobacco clinic, class, or support group, A telephone help line or quit line, Books, pamphlets, or videos, An internet or web-based program, Other, None (e.g., cold turkey), Don't know / Not sure		

Section	Question	Response Options	Trend Data	Regional Comparisons
Alcohol & Other Drug Use	During the past 30 days, how many days did you have at least one drink of any alcoholic beverage? <i>A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.</i>		2005, 2015	State, National
	During the past 30 days, on the days when you drank, about how many drinks did you drink on the average? <i>A 40-ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.</i>		2005, 2015	State, National
	During the past 30 days, on how many days did you use marijuana or cannabis? <i>Please DO NOT include hemp-derived cannabinoids, like delta-8 THC, delta-10 THC, THC-O, THC-A, THC-P and HHC.</i>			State, National
	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?			
	During the past 30 days, which of the following best describes the products you used? [select all that apply]	Delta-9 THC, Delta-8 THC, Delta-10 THC, THC-A, THC-O, THC-P, THC-V, HHC, Other, Don't know / Not sure		
	During the past 30 days, did you:	Smoke it (for example, in a joint, bong, pipe, or blunt), Eat it (for example, in brownies, cakes, cookies, or candy), Drink it (for example, in tea, cola, or alcohol), Vaporize it (for example, in an e-cigarette-like vaporizer or another vaporizing device), Dab it (for example, using a dabbing rig, knife, or dab pen), Use it some other way, Don't know / Not sure		State, National
	When was the last time you used heroin?	Within the past 30 days, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		National
	Have you EVER, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? <i>Do not include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.</i>	Yes, No, Don't know / Not sure		National
	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, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		State, National
	Have you EVER, even once, used fentanyl in any way a doctor did not direct you to use it?	Yes, No, Don't know / Not sure		National
	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, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		National
Have you EVER, even once, used heroin?	Yes, No, Don't know / Not sure		National	

Section	Question	Response Options	Trend Data	Regional Comparisons
Alcohol & Other Drug Use continued	Have you EVER, even once, used a needle to inject a drug not prescribed by a doctor?	Yes, No, Don't know / Not sure		National
	When was the last time you used a needle to inject a drug not prescribed by a doctor?	Within the past 30 days, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		National
	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, No, Don't know / Not sure		National
	When was the last time you used a hallucinogen?	Within the past 30 days, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		National
	Have you EVER, even once, used kratom which can come in forms such as powder, pills, or leaf?	Yes, No, Don't know / Not sure		National
	When was the last time you used kratom?	Within the past 30 days, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		National
	Have you ever, even once, used cocaine including all the different forms of cocaine such as powder, 'crack', 'free base', and coca paste?	Yes, No, Don't know / Not sure		National
	When was the last time you used cocaine?	Within the past 30 days, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		National
	Have you EVER, even once, used methamphetamine, also known as crank, crystal, ice or speed?	Yes, No, Don't know / Not sure		National
	When was the last time you used methamphetamine?	Within the past 30 days, More than 30 days ago but within the past 12 months, More than 12 months ago, Don't know / Not sure		National
Qualitative	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?			