

A Community Survey about Health and Social Service Needs



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The Lewis Clark Valley Healthcare Foundation and Innovia Foundation with support from Idaho Community Foundation and Premera Social Impact are working together to better understand the health and social service issues facing households in Southeast Washington and North Central Idaho. The information will be used to plan for and better serve residents, and to provide support for new programs and initiatives throughout your county.

All information provided in this survey is confidential. Personal identities are not known and all responses will be presented as summaries without individual identifiers. Please have only one adult per household complete the survey and mail to address on final page. **Thank you for your help!**

Q1. In which county do you currently live in?

- Asotin County
- ₁ Clearwater County
- ₂ Columbia County
- ₃ Garfield County
- ₄ Idaho County
- ₅ Latah County
- ₆ Lewis County
- ₇ Nez Perce County
- ₈ Other
- ₉ Other

Q2. How would you rate the overall quality of life in your community?

- ₁ Excellent
- ₂ Good
- ₃ Fair
- ₄ Poor
- ₅ Very poor

Q3. How long have you lived in this community? If less than 1 year, please write "0".

Year(s)

Q4. A. Thinking generally, which of the things below would you say are most important in making somewhere a good place to live? *Please select up to 5 boxes only in the left column.*

B. And thinking about this community in your county, which of the things below, if any, do you think most need improving? *Please select up to 5 boxes only in the right column.*

	A. Most important in making a community a good place to live	B. Most in need of improving in your community
Access to nature	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Activities for teenagers	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Affordable decent housing	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Affordable quality child care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Community activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Cultural centers (e.g., museums, theaters)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Facilities for young children	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Health services	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Job prospects	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Parks and open spaces	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Public transportation	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Quality schools	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Sports and leisure facilities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Wage levels and local cost of living	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁
Other, please specify: <input type="text"/>	<input type="checkbox"/> ₁	<input type="checkbox"/> ₁

Employment and Economic Status

To better understand the health and social service issues in your county, we need to know more about the employment and economic status of people living here. All responses are confidential.

Q5. Which of the following categories best describes your current employment status? *Please select only one answer.*

- ₁ Employed full-time (≥ 30 hrs/week) → **Go to Q6**
- ₂ Employed part-time (<30 hrs/week) → **Go to Q6**
- ₃ Employed part-time, and looking for full-time employment → **Go to Q6**
- ₄ Student with full-time employment → **Go to Q6**
- ₅ Student with part-time employment → **Go to Q6**
- ₆ Not employed, but looking for employment → **Go to Q10**
- ₇ Not employed, not looking for employment → **Continue with Q5 below**
- ₈ Retired → **Go to Q10**

Q6. Which of the following categories best describes your reason for not looking for employment? *Please select only one answer.*

After answering, please skip to Q10.

- ₁ Stay-at-home parent
- ₂ Stay-at-home grandparent
- ₃ Primary caregiver for someone 18 years or over
- ₄ Student
- ₅ Short-term disability
- ₆ Long-term or permanent disability
- ₇ Other, please specify:

Q7. How long have you been employed in your present position?

- ₁ Less than a year
- ₂ About 1 year
- ₃ 1-5 years
- ₄ More than 5 years

Q8. Which one of the following categories best describes your employer?

- ₁ Private, for-profit company or business, or an individual (for wages, salary, or commission)
- ₂ Private not-for-profit, tax-exempt, or charitable organization
- ₃ Local government (city, county, etc.)
- ₄ State government
- ₅ Federal government
- ₆ Self-employed
- ₇ Working without pay in family business or farm
- ₈ Other, please specify:

Q9. During the LAST WEEK, which one of the following was your usual way to get to work or school?

- ₁ Your own vehicle
- ₂ Bus/public transportation
- ₃ Carpool, with or without your own vehicle
- ₄ Bicycle
- ₅ Walking
- ₆ Worked at home
- ₇ Other, please specify:

Q10. During the LAST WEEK, how many minutes did it usually take to get from your home to work or school?

- ₁ Less than 10 minutes
- ₂ About 10 to 30 minutes
- ₃ More than 30 minutes, but less than an hour
- ₄ More than an hour

Q11. How many vehicles at your household are available for local transportation?

- ₁ None
- ₂ One
- ₃ More than one

Q12. Have you or anyone in your household ever served in the U.S. Armed Forces, Reserves or National Guard?

	Yes, now on active duty	Yes, but not actively serving	Retired	Never served
You	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄
Member of your household	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄

Q13. Including yourself, how many persons age 18 years or older in your household are in each of the following employment categories?

Employment Category	Number in household, including you, in this category
Full-time employment (≥ 30 hrs/week)	<input type="text"/>
Part-time employment (<30 hrs/week)	<input type="text"/>
No employment	<input type="text"/>
Other, please specify: <input type="text"/>	<input type="text"/>

Q14. In the past 12 months, have any of the following been a source of income for you or anyone in your household?

	Yes	No	Don't Know
Wages, tips, or salaries	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Investment income	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Government assistance (e.g., welfare assistance, Veteran's Affairs benefits, rental assistance)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Retirement income (e.g., pension, social security)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Relatives, friends, partners	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Child support	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

Q15. In the past 12 months, were any of your household's sources of income reduced or stopped?

- ₁ Yes → Continue with Q16 below
- ₂ No → Go to Q17

Q16. Which sources of income were stopped, and why?

Q17. Which category best describes your household's total income before taxes from all sources, including benefits and public assistance, in the past 12 months?

- ₁ Less than \$10,000
- ₂ \$10,000 to less than \$25,000
- ₃ \$25,000 to less than \$50,000
- ₄ \$50,000 to less than \$75,000
- ₅ \$75,000 to less than \$100,000
- ₆ \$100,000 to less than \$250,000
- ₇ \$250,000 or more

Q18. If you have little to no income, are you able to make ends meet?

- ₁ Yes → **Go to Q20**
- ₂ No → **Continue with Q19 below**
- ₃ Doesn't apply to our household → **Go to Q20**

Q19. If you have little to no income, how are you able to pay for basic living expenses?

Q20. Have any of the following financial situations applied to you or anyone in your household within the past 12 months?

	Yes	No
Have had a bank account (checking and/or savings)	<input type="radio"/> ₁	<input type="radio"/> ₂
Hired someone to prepare your taxes	<input type="radio"/> ₁	<input type="radio"/> ₂
Owed balances on credit card(s) for nonessential purchases	<input type="radio"/> ₁	<input type="radio"/> ₂
Owed balances on credit card(s) for basic household needs	<input type="radio"/> ₁	<input type="radio"/> ₂
Used retirement account savings for a major purchase or non-basic household needs (e.g., travel, down payment on a house or car, etc.)	<input type="radio"/> ₁	<input type="radio"/> ₂
Used retirement account savings for basic household needs (e.g., food, rent, house payment, utilities, etc.)	<input type="radio"/> ₁	<input type="radio"/> ₂
Borrowed money from a friend or relative	<input type="radio"/> ₁	<input type="radio"/> ₂
Borrowed money from a payday lender	<input type="radio"/> ₁	<input type="radio"/> ₂
Other financial activity, please specify: <input style="width: 150px;" type="text"/>	<input type="radio"/> ₁	<input type="radio"/> ₂

Health and Well-Being

Another way to better understand the health and social service issues in your county is to know more about the health and well-being of people living here. All responses are confidential.

Q21. Are you and/or members of your household covered by a health insurance plan? Including private insurance, Medicare, Medicaid(Apple Health (WA)/Health Connections (ID)), and Indian Health Service (IHS) coverage.

	Yes	Not at all	Doesn't apply
You	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Adult member of your household	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Children under 18 yrs living at home	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

Q22. If you have health insurance, which of the following types of plans currently cover you and/or members of your household?

	Yes	No	Doesn't apply
Private insurance through employer	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Private insurance, not through employer	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Medicaid insurance	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Medicare	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Indian Health Service (IHS) coverage	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Some other type of insurance, please specify: <input style="width: 150px;" type="text"/>	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

Q23. Because of a health or physical problem, do you have difficulty doing the following activities?

	No, I do not have difficulty	Yes, but I do not need assistance	Yes, I usually need supervision, or stand-by assistance	Yes, I usually need one-person physical assistance	Yes, I usually need two-person physical assistance, or complete mechanical assistance
Bathing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Dressing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Eating	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Getting in or out of chairs	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Walking	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Using the toilet	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Q24. In the past 12 months, have you or any members of your household been unable to get in to see a physician due to any of the following reasons?

	Yes	No
No appointment times in your schedule	<input type="radio"/> ₁	<input type="radio"/> ₂
Inability to take time off work	<input type="radio"/> ₁	<input type="radio"/> ₂
Inability to pay for services	<input type="radio"/> ₁	<input type="radio"/> ₂
Physician not accepting new patients	<input type="radio"/> ₁	<input type="radio"/> ₂
No transportation/too far	<input type="radio"/> ₁	<input type="radio"/> ₂
Physician did not accept your insurance	<input type="radio"/> ₁	<input type="radio"/> ₂
You had no insurance	<input type="radio"/> ₁	<input type="radio"/> ₂
Did not know where to seek care	<input type="radio"/> ₁	<input type="radio"/> ₂
Other, please specify: <input type="text"/>	<input type="radio"/> ₁	<input type="radio"/> ₂

Q25. Have any of the following health situations applied to you or anyone in your household within the 12 months?

	Yes	No	Don't know
Accessed non-emergency care in the emergency room because you were unable to see a primary care provider	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Delayed or canceled a dental procedure due to lack of ability to pay	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Unable to access preventative care (annual physicals, immunizations, well baby exams, etc.)?	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Unplanned hospitalization	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃
Delayed filling a prescription to save money	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃

Q26. About how many miles is your household from the nearest medical facility?

- ₁ Less than 5 miles
- ₂ 6 to 10 miles
- ₃ 11 to 20 miles
- ₄ 21 to 30 miles
- ₅ More than 30 miles

Q27. Do any of the following conditions apply to any children or adults (including you) in your household? *Please select all that apply in each row.*

	You	Child(ren) in the household	Another adult in the household
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obesity (above 75th percentile)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental disease/emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco/vapor use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental delays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other health conditions, please specify: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Need for Services

Q28. What is your household's level of need for the following health and social services?

	No Need	Slight Need	Moderate Need	Strong Need
Mortgage/rental assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable childcare	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Basic education (GED)/English (ESL)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal help	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food (help getting enough food)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable medical care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable dental care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with utility bills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental health services/family counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug/alcohol treatment and counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family violence advocacy/treatment/counseling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation, especially to access other services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help finding a job/job training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Access to library system	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Affordable housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emergency housing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parenting support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiver support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preschool education (Head Start, ECEAP or other)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other, please specify: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q29. If there is need for the following services, how difficult or easy is it for you or your household to obtain the health and social services needed?

	Not needed	Very difficult	Difficult	Easy	Very easy
Mortgage/rental assistance	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Affordable childcare	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Basic education (GED)/English (ESL)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Legal help	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Food (help getting enough food)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Affordable medical care	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Affordable dental care	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Help with utility bills	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Mental health services/family counseling	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Drug/alcohol treatment and/or counseling	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Family violence advocacy/treatment/counseling	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Transportation, especially to access other services	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Help finding a job/job training	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Access to library system	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Affordable housing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Emergency housing	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Parenting support	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Caregiver support	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Preschool education (Head Start, ECEAP or other)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Family planning	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Other, please specify: <input type="text"/>	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Q30. In the past 12 months, did any of the following hardship situations happen to you or any member of your household?

	Yes	No
Heat or electricity stopped by vendor	<input type="radio"/> ₁	<input type="radio"/> ₂
Phone service stopped by vendor	<input type="radio"/> ₁	<input type="radio"/> ₂
Other utilities (e.g., water/sewer) or garbage service stopped by vendor	<input type="radio"/> ₁	<input type="radio"/> ₂
Moved due to high housing cost	<input type="radio"/> ₁	<input type="radio"/> ₂
Faced transportation difficulties/issues	<input type="radio"/> ₁	<input type="radio"/> ₂
Unable to pay property taxes on home due to insufficient funds	<input type="radio"/> ₁	<input type="radio"/> ₂
Evicted from housing	<input type="radio"/> ₁	<input type="radio"/> ₂
Shared housing with another household due to high housing costs	<input type="radio"/> ₁	<input type="radio"/> ₂
Left a living situation due to emotional or physical violence	<input type="radio"/> ₁	<input type="radio"/> ₂
Experienced a serious or extended illness that left you or another adult unable to work or care for children	<input type="radio"/> ₁	<input type="radio"/> ₂
Assumed responsibility for overall care or guardianship of a child other than your own (e.g., grandchild(ren) or other child(ren) of a relative)	<input type="radio"/> ₁	<input type="radio"/> ₂
Assumed responsibility for overall care of an older adult	<input type="radio"/> ₁	<input type="radio"/> ₂
Other hardship, please specify: <input type="text"/>	<input type="radio"/> ₁	<input type="radio"/> ₂

Housing

Q31. In what type of housing do you currently live?

- ₁ House
- ₂ Apartment
- ₃ Duplex/Triplex/Fourplex
- ₄ Mobile home
- ₅ Condo
- ₆ Shelter (e.g., Domestic Violence or other type)
- ₇ Staying with family/friends
- ₈ Homeless
- ₉ Other, please specify:

Q32. Do you own or rent your place of residence?

- ₁ Own
- ₂ Rent
- ₃ Neither own nor rent

Q33. How do you feel about your current housing situation?

- ₁ Very stable and secure
- ₂ Fairly stable and secure
- ₃ Fairly unstable and insecure
- ₄ Very unstable and insecure
- ₅ Not sure

Q34. Have you been homeless within the last 3 years?

- ₁ Yes → Continue with Q35 below
- ₂ No → Go to Q36

Q35. Please describe the primary reason for your homelessness.

Food Access

Q36. In the past 12 months, have you or anyone in your home gone hungry because you were not able to get enough food?

- ₁ Yes
- ₂ No

Q37. In the past 12 months, how often have you or your household used each of the following types of food assistance services?

	Not at all	Yearly	Twice a year	Monthly	Weekly
Food Bank/Pantry	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
SNAP (Supplemental Nutrition Assistance Program)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Senior center meals	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Meals on Wheels	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Churches or faith community	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
WIC (Women, Infants and Children)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Public garden/gleaners	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Friends or family	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅
Other, please specify: <input type="text"/>	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅

Q38. If a public/community garden was available to you, how likely are you to use it?

- ₁ Very likely
- ₂ Somewhat likely
- ₃ Somewhat unlikely
- ₄ Very unlikely
- ₅ Not sure

Background Information about You and Your Household

Q39. What is your sex?

- ₁ Male
- ₂ Female
- ₃ Other

Q40. How old are you today?

years

Q41. Are you Hispanic/Latinx?

- ₁ Yes
- ₂ No

Q42. Which best describes your race? Please select all that apply.

- African American/Black
- American Indian or Alaska Native
- Asian
- Caucasian/White
- Native Hawaiian or Other Pacific Islander
- Other, please specify:

Q43. Do you or any member of your household have difficulty accessing services because of a language barrier?

- ₁ Yes → Continue with Q43b below
- ₂ No → Go to Q44

Q43b. What is the primary language spoken by the person(s) in your household who have difficulty accessing services because of a language barrier?

Language:

Q44. Including yourself, provide the number of persons in your household in each age group.

Age Group	Number in household, including you, in this category
0-5 years old	<input style="width: 50px; height: 20px;" type="text"/>
6-17 years old	<input style="width: 50px; height: 20px;" type="text"/>
18-59 years old	<input style="width: 50px; height: 20px;" type="text"/>
60 years of age and older	<input style="width: 50px; height: 20px;" type="text"/>
Total	<input style="width: 50px; height: 20px;" type="text"/>

Q45. Do you have internet access in your home?

- ₁ Yes
- ₂ No

Q46. In the past 12 months, how often did you do the following?

	Once a day	Once a week	Once a month	A few times a year	Once a year	Not at all
Go to a movie, sporting event, concert or museum	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Volunteer for a community organization	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Follow what local government is doing (through newspapers, TV, websites, blogs, etc.)	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Provide unpaid care to seniors, including members of your family	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Provide unpaid help to others, apart from your family	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Receive support from your family or relatives	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Attend religious services	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Participate in community events/activities	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Take time off other than your scheduled days off	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Visit public parks and trails	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Go to a library	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆
Go to a place to exercise	<input type="radio"/> ₁	<input type="radio"/> ₂	<input type="radio"/> ₃	<input type="radio"/> ₄	<input type="radio"/> ₅	<input type="radio"/> ₆

Q47. What is your highest level of education?

- ₁ Less than high school
- ₂ GED (General Educational Development)
- ₃ High school graduate
- ₄ Vocational/Technical
- ₅ 2 year degree or some college
- ₆ 4 year degree or more

Q48. In which city or town do you currently live or is nearest to where you live? *Please provide the city or town name and zip code.*

City or Town:

Zip Code:

Q49. Public forums to discuss community needs are planned for fall 2019. Would you like to be notified by email about these events?

- ₁ Yes → Continue with Q49b below
- ₂ No

Q49b. To receive notifications about public forums, please provide your email address in the box below or send a request to info@innovia.org.

Email address:

Thank you for completing this survey!

If you have additional thoughts about any of the topics or the survey itself, please share them here.

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