Appendix 1: Methodology

a. Description of Preliminary Research

Data from five different Cape Cod health and human service needs assessment studies were analyzed from the perspective of young people and their families. These five prior research studies serve as the basis of this preliminary research. Each of these five surveys studied a somewhat different aspect of the “human condition” of the resident population of Barnstable County. Each, in its own way, continues to contribute to a growing body of the needs for healthcare and other human services of our residents.

These five community-based research efforts (sometimes called “action research” projects) consisted of the collection of quantitative data through the use of survey questionnaires, qualitative data through focused discussions (community forums), and secondary data gathered from local resources such as government agencies and human service provider organizations.

1. Survey Samples

- Young people family households (households with persons age 17 or younger) were selected-out from five sets of survey response data and their cases studied separately. A total of 1,454 households with young people were included in the analysis. In addition, 136 Key Informants were surveyed—Key Informants who self-reported as having, “experience, expertise, or interest” in adolescent or children’s services, day care, education, and/or parenting.

- Data from these studies represents a wide range of households with young people – small and large families, households with young children to teenagers, as well as single-parent, two-parent, and extended families. Households from all regions of the Cape Cod were well represented, as were minority households and households from all income levels.

- It is very important, when reviewing results from the THC and the CHNAP/Benchmark samples, to understand how these samples differed:
  - Levels of household income are lower for the CHNAP/Benchmark sample, with greater numbers of households being classified as below median income, working poor, and/or 200% below poverty.
  - The CHNAP/Benchmark sample has a higher proportion of minority households than the THC.
  - Substantially more CHNAP/Benchmark households are considered unemployed or underemployed (see Glossary).
  - There is a greater representation of young people family households from the Mid-Cape and Hyannis areas in the CHNAP/Benchmark study.
• It is also important to understand, when reviewing these results, that many of these demographic variables are interrelated. For example, being a single parent household, living in Hyannis, having unemployed or underemployed adults, and having lower levels of household income, are all related to one another.

• The Transportation Survey sample is similar to that of CHNAP/Benchmark survey in terms of regional breakout, as well as proportions of minority and single-parent households. However, income levels are not as low as they are for the CHNAP/Benchmark sample.

• All of the Key Informants included in the analysis report having, “experience, expertise, or interest” in adolescent or children’s services, day care, education, and/or parenting. However, these individuals also report experience, expertise, or interest in a number of other specialty areas relevant to this analysis, including mental health, substance abuse, housing, health care, policy planning, and domestic violence.

Sample Details

• The Human Condition Household Survey sample consisted of 785 households, which had at least one person who was age 17 or younger. Forty-two percent of the sample had only one young person, 36% had two, 14% had three, and 7% had four or more persons age 17 or younger.

• The Human Condition Key Informant Survey sample consisted of 136 Key Informants, who described as one of their primary areas of “experience, expertise, or interest” to be adolescent or children’s services, day care, education, or parenting.
  o Other major areas of interest/expertise for this group were mental health (29%), substance abuse (26%), housing (23%), medical/health care (21%), policy planning (21%), and domestic violence (20%).
  o Forty-eight percent of this Key Informant sample was human service professionals, 24% government employees or officials, 17% charity or civic volunteers, and 11% business or professional leaders.

• The Cape Cod Household Transportation Survey sample consisted of 137 households, in which one or more persons age 17 or younger resided. Forty-one percent of the sample had only one young person, 34% had two, 20% had three, and 5% had four or more persons age 17 or younger. Thirty-six percent of these households had young children (0-5 years), 45% had children 6 to 12 years, and 53% had teenagers (13 to 17 years)
- The CHNAP/Benchmark Surveys merged sample consisted of 532 households (503 from CHNAP and 29 from the Benchmark study), which had at least one person who was age 17 or younger. Thirty-seven percent of the sample had only one young person, 37% had two, 16% had three, and 11% had four or more persons age 17 or younger.

2. Data Analysis Procedures

Pre-existing SPSS survey response data sets from the five surveys were analyzed using SPSS For Windows Version 11. Cases (households) in which there was at least one household member age 17 or younger were separated-out and a data sub-set containing just these selected cases was created for each survey. Further, the CHNAP and Benchmark data sub-sets were then merged. Descriptive statistics and frequency counts and percentages were studied for each of these data sub-sets. Factor analysis was used on The Human Condition 2001 Household Survey and on the merged CHNAP/Benchmark data sub-sets in order to simplify the household issues/challenges and service access barriers response relationships. Following Factor Analysis, Cluster Analysis was employed, using the derived factors, in order to classify each case from The Human Condition 2001 Household Survey and the merged CHNAP/Benchmark surveys into a unique cluster related to each of these two surveys. Finally, CHAID analysis (using SPSS AnswerTree) was employed in order to investigate relationships between response variables. Correlation analysis was employed on all data sub-sets.
3. Survey Descriptions
A brief summary of the important characteristics of each of the five needs assessment surveys follows.

**Five Needs Assessment Surveys;**
1. The Human Condition 2001 Project - Household Survey
2. The Human Condition 2001 Project - Key Informant Survey
3. Cape Cod Household Transportation Survey
4. Community Health Needs Assessment Project (CHNAP) Survey

Note: For purposes of analysis, the response data sets from the CHNAP and the Benchmark surveys were merged into a single SPSS data set. Merging was possible since both surveys used the exact same survey instrument.
Survey Research Description

TITLE OF SURVEY:
Survey of Cape Cod Households

TITLE OF FINDINGS REPORT:
http://www.bchumanservices.net/thc2001/thc2001resreports.html
http://www.bchumanservices.net/thc2001/thc2001resreports.html

UNIT OF SURVEY:
Household

SAMPLE SIZE (N):
2,542

TARGET POPULATION:
All households in which permanent, year-round residents of Barnstable County, MA (a.k.a. Cape Cod) reside.

SAMPLING FRAME FOR RANDOM SAMPLE:
All persons, age 18 year and older (except police dept. employees) listed in Town Clerks’ Residents Lists for the fifteen towns of Barnstable County, MA. Listings based upon annual town Census responses.

SAMPLING/SURVEY DISTRIBUTION METHOD(S):
Random Sample: Mail distribution to nearly 4,000 persons age 18 and older
Convenience Sample: In-field distribution to over 3,700 persons age 18 years and older

SURVEY QUESTIONNAIRE LANGUAGE(S):
English, French (for Haitian Creole speakers), and Portuguese

DATA COLLECTION DATE(S):
April 2001 – August 2001

PURPOSE OF SURVEY:
To collect primary data relative to a broad range of Cape resident’s health and human services needs—studying several fundamental research questions in depth and to collect socio-demographic data with which to profile respondent households. The goal was to gain knowledge about the needs of the Cape Cod community to be included in a comprehensive database. This database is intended to be used over the next five years to guide strategies to design, develop, fund, and implement programs and services to alleviate human need and suffering here on Cape Cod.
BRIEF DESCRIPTION OF SURVEY:
Utilizing a community-based research model pioneered on Cape Cod with the Community Health Needs Assessment Project (a form of participatory or “action research”), combined with more traditional survey-by-mail methods, researchers helped identify the basic health and human services needs of the approximately 200,000 residents of the fifteen towns of Barnstable County, MA (a.k.a. Cape Cod) and provided information to decision-makers who plan heath and other human services for the Cape Cod community. Emphasis was placed on surveying all segments of the permanent, year-round resident population of Barnstable County including those thought to be under-served by existing health and human services and underrepresented in the decision-making process surrounding the provision of health and human services—groups such as the homeless, and linguistic, cultural, ethnic, and racial minorities. Low-income persons, and the “working poor,” a group traditionally difficult to reach through standard survey techniques, were deliberately over-sampled using community-based, in-field survey distribution methods in an effort to obtain a fair and comprehensive representation of such traditionally “unreachable” population segments. Survey respondents were an excellent mix of both lower socio-economic status households and “majority” population—middle-age or older, middle-to-upper income, White, English-speaking households.
"The Human Condition 2001"
Improving the Human Environment on Cape Cod

Dear Neighbor,

We need your help and advice.

The Barnstable County Health and Human Services Advisory Council and the Barnstable County Department of Human Services are conducting a study to help identify health and human service needs of Cape Codders. This survey concerns: affordable housing, health-care, children and families, employment, disabilities, education and literacy, and public transit, as well as the overall quality of life in our fifteen communities.

Answers to these brief survey questions will help inform citizens, public officials, health and human service planners, and service provider organizations about the Cape’s present and future needs for human services.

Along with several hundred others across Cape Cod, your name has been randomly selected from your town’s official resident list to participate in this important study. You are one of only a very few Cape Codders chosen, thus your participation is especially critical to our research. Please participate by filling-out the enclosed survey.

Your responses to the survey are completely anonymous (no one will be able to tell who filled out your survey) and all survey answers will be kept strictly confidential.

We ask that you support this important effort by taking 10 minutes to answer this brief survey. Please return your filled-out survey in the enclosed, postage paid envelope by Friday, May 4, 2001.

Thank you,

Peter Kirwin
Chair, Executive Committee, Barnstable County Health and Human Services Advisory Council

Len Stewart
Director, Barnstable County Department of Human Services
"The Human Condition 2001"
Improving the Human Environment on Cape Cod

Dear Neighbor,

We need your help and advice.

The Barnstable County Health and Human Services Advisory Council and the Barnstable County Department of Human Services are conducting a study to help identify health and human service needs of Cape Codders. This survey concerns: affordable housing, healthcare, children and families, employment, disabilities, education and literacy, and public transit, as well as the overall quality of life in our fifteen communities.

Answers to these brief survey questions will help inform citizens, public officials, health and human service planners, and service provider organizations about Cape Cod's present and future needs for human services.

Folks from all across Cape Cod are being asked this week to participate in this study by answering a brief survey. We ask that you support this important study by taking about 10 minutes to answer the survey questions.

Your responses to the survey are completely anonymous (no one will be able to tell who filled out your survey) and all survey answers will be kept strictly confidential.

Please return your filled-out survey to one of our Volunteers in the envelope provided.

Thank you,

Peter Kirwin
Chair, Executive Committee, Barnstable County Health and Human Services Advisory Council

Len Stewart
Director, Barnstable County Department of Human Services
SURVEY OF CAPE COD HOUSEHOLDS

INSTRUCTIONS:
Please answer every question by FILLING IN THE CIRCLE with a soft lead pencil. If you are unsure about how to answer a question, please give the best answer that you can.

A. ABOUT YOUR HOUSEHOLD: [*the people you live with*]


2. How many adults, including yourself, live in your household? (fill one per line)

   Number ages 18-44 years .... O None O 1 O 2 O 3 O 4 or more
   Number ages 45-54 years .... O None O 1 O 2 O 3 O 4 or more
   Number ages 55-64 years .... O None O 1 O 2 O 3 O 4 or more
   Number age 65 or older .......... O None O 1 O 2 O 3 O 4 or more

3. How many children (age 17 or younger) live in your household?
   O None O 1 O 2 O 3 O 4 O 5 O 6 O 7 or more

4. How would you describe your household? (fill in only one)
   O One adult living alone
   O Single parent family
   O Single parent with extended family (grandparents, aunts, uncles, etc.)
   O Two adults with or without children living in the house
   O Two adults with extended family (grandparents, aunts, uncles, etc.) living in the house
   O Unrelated group of people (living in a group home, homeless shelter, jail, etc.)
   O Other (explain) __________________________________________________________

5. Describe the housing situation of your household: (fill in only one)
   O House or condo owned by household member(s)
   O Rent a house or apartment
   O Living in a group house or shelter
   O Living temporarily with friends or family
   O Living in a motel
   O Living on the street
   O Other (explain) __________________________________________________________

6. If you RENT, what type of housing contract do you have? (fill in all that apply)
   O Year-round lease O Rent Seasonally O Rent by the Month
   O Other (explain) __________________________________________________________

7. Including yourself, how many adults in your household are retired? (fill in all that apply)
   O All O None O 1 O 2 O 3 O 4 or more
Household Issues

Some of the following list of issues may have been a problem for you or someone else in your household. If a listed item has been a problem in your household over the past 12-months, please tell us if it has been a minor problem or a major problem.

(fill in only one circle on each line)

<table>
<thead>
<tr>
<th>Type of Problem</th>
<th>NOT a Problem</th>
<th>Minor Problem</th>
<th>Major Problem</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult substance abuse (alcohol, drugs, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>A lot of depression in the household</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Children or teenagers experiencing behavioral or emotional problems</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Discrimination (due to HIV, AIDS, TB, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Discrimination (due to race, age, language, sexual identity/orientation, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Experiencing an alcohol and/or drug problem</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Experiencing physical conflict in the household</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Finding time for exercise or to work out</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Finding time for friends, relatives, social activities</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Having a lot of anxiety or stress in household</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Inadequate opportunities to learn new skills or for advancement at work</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Inadequate time for recreation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Inadequate time to spend with child(ren)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Inadequate time to spend with spouse/partner</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Not being able to afford legal help</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Not being able to afford recreational activities</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Not being able to find or afford after-school child care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Not being able to find or afford child day care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Not enough room in your house for all the people who live there</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Not having enough money to pay for housing</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Not having enough money to pay the doctor, the dentist, or to buy prescription medications</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Paying for a mental health counselor</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Paying for or getting dental insurance</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Underage drinking</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Underage smoking or other tobacco use</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
Service Barriers

We are interested in learning about difficulties people have when they try to find help for their problems. If you or someone in your household has had difficulty when looking for help with any of the above problems in the past 12 months, please tell us how serious that difficulty was.

(fill in only one circle on each line)

<table>
<thead>
<tr>
<th>Type of Difficulty</th>
<th>NOT Serious</th>
<th>Moderately Serious</th>
<th>Very Serious</th>
<th>So Serious</th>
<th>Did NOT Get Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost of taking time away from work</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Could not afford fees or costs for services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Did not like the services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Services located too far away</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Had a bad experience in the past</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Hours of service were not convenient</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Lacked handicap access</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Lacked information on available services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Lack of information on where to go for services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Feared a bad experience</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Feelings of discrimination</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Service did not provide expected result</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Service(s) not accepting new patients/clients</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Unable to take time away from work to go to services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Was not eligible for help</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Worried about the quality of service</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
<tr>
<td>Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td></td>
</tr>
</tbody>
</table>

8. Including yourself, how many adults in your household are employed? (fill in one)
   O All       O None       O 1       O 2       O 3       O 4 or more

8a. Are any of these employed adults working, (fill in all that apply)
   O Full-Time-year round       O Part-Time-year round
   O Full-Time-seasonal         O Part-Time-seasonal
   O Full-Time plus Part-Time   O Two or more Part-Time jobs

9. If adult(s) living in your household are NOT working, are they, (fill in all that apply)
   O A homemaker       O Retired
   O A stay-at-home parent       O Unable to work (disabled, on medical leave, etc.)
   O In Job Training       O Unemployed, looking for work
   O In School or College       O Unemployed, NOT looking for work
   O Other (explain)
10. **Including yourself**, is any member of your household disabled or chronically ill?

- O No
- O Yes, disabled (explain?)_____________________________________________________
- O Yes, chronically ill (explain?)______________________________________________

11. What is the primary language spoken in your household?  
(fill in one)

- O English
- O French
- O Portuguese
- O Spanish
- O Other________________________

12. What is the primary race, national origin, and ethnicity of **you and members of your household**?  
(fill in all that apply)

- O American Indian or Alaska Native
- O Asian
- O Black or African American
- O Native Hawaiian or Other Pacific Islander
- O White
- O Brazilian
- O Cape Verdean
- O Haitian
- O Hispanic or Latino
- O Portuguese
- O Wampanoag
- O Other (explain)________________________

13. **Including yourself**, how many adults (age 18 years or older) in your household have reached the following educational levels:  
(write in number of adults)

- Still attending high school_____
- Left high school without diploma_____  
- High school diploma _____
- GED_____  
- Some college_____
- 2-year college degree_____  
- 4-year college degree_____  
- Graduate-level degree_____  

14. How many household members are currently covered by health insurance (including coverage by MassHealth, Medicare, and private health insurances):  
(complete both lines as needed)

- Number of Adults covered by health insurance is:______  
(write in number)
- Number of Children (age 17 and under) covered by health insurance is:______  
(write in number)

(including coverage by Children’s Medical Security Plan-CMSP)

15. If **you or members of your household** have health insurance coverage, how is it obtained?  
(fill in all that apply)

- O Insurance purchased directly from an insurance company (privately purchased)
- O State or federal program (such as MassHealth, Children’s Medical Security Plan, Healthy Start, Medicare, or Veteran’s Administration)
- O Through an employer’s health insurance plan
- O Other

(explain)________________________________________________________

15 a. Do any of these insurances provide for dental care coverage?

- O Yes
- O No
A. How many persons in your household receive public financial assistance such as; Temporary Aid To Dependent Children (TAFDC), Food Stamps, fuel assistance, Supplemental Security Income (SSI), SSDI, or housing vouchers? (fill in one)

- None
- 1
- 2
- 3
- 4
- 5
- 6
- 7+

B. Counting income from all sources (including earnings from jobs, pensions, unemployment compensation, public financial assistance, interest, etc.) and counting income from everyone in your household, what was the combined household income last year? (fill in only one)

- Less than $5,000
- $5,000 - $9,999
- $10,000 - $14,999
- $15,000 - $24,999
- $25,000 - $39,999
- $40,000 - $49,999
- $50,000 - $74,999
- $75,000 or above

YOUR COMMENTS, IDEAS, AND SUGGESTIONS:

If you could, what would you change about healthcare and human services on Cape Cod?

Please write in any other ideas or suggestions that you may have for improving the human condition of Cape Codders. (Use back of this sheet for any additional comments).

THANKS FOR ANSWERING THIS IMPORTANT HEALTHCARE AND HUMAN SERVICES SURVEY

INSTRUCTIONS:
Please fold your survey, place it in the postage paid, self-addressed envelope provided, and DROP IN ANY MAILBOX OR if survey not received by mail, return questionnaire to Survey Volunteer.
ANY ADDITIONAL COMMENTS?
BASIC HOUSEHOLD NEEDS . . . . . . . .

Employment, housing, and transportation are fundamental topics affecting everyone on Cape Cod. Please tell us about experiences with these everyday issues in your household.

EMPLOYMENT:

If you or other members of your household are working full-time, part-time, or seasonally, please tell us about the work situation.

16. Do any adult household members normally work: (fill in all that apply)
   - Evening shifts
   - Night shifts
   - On Weekends (Sat. or Sun.)

17. How many adults in your household are working more than one job? (count both full-time and part-time employment)
   - None
   - 1
   - 2
   - 3
   - 4 or more

18. Does any member of your household require childcare services in order to be available for employment?  Yes  No

HOUSING:

19. How much does your household pay for housing each month? (either rent or mortgage payment) (fill in only one)
   - Less than $300
   - $300-$399
   - $400-$599
   - $600-$799
   - $800-$999
   - $1,000-$1,199
   - $1,200-$1,399
   - $1,400-$1,599
   - $1,600-$1,799
   - $1,800 or more

20. Is your housing now in need of major repairs to make it truly habitable? (Is it sub-standard due to physical problems such as: heating, plumbing, lack of a kitchen sink, refrigerator, stove burners, etc?)
   - Yes
   - No

21. Have you or any member of your household been homeless for more than a day or two in the past 24-months?
   - Yes
   - No

21a. If YES, what were the major reasons for being without housing? (fill all that apply)
   - Conflict with other household members
   - Divorce or marital separation
   - Employment reasons (quit or lost job, seasonal work, employer moved/closed, etc.)
   - Eviction (for cause, lease expired, seasonal $ rent increase, etc.)
   - Mental health condition
   - Overcrowding (too many people in the house)
   - Unable to afford housing (couldn’t pay rent, mortgage, motel due to high cost)
   - Other

(explain)____________________________________________________________________
HOUSING . . . continued

22. How many times in the past 24 months has your household been forced to move due to seasonal increases in rent ($)? (fill in one)
   - O None
   - O 1
   - O 2
   - O 3
   - O 4 or more

23. How many times in the past 24 months have you or someone in your household received an emergency grant of money or had your rent or mortgage paid (even partially) with funds from a private charity (church group, etc.) (fill in one)
   - O None
   - O 1
   - O 2
   - O 3
   - O 4 or more

TRANSPORTATION:

24. How often do household members have the use of a working automobile or similar vehicle when they need it for travel on Cape Cod: (fill in one circle on each line)
   - Never
   - Seldom
   - Often
   - Always
   - To Work
   - To School or Job Training
   - To Healthcare/Social Services
   - To Shopping (food/clothes)

25. Does anyone in your household have a ride to/from work provided by their employer?
   - O Yes
   - O No
   - O Does not apply

26. In the past 7 days, estimate how many trips household members took on public transportation on Cape Cod. [count a round trip as TWO trips.] (fill in all that apply)

<table>
<thead>
<tr>
<th>Public Bus:</th>
<th>None</th>
<th>1-2</th>
<th>3-5</th>
<th>6-10</th>
<th>11 plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>b-bus</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Bonanza</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>H2O Line</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>P&amp;B (Plymouth/Brockton)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Sea Line</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Taxi cab</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Villager Line</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

27. In the past 30 days, has a lack of accessible public transportation been a hardship for any household member when they tried to travel somewhere on Cape Cod for:
   - O A job (fill in all that apply)
   - O School or job training (college, adult education, or GED classes, etc.)
   - O Medical or dental appointments, chiropractic care or other social services
   - O Pick up of prescription medicines
   - O Other reasons (write in)________________________________________________________________
CHILDREN (17 or Younger) IN YOUR HOUSEHOLD? TELL US ABOUT THEM . . .

*If NO CHILDREN Live With You Now – SKIP THIS SECTION - - - - - - - *

For a moment, let’s talk about just the **Youngest** and **Oldest** children (age 17 or younger) now living in your household. (if only one child, show him/her as the “Youngest”)

How old are they?  Youngest is: _____ years old  or _____ months old  
Oldest is:_____ years old  or _____ months old

Please tell us about these TWO children: (if young child, ANSWER only questions that apply)

<table>
<thead>
<tr>
<th></th>
<th>Youngest</th>
<th></th>
<th>Oldest</th>
<th></th>
<th>DOES NOT</th>
</tr>
</thead>
<tbody>
<tr>
<td>This school year, child is <em>enrolled in</em>:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Pre-Kindergarten or Kindergarten</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Elementary school</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Middle school</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- High school</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Accepts limits and consequences for breaking rules</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Almost always follows firm rules about TV watching</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Almost always has transportation to youth activities</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Almost always wears a seat belt while riding in your car</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>During working hours, is in daycare or after-school care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Eats dinner at home with family most nights</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gets regular, vigorous exercise (for at least 20 min. 3 days/wk)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has a chronic illness (asthma, diabetes, ADHD, depression, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has access to a computer at home</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has a disability (vision, hearing, physical, mental/emotional, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has a strictly enforced nighttime curfew</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has had training in conflict resolution or peer mediation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has participated in a youth club or similar group on a regular basis (Boys &amp; Girls Club, school newspaper, YMCA, Scouts, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has taken art or music lessons for more than 30-days</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has volunteered to help out in the community</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Healthcare is covered by Children’s Medical Security Plan (CMSP) or by MassHealth</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is covered by BOTH medical and dental care insurance</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Makes and keeps friends easily</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Often discusses homework or school issues with adults</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Often talks-out issues with parents/household members</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Participates frequently in team sports (playing or helping out)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Regularly eats three nutritious and balanced meals a day</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Seeks advice or help from trusted adults (teachers, parents)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Usually does required chores at home</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Visits doctor AND dentist regularly for health check-ups</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Works part-time to buy own things (stereo, clothes, etc )</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
16. Does any child in your household (age 17 or younger) arrive home from school to a house where NO ADULT is present?  
   - Yes
   - No

17. How often do you know what your children are doing when they are NOT under adult supervision?  
   (After school? “At the mall”? When just “hanging out” with friends? On Weekend Nights?)
   - Never
   - Sometimes
   - Often
   - Almost Always

And now for some pretty TOUGH questions . . . . (Answers Optional)

Now, let’s think about the children (age 17 and younger) now living in your household. If there is ANY child with any of the following difficulties, please say how often these statements apply.

(if only young children, please SKIP this section of questions)

<table>
<thead>
<tr>
<th>Type of Difficulty</th>
<th>DOES NOT OCCUR</th>
<th>SOMETIMES</th>
<th>OFTEN</th>
<th>NOT SURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acts disrespectfully toward others (adults, friends, peers, etc.) . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Acts stubbornly at home or in school . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Appears overly sad, discouraged, or depressed . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Attends an unsafe school . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Breaks nighttime curfew . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Doesn’t feel safe going to or from school . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Complains that he/she can’t talk to parent(s) . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cuts classes or skips school . . . . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Fights with or hurts a sibling or adult household member . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gets disciplined too harshly at school . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gets quite angry or upset . . . . . . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has problems in the neighborhood . . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>“Hangs out” with anti-social or delinquent friends or peers . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hangs with kids known to use drugs or drink alcohol . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Has friends who are gang members . . . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>In anger, hits or hurts a boyfriend, girlfriend, or another kid . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is overly impulsive or aggressive toward others . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is disobedient or defies adults . . . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is involved in physical fights at school or in neighborhood . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is late for school (oversleeps, misses bus, etc.) . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is misunderstood by his/her teachers or school officials . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is out of the house, with whereabouts unknown to adults . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Is sick or complains of being sick at school . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Says he/she dislikes the neighbors . . . . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Seems stressed out, nervous, or worried . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Skips dinner or other meals with family . . . . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Stays out all night without proper permission . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Tries to avoid authority figures (parents, teachers, police, etc.) . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Verbally abuses members of his/her household . . . . . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Yields to peer pressure rather than take adult advice . . . . . . . . . . . . . .</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
QUALITY OF LIFE IN YOUR HOUSEHOLD? TELL US ABOUT IT . . .

Disabilities and long-term illness can have a devastating impact on quality of life. A physical or mental impairment can substantially limit a person’s ability to perform major life activities. In this section, please tell us about any disabilities or chronic illness conditions that exist in your household.

16. Does any person in your household have any of the following long-lasting conditions? (fill in all that apply on each line)

<table>
<thead>
<tr>
<th>Condition</th>
<th>0-17 YRS</th>
<th>18-44 YRS</th>
<th>45-64 YRS</th>
<th>65+ YRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blindness, deafness, or a severe vision or hearing impairment</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A condition that really limits a basic physical activity such as walking, climbing stairs, reaching, lifting, or carrying</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17. Because of a physical, mental, or emotional condition lasting 6 months or more, do you or other members of your household have any difficulty in doing any of the following activities? (fill in all that apply on each line)

<table>
<thead>
<tr>
<th>Condition</th>
<th>0-17 YRS</th>
<th>18-44 YRS</th>
<th>45-64 YRS</th>
<th>65+ YRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Learning, remembering, or concentrating</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dressing, bathing, or getting around inside the home</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Going outside the home alone to shop or to visit a doctor’s office (if not a young child)</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working at a job or business (if not a young child)</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other difficulty (explain)</td>
<td>O</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. Because of a physical, mental, or emotional condition lasting 6 months or more, do you or any other adult in your household have difficulty performing any of the following everyday household activities? (fill in all that apply on each line)

<table>
<thead>
<tr>
<th>Activity</th>
<th>18-44 YRS</th>
<th>45-64 YRS</th>
<th>65+ YRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping track of money or bills</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparing meals</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doing light housework</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taking or dispensing prescription medicines correctly</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using a telephone</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using a computer or Internet appliance</td>
<td>O</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other difficulty (explain)</td>
<td>O</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
19. **Do you or any member of your household** have any of the following long-term illnesses:

(fill in all that apply on each line)

<table>
<thead>
<tr>
<th>Chronic Illness</th>
<th>Ages 0-17 YRS</th>
<th>Ages 18-44 YRS</th>
<th>Ages 45-64 YRS</th>
<th>Ages 65+ YRS</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Addiction to drugs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Alcoholism (chronic)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Anxiety disorder</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Asthma</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Breast cancer</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Depression (severe)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Diabetes</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lyme Disease</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Prostate cancer</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other __________________________</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

20. **Are you or is any member of your household** the PRIMARY caregiver for a disabled or chronically ill person?

O Yes                O No

21. Does the **primary care giver** also have a disability or long-term illness?

O Yes      O No

If YES, please explain____________________________________________________________

22. What part of care giving would you say causes the most problems?

- O Mental/emotional stress of care giving (constant responsibility, fear of accidents, etc.)
- O Stress of attending to needs both day and night (loss of sleep, etc.)
- O Strength/physical exertion required
- O Other (explain)_____________________________________________________________________________

23. How often do you think a caregiver needs respite for him/herself?

O Daily          O Weekly           O Every 2-weeks       O Monthly

24. What kind(s) of respite services would be helpful in your household?

- O Daytime or overnight relief
- O Periodic visiting nurse services
- O Visits by a social worker
- O Other (explain)_____________________________________________________________________________
LIFE LONG LEARNING . . . . .

Today, our learning never stops. Even as adults we often continue to add new tools to our skills toolbox. In this section, please tell us briefly about your household’s adult education and adult literacy experiences.

16. **Have you or anyone in your household ever taken advantage of any of the following adult education opportunities available here on Cape Cod?** (fill in all that apply)

- O Adult Basic Education classes (including GED preparation)
- O Citizenship classes
- O Community college degree programs
- O Community education classes at local high schools (e.g. arts/crafts, computers, woodworking, etc.)
- O English As a Second Language (ESL) classes
- O Individual tutoring
- O Parenting classes
- O Vocational or job training programs
- O Other (explain) ____________________________________________________________________

_________________________________________________________________

17. **If NOT, which of these classes would be helpful to you or a member of your household?** (fill in all that apply)

- O Adult Basic Education classes (including GED preparation)
- O Citizenship classes
- O Community college degree programs
- O Community education classes at local high schools (e.g. arts/crafts, computers, woodworking, etc.)
- O English As a Second Language (ESL) classes
- O Individual tutoring
- O Parenting classes
- O Vocational or job training programs
- O Other (explain) ____________________________________________________________________

_________________________________________________________________

18. **Do you or any adult in your household have an uncorrected eyesight or other vision problem that limits the ability to read the fine print in newspapers, magazines, and other documents?**

- O Yes  O No

19. **If YES, tell us how much difficulty that vision limitation causes in doing the following everyday things:** (fill in one on each line)

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Difficulty</th>
<th>Minor Difficulty</th>
<th>Moderate Difficulty</th>
<th>A Lot of Difficulty</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Keeping track of money or bills</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Preparing meals</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Doing light housework</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Taking prescription medicines correctly</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
### Vision Limitations—continued

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Difficulty</th>
<th>Minor Difficulty</th>
<th>Moderate Difficulty</th>
<th>A Lot of Difficulty</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Using the telephone</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Using a computer or internet appliance.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Voting in elections</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Other difficulty (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

---

20. **Does any member of your household have serious difficulty with reading or writing in English?**

- O No
- O Yes, Reading
- O Yes, Writing

20 a. **If YES, how well does that person read and write in English?**

- O Not at all
- O Somewhat
- O Fairly Well

21. **If you answered “Somewhat” above, tell us how much difficulty that person has in doing the following everyday things IN ENGLISH:** (fill in one on each line)

<table>
<thead>
<tr>
<th>Activity</th>
<th>No Difficulty</th>
<th>Minor Difficulty</th>
<th>Moderate Difficulty</th>
<th>A Lot of Difficulty</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Reading and understanding English:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bus schedules or street maps</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Hospital or emergency room forms and health insurance paperwork</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Instructions and safety rules at work</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Job ads in a newspaper</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Medicine bottle dosage instructions</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Weather reports</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>- Telephone book listings</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

| Writing in English well enough to:                                       |               |                  |                     |                     |          |
| - Balancing his/her own checkbook                                       | O             | O                | O                   | O                   | O        |
| - Complete a written job application                                    | O             | O                | O                   | O                   | O        |
| - Fill-out a weekly payroll form                                        | O             | O                | O                   | O                   | O        |
| - Leave a note for his/her job supervisor                               | O             | O                | O                   | O                   | O        |

| Working in English well enough to:                                       |               |                  |                     |                     |          |
| - Calculate the total cost of items purchased                           | O             | O                | O                   | O                   | O        |
| - Compare prices of store items                                         | O             | O                | O                   | O                   | O        |
| - Follow recipe measurements                                            | O             | O                | O                   | O                   | O        |
| - Make telephone calls from a payphone                                   | O             | O                | O                   | O                   | O        |
| - Tell time (hours/minutes)                                             | O             | O                | O                   | O                   | O        |
| - Operate a cash register or calculator                                 | O             | O                | O                   | O                   | O        |
Survey Research Description

TITLE OF SURVEY:
Survey of Key Informants on Cape Cod

TITLE OF FINDINGS REPORT:
http://www.bchumanservices.net/thc2001/thc2001resreports.html
http://www.bchumanservices.net/thc2001/thc2001resreports.html

UNIT OF SURVEY:
Individual

SAMPLE SIZE (N):
235

TARGET POPULATION:
All individuals with knowledge of the human environment of the permanent, year-round resident population of Barnstable County, MA (a.k.a. Cape Cod). These individuals include, but are not limited to, four broad categories of interest and expertise: business and professional leaders, charity and civic volunteers, government employees and officials, and health and human services professionals.

SAMPLING FRAME FOR RANDOM SAMPLE:
All persons, age 18 year and older thought to be knowledgeable of the human environment encountered by permanent, year-round residents of the fifteen towns of Barnstable County, MA. A list of names of individuals was drawn from multiple lists compiled by governmental agencies at the town and County level, health and human services volunteer and advocacy groups, and the Cape Cod business community.

SAMPLING/SURVEY DISTRIBUTION METHOD(S):
Random Sample: Mail distribution to 1,000 persons age 18 and older.

SURVEY QUESTIONNAIRE LANGUAGE(S):
English

DATA COLLECTION DATE(S):
October 2001 – November 2001

PURPOSE OF SURVEY:
To collect primary data relative to Key Informants’ perspectives on a broad range of Cape resident’s health and human services needs—studying unmet health and human services needs areas in depth and to collect interest/expertise data and other background information with which to profile survey respondents. The goal was to gain knowledge about the needs of the Cape Cod community through the eyes of individuals who work closely with Cape residents. The database of information collected is intended to be used over the next five years to guide strategies to design, develop, fund, and implement programs and services to alleviate human need and suffering here on Cape Cod.
BRIEF DESCRIPTION OF SURVEY:

Utilizing a research model developed for the United Way of America COMPASS needs assessment system, The Human Condition 2001 Key Informant Survey researchers have helped identify the basic health and human services needs of the approximately 200,000 residents of the fifteen towns of Barnstable County, MA (a.k.a. Cape Cod) and have provided information to decision-makers who plan health and other human services for the Cape Cod community. Emphasis was placed on surveying eight key topics concerning the human environment of the permanent, year-round resident population of Barnstable County including those residents thought to be under-served by existing health and human services and underrepresented in the decision-making process surrounding the provision of health and human services—groups such as the homeless, and linguistic, cultural, ethnic, and racial minorities. The eight topics studied were:

- Unmet basic subsistence service needs,
- Unmet healthcare service needs,
- Other unmet community service needs,
- Priorities of healthcare and human service need,
- Barriers to accessing needed human services,
- Identification of groups in need,
- Identification of overserved and underserved groups, and
- Resource allocation priorities.

Survey respondents were an excellent mix of business and professional leaders, charity and civic volunteers, government employees and officials, and health and human services professionals.
“The Human Condition 2001”
Improving the Human Environment on Cape Cod

October 29, 2001

Dear Key Informant,

We need your help and advice.

Health and human service issues continue to be areas of serious concern to Barnstable County citizens, public officials, and policy makers. To that end, Barnstable County Health and Human Services Advisory Council and the Barnstable County Department of Human Services are sponsoring a study to help identify service needs of Cape Codders. This new research, The Human Condition 2001 Project addresses areas such as affordable housing, healthcare, children and families, employment, violence, disabilities, education and literacy, public transit, and others, as components of the overall quality of life in our fifteen communities. This is the first major effort of its kind in over five years. This project updates the original Human Condition Study conducted in 1994/95 and complements our more recent Community Health Needs Assessment Project (CHNAP) research.

Our research guidelines define “Key Informants” as; business and professional leaders, government officials, human service professionals, and charity and civic leaders. As a member of this group of active and engaged community leaders, you have the unique opportunity to share your knowledge and experience, and to advise Cape agencies as well as town, County, and State officials in making important health and human service program and funding decisions. Won’t you please join with us in this all-important effort? Please participate by filling out the enclosed survey.

The Survey will take only a few moments to complete. Your participation will ensure that your voice is heard. Responses to the survey questions are completely anonymous (no one will be able to tell who filled out your survey) and all survey answers will be kept strictly confidential.

Please return your filled-out questionnaire in the enclosed, postage paid envelope by Tuesday, November 20, 2001

Thank you,

Peter Kirwin
Chair, Executive Committee,
Barnstable County Health and Human Services Advisory Council

Len Stewart
Director, Barnstable County Department of Human Services
SURVEY OF KEY INFORMANTS ON CAPE COD

INSTRUCTIONS:
Please answer every question by FILLING IN THE CIRCLE with a soft lead pencil. If you are unsure about how to answer a question, please give the best answer that you can.

Before answering the survey, please tell us a little about YOU.

1. I would describe my primary area(s) of expertise, experience, or interest as: (fill in all that apply)
   - Adolescent Services
   - Banking/Finance
   - Children's Services
   - Crime/Violence Prevention
   - Day Care
   - Discrimination
   - Disability Issues
   - Domestic Violence/Abuse
   - Education
   - Elder/Senior Services
   - Emergency Response
   - Employment/Training
   - Fire Protection
   - Gay/Lesbian Issues
   - HIV/AIDS
   - Housing
   - Hospital Services
   - Immunization
   - Legal Services
   - Medical/Healthcare
   - Mental Health
   - Minority/Ethnic Issues
   - Parenting
   - Policy/Planning
   - Public Assistance
   - Public Safety
   - Recreational Services
   - Substance Abuse
   - Tobacco Usage
   - Transportation
   - Women's Health

   Other (explain)__________________________

2. Unmet Needs

Keeping in mind both the need itself and the degree to which that need is being met, please indicate how serious you feel each unmet need for service is in Barnstable County (across all of Cape Cod).

A. Basic Subsistence Service Needs (Income Security, Employment, Housing, Transportation):

   (fill in only one circle in each row)

   Not Serious  |  Mildly Serious  |  Moderately Serious  |  Very Serious  |  No Opinion/Don't Know

A1. Budgeting or credit counseling..............................  O  O  O  O
A2. Clothing or furniture...........................................  O  O  O  O
A3. Employment counseling or placement..........................  O  O  O  O
A4. Employment training............................................  O  O  O  O
A5. English lang. training & English as Second Language....  O  O  O  O
A6. Financial assistance...........................................  O  O  O  O
A7. Fire and disaster relief.......................................  O  O  O  O
A8. Food...............................................................  O  O  O  O
A9. Homeless services...............................................  O  O  O  O
A10. Housing assistance (long-term)...............................  O  O  O  O
A11. Housing rehabilitation or repair...............................  O  O  O  O
A12. Public transportation for children to youth activities...  O  O  O  O
A13. Public transportation services in evening/night hours..  O  O  O  O
A14. Public transportation to medical appointments..........  O  O  O  O
A15. Public transportation to shopping, etc......................  O  O  O  O
A16. Public transportation to work/school: adults.............  O  O  O  O

1
### B. Healthcare Service Needs (Medical, Dental, Mental Health, Preventive):

(fill in only one circle in each row)

<table>
<thead>
<tr>
<th>Service</th>
<th>Not Serious</th>
<th>Mildly Serious</th>
<th>Moderately Serious</th>
<th>Very Serious</th>
<th>No Opinion/Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>A17. Short-term shelter</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>A18. Utility bill assistance</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>A19. Vocational rehabilitation for the disabled</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>A20. Other (explain)</td>
<td></td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B1. Adult day care for the mentally disabled</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B2. Adult day care for the physically disabled</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B3. Alcohol abuse prevention and outpatient treatment</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B4. Dental care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B5. Dental insurance</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B6. Depression screening</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B7. Drug abuse prevention and outpatient treatment</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B8. Drug and alcohol education for children/adolescents</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B9. Emergency health services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B10. Family planning</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B11. Health insurance: adults</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B12. Health insurance: children and adolescents</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B13. HIV/AIDS</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B14. Home healthcare (skilled)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B15. Immunization/vaccination</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B16. Infectious disease control</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B17. Inpatient treatment for alcohol abuse</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B18. Inpatient treatment for drug abuse</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B19. Long-term hospitalization or nursing home care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B20. Long-term hospitalization, residential care, group home, or nursing home care for mentally disabled</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B21. Outpatient medical care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B22. Outpatient mental health: adult</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B23. Outpatient mental health: child/adolescent</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B24. Outreach to Medicaid eligible persons</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B25. Rescue services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B26. Respite care for caregivers of the mentally disabled</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B27. Respite care for caregivers of the physically disabled</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B28. Sexually transmitted diseases</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B29. Short-term inpatient treatment for mental illness</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B30. Short-term inpatient treatment for physical illness</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B31. Teen pregnancy services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B32. Tobacco use prevention/treatment</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>B33. Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
C. Other Community Service Needs (Children/Youth/Family, Education, Elders, Public Safety):

(fill in only one circle in each row)

Not Serious  Mildly Serious  Moderately Serious  Very Serious  No Opinion/ Don't Know

C1. Adoption services...........................................  O  O  O  O  O
C2. Adult protection services................................  O  O  O  O  O
C3. After school care...........................................  O  O  O  O  O
C4. Child day care..............................................  O  O  O  O  O
C5. Community organizing.....................................  O  O  O  O  O
C6. Congregate or home-delivered meals.....................  O  O  O  O  O
C7. Consumer protection......................................  O  O  O  O  O
C8. Crime prevention.........................................  O  O  O  O  O
C9. Delinquency prevention or diversion.....................  O  O  O  O  O
C10. Domestic violence and abuse............................  O  O  O  O  O
C11. Discrimination assistance................................  O  O  O  O  O
C12. Family intervention services............................  O  O  O  O  O
C13. Foster care for children and adolescents.............  O  O  O  O  O
C14. Frail elderly services....................................  O  O  O  O  O
C15. Friendly visiting or telephone reassurance...........  O  O  O  O  O
C16. Homemaker or chore services...........................  O  O  O  O  O
C17. Incarceration/jail facilities............................  O  O  O  O  O
C18. Information and referral................................  O  O  O  O  O
C19. Interpretation and translation..........................  O  O  O  O  O
C20. Legal aid services......................................  O  O  O  O  O
C21. Literacy training and other educational programs.....  O  O  O  O  O
C22. Parenting education.....................................  O  O  O  O  O
C23. Planning and coordination of services..................  O  O  O  O  O
C24. Preteen/teenage-specific services......................  O  O  O  O  O
C25. Probation or parole services............................  O  O  O  O  O
C26. Protection services: children............................  O  O  O  O  O
C27. Protection services: elderly/disabled..................  O  O  O  O  O
C28. Recreational or cultural services.......................  O  O  O  O  O
C29. School violence prevention..............................  O  O  O  O  O
C30. Services to hearing- or vision-impaired persons.......  O  O  O  O  O
C31. Services to victims of rape and domestic assault......  O  O  O  O  O
C32. Sheltered workshops....................................  O  O  O  O  O
C33. Violence prevention......................................  O  O  O  O  O
C34. Youth centers/clubs.....................................  O  O  O  O  O
C35. Other (explain).........................................  O  O  O  O  O

3. Priorities

Which one of the unmet needs shown in sections A, B, and C above, do you believe is:

(write in the letter and number)  Ltr.  Num.  (. . for example: “A12”)

Most serious
Second most serious
Third most serious

Comments?
4. Barriers To Service

For each of the following barriers that might prevent people from using existing human services, please indicate your view of how serious this barrier is for people in Barnstable County.

(fill in only one circle in each row)

<table>
<thead>
<tr>
<th>Potential Barrier to Services</th>
<th>Not Serious</th>
<th>Mildly Serious</th>
<th>Moderately Serious</th>
<th>Very Serious</th>
<th>No Opinion/Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concern about confidentiality</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cost of services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Discrimination</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Eligibility restrictions</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Inconvenient hours or days</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Inconvenient locations</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lack of child care</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lack of handicap access</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lack of information on available services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Lack of transportation</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Language barriers</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>People's dislike of services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Perceptions concerning quality of services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Prior bad experience</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Quality of services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Reluctance to go outside family and friends for help</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Too anxious/stressed/depressed to seek services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Wait for services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

5. System-Wide Concerns

In your view, are there any system-wide concerns, which limit the impact of human services in Barnstable County? If so, please explain. (USE BACK OF LAST SHEET FOR ANY ADDITIONAL COMMENTS)

6. Groups In Need

How serious are the needs for services for the following Barnstable County groups?

(fill in only one circle in each row)

<table>
<thead>
<tr>
<th>Groups</th>
<th>Not Serious</th>
<th>Mildly Serious</th>
<th>Moderately Serious</th>
<th>Very Serious</th>
<th>No Opinion/ Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents/Teenagers</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Children/Infants</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Gay/Lesbian/Bisexual/Transgender persons</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Persons Living in Poverty (under 100% of poverty level)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Minorities (racial, ethnic/cultural, linguistic, immigrant, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Single parents</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Seniors/Elders</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>“Working Poor” (employed, but under 200% of poverty)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other Groups (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
7. Overserved or Underserved Groups
Do you believe that there are any groups, such as those listed above, that are overserved or underserved relative to their needs in Barnstable County? If so, please explain.

8. Resource Allocation
There will likely never be enough resources to meet all health and human service needs. Please comment as to how health and human service resources might be more effectively allocated in Barnstable County.

9. Comments
Do you have any other comments regarding unmet needs, service barriers, groups, needs of particular groups, or the allocation of health and human service resources in Barnstable County? (USE BACK OF THIS SHEET FOR ANY ADDITIONAL COMMENTS)

10. Please tell us a little more about YOU.
My vocation (or avocation) is in the following field: (fill in one category)

- **GOVERNMENT EMPLOYEE/OFFICIAL**
  - Appointed Official
  - Elected Official
  - Fire Chief
  - Municipal Dept. Head
  - Police Chief
  - School Superintendent
  - etc

- **HUMAN SERVICE PROFESSIONAL**
  - Agency Director
  - Agency Manager
  - Employment/Training
  - Director
  - Health Agent/Official
  - Housing Director
  - Mental Health Clinician
  - etc

- **BUSINESS OR PROFESSIONAL LEADER**
  - Architect
  - Banker
  - Business Owner/Executive/Manager
  - Dentist/Doctor
  - Lawyer
  - Labor Official
  - Media Executive
  - etc

- **CHARITY OR CIVIC VOLUNTEER**
  - Community Coalition Member
  - Environmental Board Member
  - Funding Official
  - Non-Profit Board Member
  - Town Volunteer
  - Village Assn. Officer
  - etc

PLEASE RETURN YOUR COMPLETED SURVEY IN THE SELF-ADDRESSED, BUSINESS REPLY ENVELOPE PROVIDED BY NOVEMBER 20, 2001. Thank You!
Any Additional Comments?
Survey Research Description

TITLE OF SURVEY: Cape Cod Household Transportation Survey


UNIT OF SURVEY: Household

SAMPLE SIZE (N): 407

TARGET POPULATION: All households in which permanent, year-round residents of Barnstable County, MA (a.k.a. Cape Cod) reside.

SAMPLING FRAME FOR RANDOM SAMPLE: All persons listed in the “white pages” of the 2000-2001 Bell Atlantic telephone book for Barnstable County, MA.

SAMPLING/SURVEY DISTRIBUTION METHOD(S): Structured Random Sample with Random Offset: Mail distribution of 550 questionnaires. Convenience Sample: In-field distribution of over 200 questionnaires. To persons age 18 years and older only.

SURVEY QUESTIONNAIRE LANGUAGE(S): English, French (for Haitian Creole-speakers), and Portuguese.

DATA COLLECTION DATE(S): November 2000

PURPOSE OF SURVEY: To collect primary data concerning current transportation habits of Cape Codders. The goal of this study was to determine the following: WHO uses WHICH modes of transportation on Cape: WHAT are the key destinations relating to: employment, adult education/college, healthcare services, food/clothes shopping, and accessing social services offices; WHEN these transportation services are usually used and needed; the extent of usage of existing “PUBLIC TRANSPORTATION” services such as transit buses and taxicabs; public PERCEPTIONS of the transit bus services and other existing modes of on-Cape transportation; and socio-demographic data with which to profile respondent households.

BRIEF DESCRIPTION OF SURVEY: Utilizing a community-based research model pioneered on Cape Cod with the Community Health Needs Assessment Project combined with more traditional survey-by-mail methods, researchers helped identify the basic transportation habits and perceptions of on-Cape transportation of the approximately 200,000 residents of the fifteen towns of Barnstable County, MA (a.k.a. Cape Cod) and provided information to decision-makers.
who plan both public and private transportation services for the Cape Cod community. Emphasis was placed on surveying all segments of the permanent, year-round resident population of Barnstable County including those thought to be under-served by existing transportation services and underrepresented in the decision-making process surrounding the provision of transportation services. Such population segments include; lower-income, minority, non-English-speaking, and working “poor” households. Community-based, in-field survey distribution methods and over-sampling were employed in an effort to reach such traditionally “unreachable” population segments. Survey respondents were a mix of both lower socio-economic status households and “majority” population—middle-age or older, middle-to-upper income, White, English-speaking households.
November 8, 2000

"Household Transportation Survey"

Dear Neighbor,

We need your help!

The Barnstable County Department of Human Services is conducting a survey to help identify the transportation habits of Cape Codders. This survey concerns how we get to our jobs, to schools and college classes, and to health care appointments and social service offices in our communities.

Answers to these survey questions will help inform public officials, citizens, transportation authorities, bus transit planners, and transportation professionals about the Cape's present and future needs for on-Cape private and public transportation.

Along with a few others across Cape Cod, your household has been randomly selected (from telephone lists) to participate in this important study. Since your household is one of only a very few sampled, your participation is critical to our research. Please participate by completing the enclosed questionnaire.

Your responses to the survey are completely anonymous (no one will be able to tell who filled out your survey) and all survey answers will be kept strictly confidential.

We ask that you support this important effort by taking 10 minutes to answer the following brief questions. Please return your filled-out survey in the enclosed stamped, self-addressed envelope by Monday, November 20th.

Thank you,

Warren K. Smith
Principal Investigator,
Cape Cod Household Transportation Study

Steve Brown
Community Coordinator,
Cape Cod Household Transportation Study
CAPE COD HOUSEHOLD TRANSPORTATION SURVEY

INSTRUCTIONS:
Please answer every question by FILLING IN THE CIRCLE with a soft lead pencil. If you are unsure about how to answer a question, please give the best answer that you can.

A. ABOUT YOUR HOUSEHOLD: ["the people you live with"]

1. Where do you live? (fill in one)
   - O Barnstable
   - O Bourne
   - O Brewster
   - O Chatham
   - O Dennis
   - O Eastham
   - O Falmouth
   - O Harwich
   - O Mashpee
   - O Orleans
   - O Provincetown
   - O Sandwich
   - O Wellfleet
   - O Yarmouth
   - O Hyannis
   - ZIP Code (write in)
   - Village? (optional)

2. Including yourself, how many persons live in your household? Count by age group: (fill in one circle per line)
   - Count of ages 0-5 years
   - Count of ages 6-12 years
   - Count of ages 13-17 years
   - Count of ages 18-64 years
   - Count of age 65 or older
   - O None
   - O 1
   - O 2
   - O 3 or more

3. How would you describe your household? (fill in all that apply)
   - O One adult living alone
   - O Single parent family
   - O Single parent with an extended family (grandparents, aunts, uncles, etc.) living in the house
   - O Two adults with or without children living in the house
   - O Two adults with an extended family (grandparents, aunts, uncles, etc.) living in the house
   - O Unrelated group of people (living in a group home, homeless shelter, jail, etc.)
   - O Other, please explain

4. Including yourself, how many adults in your household are retired?
   - O None
   - O 1
   - O 2
   - O 3
   - O 4 or more

5. Including yourself, is any member of your household disabled or chronically ill?
   - O No
   - O Yes, disabled (explain?)
   - O Yes, chronically ill (explain?)
   - Comments
6. What is the primary language spoken in your household? (fill in one)
   O English  O French  O Portuguese  O Spanish  O Other [Haitian Creole] (write in)

7. Including yourself, how many adults in your household are employed?
   O None  O 1  O 2  O 3  O 4 or more

8. Do any adults normally work evenings/night or on the weekends?  O Yes  O No
   If YES, write in their shift hours: Start:____ End:____, Start:____ End:____
   Weekend Shifts: Start:____ End:____, Start:____ End:____

9. Does any adult member of your household require childcare services in order to be able to work?  O Yes  O No

B. HOUSEHOLD TRANSPORTATION

10. Indicate the types of transportation household members usually use to get to the following Cape Cod destinations: (fill in any that apply)

<table>
<thead>
<tr>
<th>Transport Usually Used</th>
<th>To Jobs</th>
<th>To School/Job Training</th>
<th>To Healthcare/Social Services</th>
<th>To Shopping (Food/Clothes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycle</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Carpool or vanpool</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Council on Aging (COA) van</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Drive own car/light truck</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Ferry</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Get a ride with a relative, friend, or neighbor</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Hitchhike</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Motorcycle or moped</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Public bus (CCRTA, P&amp;B, Bonanza, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Private boat</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Shuttle provided by employer or provider</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Taxi</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Walk</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Volunteer driver</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

11. In the past 30 days, has a lack of accessible public transportation been a hardship for any household member when they tried to travel somewhere on Cape Cod for:
   (fill in any that apply)
   O A job
   O School or job training (college, adult education, or GED classes, etc.)
   O Medical or dental appointments, chiropractic care or other social services
   O Pick up of prescription medicines
   O Other reasons (write in)
12. To which of these on-Cape destinations did any member of your household travel in the past 30 days? [Include trips to work, to schools, healthcare appointments, food or clothes shopping] (fill in any that apply)

<table>
<thead>
<tr>
<th>On-Cape Destinations</th>
<th>To Jobs</th>
<th>To School/Job Training</th>
<th>To Healthcare/Social Services</th>
<th>To Shopping (Food/Clothes)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hyannis Destinations:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cape Cod Cm. College-Hyannis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cape Cod Hospital</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cape Cod Mall</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Downtown Hyannis</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Independence Park</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other Hyannis Locations (write in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Other Mid-Cape Destinations:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Barnstable County Court Houses</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Cape Cod Cm. College Campus</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Town centers (write in names of towns or villages)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other Mid-Cape Locations (write in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Lower/Outer-Cape Destinations:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ellen Jones Dental Center</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Long Pond Medical Center</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Orleans District Court House</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Outer-Cape Health Services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Town centers (write in names of towns or villages)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other Lower/Outer Cape Locations (write in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Falmouth Area Destinations:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Downtown Falmouth</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Falmouth District Court House</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Falmouth Free Clinic</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Falmouth Hospital</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Falmouth Mall</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other Falmouth Area Locations (write in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Upper-Cape Destinations:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mashpee Commons</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Spaulding Rehabilitation Hosp.</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Town centers (write in names of towns or villages)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other Upper-Cape Locations (write in)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
C. AUTOMOBILE TRANSPORTATION

13. How often do household members have the use of a working automobile or similar vehicle when they need it for travel on Cape Cod? (fill in one circle per line)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Seldom</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Work</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>To School or Job Training</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>To Healthcare/Social Services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>To Shopping (food/clothes)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Other</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

14. Who owns the vehicle most often used for these trips? (fill in one)

○ my household ○ a relative ○ a friend ○ a neighbor ○ other

D. PUBLIC TRANSPORTATION

15. Is there a public bus stop within walking distance (1/4 of mile) of your household?

○ Yes ○ No ○ I Don't Know

16. In the past 7 days, estimate how many trips household members took on public buses on Cape Cod. [count a round trip as TWO trips.] (fill in any that apply)

<table>
<thead>
<tr>
<th>Public Bus:</th>
<th>None</th>
<th>1-2</th>
<th>3-5</th>
<th>6-10</th>
<th>11 plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>b-bus</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Bonanza</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>H2O Line</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>P&amp;B (Plymouth/Brockton)</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Sea Line</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Villager Line</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

17. Does anything keep household members from taking public buses more often to work, to school or job training, or to healthcare appointments and social service offices? ○ Yes ○ No

If YES, what is it? (fill in any that apply)

○ There is no bus stop near my house
○ There is no bus stop near my destination

(write in names of destinations where bus stop is needed)

○ There is no bus service at times when I need it

(write in the times of day, days of week, or seasons of the year that service is needed)

○ Other (write in)
18. Thinking about getting around on Cape Cod using **EXISTING** transportation: Tell us what's RIGHT and what's WRONG: (fill in Right or Wrong, SKIP the item if you don’t know)

<table>
<thead>
<tr>
<th>What's RIGHT?</th>
<th>Transportation on Cape Cod</th>
<th>What's WRONG?</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>Affordable cars for low-income workers</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Agency vans (JTEC, Carriage House, etc.)</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Bike trails</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Bonanza Bus service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Bus fare prices</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Bus stops near job locations</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Bus stops near hospitals/emergency rooms</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Bus stops near doctors/dentists offices</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Bus stops near medical/dental clinics</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>b-bus service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Children's accommodations on buses</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Council on Aging (COA) vans</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Impaired drivers (aged, poor vision, etc.)</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Employer-provided vans (work shuttles)</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Handicapped access on public buses</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Hitchhiking</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Hours of weekday that public buses run</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>H2O Line bus service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Level of &quot;road rage&quot;</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Number of public bus trips per day</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Planned transportation “hub” (in Hyannis)</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Public transit bus routes</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Reliable public transit buses</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Rides from a friend, relative, or coworker</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Passenger capacity of public transit buses</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Predictable public bus arrival times</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Predictable travel times on transit buses</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>P &amp; B (Plymouth &amp; Brockton) Bus service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Public transit buses with evening runs</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Public transit buses with weekend runs</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Sea Line bus service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Seasonal traffic/congestion cycles</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Seasonal trolley service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Taxi cab service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Taxi fare prices</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Use of private automobiles</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Villager Line bus service</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Volunteer drivers</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>Other</td>
<td>O</td>
</tr>
</tbody>
</table>
E. MORE ABOUT YOUR HOUSEHOLD

19. What is the primary race, national origin, and ethnicity of you and members of your household?  (fill in all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Brazilian
- Cape Verdean
- Haitian
- Hispanic or Latino
- Portuguese
- Wampanoag
- Other (write in)

20. Counting income from all sources [including earnings from jobs, pensions, unemployment compensation, public financial assistance, etc.] and counting income from everyone in your household, what was your combined household income last year?

- Less than $5,000
- $5,000 - $9,999
- $10,000 - $14,999
- $15,000 - $24,999
- $25,000 - $31,999
- $32,000 - $49,999
- $50,000 - $74,999
- $75,000 or above

F. Please describe your household’s most serious on-Cape transportation problem or issue.

In your opinion, how could this problem best be solved or this issue properly addressed?

THANKS FOR TAKING TIME TO ANSWER THIS IMPORTANT COMMUNITY SURVEY

INSTRUCTIONS:
Please return your survey in the envelope provided. SURVEYS MUST BE RETURNED BY MONDAY, NOVEMBER 20th.
Survey Research Description

TITLE OF SURVEY:
Community Health Care Survey

TITLE OF FINDINGS REPORT:
Community Health Needs Assessment Project: The Under-Served of Cape Cod,

UNIT OF SURVEY:
Household

SAMPLE SIZE (N):
1,075

TARGET POPULATION:
All households in which permanent, year-round residents of Barnstable County, MA (a.k.a. Cape Cod) reside.

SAMPLING FRAME FOR RANDOM SAMPLE:
None

SAMPLING/SURVEY DISTRIBUTION METHOD(S):
Convenience Sample: In-field distribution. To persons age 18 years and older only.

SURVEY QUESTIONNAIRE LANGUAGE(S):
English, French (for Haitian Creole speakers), Portuguese, and Spanish

DATA COLLECTION DATE(S):
February 1998 – March 1998

PURPOSE OF SURVEY:
To collect primary data relative to the type and degree of seriousness of healthcare access issues of the permanent, year-round residents of Barnstable County, MA, and to collect socio-demographic data with which to profile respondent households.

BRIEF DESCRIPTION OF SURVEY:
Utilizing a community-based research model (a form of participatory or “action research”), the Community Health Needs Assessment Project (CHNAP) helped identify the healthcare access needs of the approximately 200,000 residents of the fifteen towns of Barnstable County, MA (a.k.a. Cape Cod) and provided information to decision-makers who plan medical, dental, mental health, and preventive medicine services for the Cape Cod community. Emphasis was placed on surveying those segments of the permanent, year-round resident population thought to be under-served by the healthcare system and underrepresented in the decision-making process surrounding the provision of healthcare services. These population segments include; lower-income, minority, non-English-speaking, and working “poor” households. Community-based, in-field survey distribution methods and over-sampling were employed in an effort to reach such traditionally “unreachable” population segments. Survey respondents tended to be from lower socio-economic status households.

CHNAP Survey 3/3/03
February 28, 1998

"Community Health Care Survey"

Dear Neighbor,

We need your help and advice.

The Cape Cod Community Health Needs Assessment Project* is conducting a survey to help identify the health care needs of people who live on Cape Cod and to plan improved medical, dental, mental health, and preventive medicine services for our communities.

Please help us with this effort by taking 10 minutes to answer the following questions. All of your answers will be kept confidential and no one will be able to tell who filled out the survey.

If you or someone from your household has already filled out this survey, please do not answer the questions again. Please give the survey back to the volunteer who gave it to you.

Thank you for your help.

[Signature]

Liz DiCarlo, RN, MPH
Project Coordinator,
Cape Cod Community Health Needs Assessment Project

* The Steering Committee of the Cape Cod Community Health Needs Assessment Project includes representatives of Barnstable County Department of Human Services, Cape Cod Child Development Programs, Cape Cod Healthcare, Falmouth Human Services, Hospice of Cape Cod, JRI Health, Massachusetts Department of Public Health, Massachusetts League of Community Health Centers, Health Care of Southeastern Mass., O'Neill Center/NOAH Shelter, Outer Cape Health Services, Provincetown AIDS Support Group, and the VNA of Cape Cod.
Community Health Care Survey

Instructions:
Please answer every question by FILLING IN THE CIRCLE with the pencil provided. If you are unsure about how to answer a question, please give the best answer that you can.

A. About Your Household: ["the people you live with"]

1. Where do you live? (fill in one)
   - [ ] O Bamstable
   - [ ] O Bourne
   - [ ] O Brewster
   - [ ] O Chatham
   - [ ] O Dennis
   - [ ] O Eastham
   - [ ] O Falmouth
   - [ ] O Harwich
   - [ ] O Mashpee
   - [ ] O Orleans
   - [ ] O Provincetown
   - [ ] O Sandwich
   - [ ] O Truro
   - [ ] O Wellfleet
   - [ ] O Yarmouth
   - [ ] O Hyannis

   ZIP Code ____________________
   (optional)

   Village? ____________________
   (optional)

2. How many persons, including yourself, live in your household?
   [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7 or more

3. How many children (age 17 or younger) live in your household?
   [ ] None  [ ] 1  [ ] 2  [ ] 3  [ ] 4  [ ] 5  [ ] 6  [ ] 7 or more

4. How many adults, including yourself, live in your household? (fill one per line)
   Of Ages 18-54 years ...... [ ] 1  [ ] 2  [ ] 3  [ ] 4 or more  [ ] None
   Of Ages 55-64 years ...... [ ] 1  [ ] 2  [ ] 3  [ ] 4 or more  [ ] None
   Of Ages 65 or older ....... [ ] 1  [ ] 2  [ ] 3  [ ] 4 or more  [ ] None

5. How would you describe your household? (fill in all that apply)
   [ ] One adult living alone
   [ ] Single parent family
   [ ] Single parent with an extended family (grandparents, aunts, uncles, etc.)
   [ ] Two married adults with or without children
   [ ] Two married adults with an extended family (grandparents, aunts, uncles, etc.)
   [ ] Two unmarried adults with or without children
   [ ] Other, please explain ____________________________________________
6. How would you describe the health of members of your household? (fill in all that apply)

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Health</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Spouse's/Partner's Health</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Children's Health</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Extended Family's Health</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other Household Members</td>
<td></td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

B. Your Current Use Of Health Care Services:

7. Where do you and members of your household usually go to get health care services? [includes: medical, dental, mental health, and preventive health care] (fill in all that apply)

To a:
- O Dentist
- O Doctor
- O Family Planning Clinic
- O Hospital Clinic (outpatient)
- O Hospital Emergency Room
- O Medical Clinic (not a hospital)
- O Midwife
- O Nurse Practitioner/Physician's Assistant
- O Therapist/Counselor
- O VA/Veteran's Clinic
- O Other (explain) ____________________________________________

- O I/we don't go

8. How do you and household members usually travel to get to health care services? [includes: medical, dental, mental health, and preventive health care] (fill in all that apply)

- O By ambulance
- O By taxi
- O In friend or relative's car
- O In your own car
- O On foot or bicycle
- O On public transportation [B-bus, etc.]
- O With a volunteer driver
- O Other (explain) ____________________________________________

9. How many times during the past year have you or any household member used a hospital emergency room?

- O None-did not use
- O 1–2 times
- O 3–5 times
- O 6 or more times
9a. If a hospital emergency room was used in past year, what were the reasons for going to the emergency room? (fill in all that apply)

- Accident or injury
- Couldn't afford to pay for services
- Doctor’s office or clinic closed [after hours]
- Did not know where else to go
- Have no health insurance
- Have no regular doctor or clinic
- Serious illness
- Other (explain) ____________________________

C. Paying For Your Health Care Services:

10. During the past year, has paying health care-related expenses been:
    [includes: medical, dental, mental health, and preventive health care services]

- very easy
- easy
- a little difficult
- very difficult
- so difficult did not get care

11. Approximately how much has your household paid out-of-pocket for health care expenses in the past year? [For medical, dental, mental health, and preventive health care]

- $0
- Up to $250
- $250-$499
- $500-$999
- $1000 or more

12. What types of health insurance/coverage do adults and children in your household have? (fill in all that apply)

<table>
<thead>
<tr>
<th>Your Coverage</th>
<th>Dental</th>
<th>Medical</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse's/Partner's Coverage</td>
<td>O</td>
<td>O</td>
<td>O ____________________________</td>
</tr>
<tr>
<td>Children's Coverage</td>
<td>O</td>
<td>O</td>
<td>O ____________________________</td>
</tr>
<tr>
<td>Extended Family's Coverage</td>
<td>O</td>
<td>O</td>
<td>O ____________________________</td>
</tr>
<tr>
<td>Others Household Members</td>
<td>O</td>
<td>O</td>
<td>O ____________________________</td>
</tr>
</tbody>
</table>

12a. If you or members of your household have health insurance coverage, how is it obtained? (fill in all that apply)

- Insurance purchased directly from an insurance company
- State or Federal program  
  [such as Children’s Medical Security Plan, Healthy Start, MassHealth, or VA]
- Through an employer’s insurance plan
- Other (explain) ____________________________
13. During the past year, was there a time when you or any household member were without health insurance?  
   O Yes   O No

13a. If YES, what were the reasons for being without health insurance?  
   (fill in all that apply)  
   O Application turned down due to illness or bad health  
   O Costs too much  
   O Employment issues [changed job, not yet eligible, self-employed, etc.]  
   O Health Insurance not needed/desired  
   O Immigration status  
   O Insurance not offered by employer  
   O Unemployed  
   O Other (explain) ____________________________

13b. If someone was without health insurance, for how long?  
   (fill in one)  
   O Less than one month  O 1-3 months  O More than 3 months  O Never had insurance

14. If your household had the opportunity for adequate, low-cost health insurance, what would you be willing to pay for it each month?  
   [including: medical, dental, mental health, and preventive health care coverage]  
   O Can’t afford it at any price  O Up to $25  O $25-$49  O $50-$74  O $75 or more

15. Where do you get advice or information about available health care services?  
   (fill in all that apply)  
   O Books, magazines, newspapers, Radio/TV  
   O Family or friends  
   O Health care professional [doctor, nurse, dentist, therapist, pharmacist, etc.]  
   O Religious/spiritual advisor  
   O Social service agency or aid office  
   O Telephone “hot” line [United Way Infoline, Cape Med Sources, etc.]  
   O Other (explain) ____________________________

16. In the past year, has any health care professional told you about other health care services that could help you?  
   O Yes   O No   O Does not apply/not needed
D. Household Topics:

This section lists some topics that could have been a problem for you or someone in your household over the past year. If a topic has been a problem in your household, please state if it has been a **minor** problem or a **major** problem.

(fill in one circle on each line)

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not a Problem</th>
<th>Minor Problem</th>
<th>Major Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Children or teenagers with behavioral or emotional problems</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Discrimination due to sexual identity</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Discrimination (age, language, race, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>d. HIV/AIDS</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>e. Paying for a dentist</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>f. Paying for a doctor</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>g. Paying for a mental health counselor</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>h. Paying for or getting dental insurance</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>i. Paying for or getting medical insurance</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>j. Paying for prescription medicines</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>k. Physical conflict in the household</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>l. Seeing a chiropractor</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>m. Seeing a midwife or nurse practitioner for prenatal care</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>n. Sexually transmitted diseases</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>o. Smoking or second-hand smoke</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>p. Use of alcohol</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>q. Use of drugs</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>r. Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

E. More About Your Household:  ["the people you live with"]

17. **Describe the housing situation of your household?**  (fill in one)
   - Living in a group house or shelter
   - Living in a motel
   - Living on the street
   - Living temporarily with friends/family
   - Own house
   - Rent a house/apartment
   - Other (explain) ____________________________
18. *Including yourself*, how many adults in your household are employed?

- O None
- O 1
- O 2
- O 3
- O 4 or more

18a. Are any of these employed adults working? (fill in all that apply)

- O Full-Time-year round
- O Full-Time-seasonal
- O Full-Time plus Part-Time
- O Other (explain) ____________________________
- O Part-Time-year round
- O Part-Time-seasonal
- O Two or more Part-Time jobs

19. What is the primary language spoken in your household?

- O English
- O French
- O Portuguese
- O Spanish
- O Other (explain) ____________________________
  [Haitian Creole]

19a. If the primary language spoken in your household is **not** English, do you or another adult member of the household read, understand, and speak English?

- O Yes
- O No

20. What is the primary race, national origin, and ethnicity of you and members of your household? (fill in all that apply)

- O American Indian or Alaska Native
- O Asian
- O Black or African American
- O Native Hawaiian or Other Pacific Islander
- O White
- O Brazilian
- O Cape Verdean
- O Haitian
- O Hispanic or Latino
- O Portuguese
- O Wampanoag
- O Other (explain) ____________________________

21. *Including yourself*, is any member of your household a U.S. military veteran?

- O Yes
- O No
22. Counting income from all sources [including earnings from jobs, pensions, unemployment compensation, public financial assistance, etc.] and counting income from everyone in your household, what was your combined household income last year?

(fill in one)

- Less than $5,000
- $5,000 - $9,999
- $10,000 - $14,999
- $15,000 - $24,999
- $25,000 - $31,999
- $32,000 - $49,999
- $50,000 - $74,999
- $75,000 or above

F. Your Experiences In Getting Health Care Services:

In using health care services on Cape Cod, have you or someone in your household had difficulty in getting services? If YES, tell us how serious the difficulty was.

(fill in one circle on each line)

<table>
<thead>
<tr>
<th>Difficulty</th>
<th>No Difficulty Or Not Serious</th>
<th>Moderately Serious</th>
<th>Very Serious</th>
<th>So Serious Did Not Get Service</th>
</tr>
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<tbody>
<tr>
<td>a. Cost of health care services ..................</td>
<td>O</td>
<td>O</td>
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<td>O</td>
<td>O</td>
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<tr>
<td>o. Transportation to health care services .......</td>
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<td>O</td>
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<tr>
<td>p. Unable to take time away from work ........</td>
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<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>q. Other (explain) ________________________</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
23. (Optional) Does anyone in your household identify themselves as gay, lesbian, bisexual, or transgendered?

   O Yes       O No

G. About You:

24. What is your age group?

   In Years:
   O 18-24   O 25-34   O 35-44   O 45-54   O 55-59   O 60-64   O 65-74   O 75 or older

25. What is your gender?

   O Female   O Male

H Your Suggestions:

   If you could, what would you change about health care on Cape Cod?

THANKS FOR TAKING TIME TO ANSWER THIS IMPORTANT HEALTH CARE SURVEY

INSTRUCTIONS:
Please place survey in the envelope provided, seal the flap, and give the envelope to your volunteer.
Survey Research Description

TITLE OF SURVEY:
Community Health Care Survey

TITLE OF FINDINGS REPORT:
http://www.bchumanservices.net/

UNIT OF SURVEY:
Household

SAMPLE SIZE (N):
131

TARGET POPULATION:
All households in which permanent, year-round residents of Barnstable County, MA
(a.k.a. Cape Cod) reside.

SAMPLING FRAME FOR RANDOM SAMPLE:
All persons listed in the Cape Cod Area Residence listings (“white pages”) of the
1998-1999 Bell Atlantic telephone book for Barnstable County, MA.

SAMPLING/SURVEY DISTRIBUTION METHOD(S):
Structured Random Sample with Random Offset: Mail distribution

SURVEY QUESTIONNAIRE LANGUAGE(S):
English

DATA COLLECTION DATE(S):
November 1998

PURPOSE OF SURVEY:
To collect primary data relative to the type and degree of seriousness of healthcare
access issues of the permanent, year-round residents of Barnstable County, MA,
and to collect socio-demographic data with which to profile respondent households.

BRIEF DESCRIPTION OF SURVEY:
Utilizing traditional survey-by-mail methods, the 1998 Benchmark Healthcare Access
Study helped identify the health care access needs of the approximately 200,000
residents of the fifteen towns of Barnstable County, MA (a.k.a. Cape Cod) and provided
information to decision-makers who plan medical, dental, mental health, and preventive
medicine services for the Cape Cod community. Emphasis was placed on surveying
those segments of the permanent, year-round resident population thought to be the
“majority” population—middle-age or older, middle-to-upper income, White, English-
speaking residents. Survey respondents tended to match the profile of this defined
“majority” population.

Note: The Benchmark Survey utilized exactly the same survey instrument as did the
Community Health Needs Assessment Project (CHNAP) survey.
November 4, 1998

“Community Health Care Survey”

Dear Neighbor,

We need your help!

The Barnstable County Department of Human Services is conducting a survey to help identify the health care needs of Cape Codders. This survey concerns medical care, dental care, mental health care, and preventive health care services in our communities.

Answers to these survey questions will help inform public officials, hospital administrators, and other health care professionals about the Cape’s present and future needs for health care services.

Along with a few others across Cape Cod, your household has been randomly selected (from telephone lists) to participate in this important study. Since your household is one of only a very few sampled, your participation is critical to our research.

Please participate by completing the enclosed questionnaire.

Your responses to the survey are completely anonymous (no one will be able to tell who filled out your survey) and all survey answers will be kept strictly confidential.

Won’t you please support this important effort by taking 10 minutes to answer the following brief questions? Please return your filled-out survey in the enclosed stamped, self-addressed envelope by Monday, November 16th.

Thank you,

Warren K. Smith
Data Analyst, Community Health Care Survey
Barnstable County Dept. of Human Services
Community Health Care Survey

Instructions:
Please answer every question by FILLING IN THE CIRCLE with a soft lead pencil. If you are unsure about how to answer a question, please give the best answer that you can.

A. About Your Household: ["the people you live with"]
1. Where do you live? (fill in one)
   - O Barnstable
   - O Bourne
   - O Brewster
   - O Chatham
   - O Dennis
   - O Eastham
   - O Falmouth
   - O Harwich
   - O Mashpee
   - O Orleans
   - O Provincetown
   - O Sandwich
   - O Truro
   - O Wellfleet
   - O Yarmouth

ZIP Code ____________________ (optional)
Village? _____________________ (optional)

2. How many persons, including yourself, live in your household?
   - O 1
   - O 2
   - O 3
   - O 4
   - O 5
   - O 6
   - O 7 or more

3. How many children (age 17 or younger) live in your household?
   - O None
   - O 1
   - O 2
   - O 3
   - O 4
   - O 5
   - O 6
   - O 7 or more

4. How many adults, including yourself, live in your household? (fill one per line)
   - Of Ages 18-54 years ...... O 1
   - Of Ages 18-54 years ...... O 2
   - Of Ages 18-54 years ...... O 3
   - Of Ages 18-54 years ...... O 4 or more
   - O None
   - Of Ages 55-64 years ...... O 1
   - Of Ages 55-64 years ...... O 2
   - Of Ages 55-64 years ...... O 3
   - Of Ages 55-64 years ...... O 4 or more
   - O None
   - Of Ages 65 or older ........ O 1
   - Of Ages 65 or older ........ O 2
   - Of Ages 65 or older ........ O 3
   - Of Ages 65 or older ........ O 4 or more
   - O None

5. How would you describe your household? (fill in all that apply)
   - O One adult living alone
   - O Single parent family
   - O Single parent with an extended family (grandparents, aunts, uncles, etc.)
   - O Two married adults with or without children
   - O Two married adults with an extended family (grandparents, aunts, uncles, etc.)
   - O Two un married adults with or without children
   - O Other, please explain ________________________________________________________
6. How would you describe the health of members of your household?  
(fill in all that apply)  

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Health</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Spouse’s/Partner’s Health</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Children’s Health</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Extended Family’s Health</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Other Household Members</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

B. Your Current Use Of Health Care Services:

7. Where do you and members of your household usually go to get health care services?  
[includes: medical, dental, mental health, and preventive health care]  
(fill in all that apply)  

To a:  
O Dentist  
O Doctor  
O Family Planning Clinic  
O Hospital Clinic (outpatient)  
O Hospital Emergency Room  
O Medical Clinic (not a hospital)  
O Midwife  
O Nurse Practitioner/Physician’s Assistant  
O Therapist/Counselor  
O VA/Veteran’s Clinic  
O Other (explain) ________________________________

O I/we don’t go

8. How do you and household members usually travel to get to health care services?  
[includes: medical, dental, mental health, and preventive health care]  
(fill in all that apply)  

O By ambulance  
O By taxi  
O In friend or relative’s car  
O In your own car  
O On foot or bicycle  
O On public transportation [B-bus, etc.]  
O With a volunteer driver  
O Other (explain) ________________________________

9. How many times during the past year have you or any household member used a hospital emergency room?  

O None-did not use  
O 1–2 times  
O 3–5 times  
O 6 or more times

Revision B – 3/4/03
9a. If a hospital emergency room was used in past year, what were the reasons for going to the emergency room? (fill in all that apply)

- Accident or injury
- Couldn’t afford to pay for services
- Doctor’s office or clinic closed [after hours]
- Did not know where else to go
- Have no health insurance
- Have no regular doctor or clinic
- Serious illness
- Other (explain) ___________________________________________________

C. Paying For Your Health Care Services:

10. During the past year, has paying health care-related expenses been: [includes: medical, dental, mental health, and preventive health care services]

- very easy
- easy
- a little difficult
- very difficult
- so difficult did not get care

11. Approximately how much has your household paid out-of-pocket for health care expenses in the past year? [For medical, dental, mental health, and preventive health care]

- $0
- Up to $250
- $250-$499
- $500-$999
- $1000 or more

12. What types of health insurance/coverage do adults and children in your household have? (fill in all that apply)  

<table>
<thead>
<tr>
<th>Dental</th>
<th>Medical</th>
<th>Other (explain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Coverage.......................... O</td>
<td>O</td>
<td>O ______________________</td>
</tr>
<tr>
<td>Spouse’s/Partner’s Coverage.... O</td>
<td>O</td>
<td>O ______________________</td>
</tr>
<tr>
<td>Children’s Coverage............ O</td>
<td>O</td>
<td>O ______________________</td>
</tr>
<tr>
<td>Extended Family’s Coverage .... O</td>
<td>O</td>
<td>O ______________________</td>
</tr>
<tr>
<td>Others Household Members ..... O</td>
<td>O</td>
<td>O ______________________</td>
</tr>
</tbody>
</table>

12a. If you or members of your household have health insurance coverage, how is it obtained? (fill in all that apply)  

- Insurance purchased directly from an insurance company
- State or Federal program [such as Children’s Medical Security Plan, Healthy Start, MassHealth, or VA]
- Through an employer’s insurance plan
- Other (explain) ___________________________________________________
13. During the past year, was there a time when you or any household member were **without** health insurance?  
   O Yes  O No

13a. If YES, what were the reasons for being without health insurance?  
   (fill in all that apply)  
   O Application turned down due to illness or bad health  
   O Costs too much  
   O Employment issues [changed job, not yet eligible, self-employed, etc.]  
   O Health Insurance not needed/wanted  
   O Immigration status  
   O Insurance not offered by employer  
   O Unemployed  
   O Other (explain) _________________________________________________________

13b. If someone was without health insurance, for how long?  
   (fill in one)  
   O Less than one month  O 1-3 months  O More than 3 months  O Never had insurance

14. If your household had the opportunity for adequate, low-cost health insurance, what would you be willing to pay for it each month?  
   [including: medical, dental, mental health, and preventive health care coverage]  
   O Can’t afford it at any price  O Up to $25  O $25-$49  O $50-$74  O $75 or more

15. Where do you get advice or information about available health care services?  
   (fill in all that apply)  
   O Books, magazines, newspapers, Radio/TV  
   O Family or friends  
   O Health care professional [doctor, nurse, dentist, therapist, pharmacist, etc.]  
   O Religious/spiritual advisor  
   O Social service agency or aid office  
   O Telephone “hot” line [United Way Infoline, Cape Med Sources, etc.]  
   O Other (explain) _________________________________________________________

16. In the past year, has any health care professional told you about other health care services that could help you?  
   O Yes  O No  O Does not apply/not needed
D. Household Topics:

This section lists some topics that could have been a problem for you or someone in your household over the past year. If a topic has been a problem in your household, please state if it has been a **minor** problem or a **major** problem.

*(fill in one circle on each line)*

<table>
<thead>
<tr>
<th>Topic</th>
<th>Not a Problem</th>
<th>Minor Problem</th>
<th>Major Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Children or teenagers with behavioral or emotional problems</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>b. Discrimination due to sexual identity</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>c. Discrimination (age, language, race, etc.)</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>d. HIV/AIDS</td>
<td>O</td>
<td>O</td>
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<tr>
<td>e. Paying for a dentist</td>
<td>O</td>
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<tr>
<td>f. Paying for a doctor</td>
<td>O</td>
<td>O</td>
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<tr>
<td>g. Paying for a mental health counselor</td>
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<tr>
<td>h. Paying for or getting dental insurance</td>
<td>O</td>
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<td>O</td>
</tr>
<tr>
<td>i. Paying for or getting medical insurance</td>
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<td>O</td>
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<tr>
<td>j. Paying for prescription medicines</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>k. Physical conflict in the household</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>l. Seeing a chiropractor</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>m. Seeing a midwife or nurse practitioner for prenatal care</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>n. Sexually transmitted diseases</td>
<td>O</td>
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<td>O</td>
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<tr>
<td>o. Smoking or second-hand smoke</td>
<td>O</td>
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<tr>
<td>p. Use of alcohol</td>
<td>O</td>
<td>O</td>
<td>O</td>
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<tr>
<td>q. Use of drugs</td>
<td>O</td>
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<tr>
<td>r. Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
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</table>

E. More About Your Household:  "the people you live with"

17. Describe the housing situation of your household? *(fill in one)*

- O Living in a group house or shelter
- O Living in a motel
- O Living on the street
- O Living temporarily with friends/family
- O Own house
- O Rent a house/apartment
- O Other (explain) ____________________________

Revision B – 3/4/03
18. Including yourself, how many adults in your household are employed?
   O None  O 1  O 2  O 3  O 4 or more

18a. Are any of these employed adults working:  (fill in all that apply)
   O Full-Time-year round  O Part-Time-year round
   O Full-Time-seasonal  O Part-Time-seasonal
   O Full-Time plus Part-Time  O Two or more Part-Time jobs
   O Other (explain) ________________________________

19. What is the primary language spoken in your household?
   O English  O French  O Portuguese  O Spanish  O Other __________________
   [Haitian Creole]  O Other (explain) __________________

19a. If the primary language spoken in your household is not English, do you or another adult member of the household read, understand, and speak English?
   O Yes  O No

20. What is the primary race, national origin, and ethnicity of you and members of your household?  (fill in all that apply)
   O American Indian or Alaska Native  O Brazilian  O Other (explain) ___________
   O Asian  O Cape Verdean  O _________________________
   O Black or African American  O Haitian  O _________________________
   O Native Hawaiian or Other Pacific Islander  O Hispanic or Latino _________________________
   O White  O Portuguese  O _________________________
   O Wampanoag

21. Including yourself, is any member of your household a U.S. military veteran?
   O Yes  O No
22. Counting income from all sources [including earnings from jobs, pensions, unemployment compensation, public financial assistance, etc.] and counting income from everyone in your household, what was your combined household income last year?

(fill in one)

- Less than $5,000
- $5,000 - $9,999
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In using health care services on Cape Cod, have you or someone in your household had difficulty in getting services? If YES, tell us how serious the difficulty was.

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<td>O</td>
</tr>
<tr>
<td>o. Transportation to health care services</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>p. Unable to take time away from work</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>q. Other (explain)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
23. (Optional) Does anyone in your household identify themselves as gay, lesbian, bisexual, or transgendered?

O Yes  O No

G. About You:

24. What is your age group?

In Years:
O 18-24  O 25-34  O 35-44  O 45-54  O 55-59  O 60-64  O 65-74  O 75 or older

25. What is your gender?

O Female  O Male

H. Your Suggestions:

If you could, what would you change about health care on Cape Cod?

THANKS FOR TAKING TIME TO ANSWER THIS IMPORTANT HEALTH CARE SURVEY

INSTRUCTIONS:
Please return your survey in the stamped, self-addressed, envelope provided. SURVEYS MUST BE RETURN BY MONDAY NOVEMBER 16th.