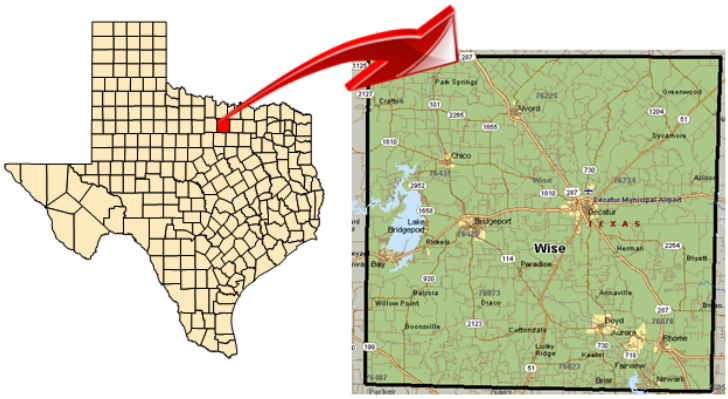
Wise County Health Assessment 2010:

Appendices and Supporting Documents



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Wise County Health Forum Membership List

Acknowledgements

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Comparative Detailed Reports

Excel File available from Wise County United Way

Wise County Health Forum Membership List

Acknowledgements

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Barbara Loe	Community representative	
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Judy McAnally	Outreach Coordinator	Moncrief Cancer Institute
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Sean Gipson	CEO	Sleep Specialists
Serene Smith	Manager	IntegraCare Hospice
Shay Hooten	Marketing	Medcare Medical Supply
Shelly Laaser	Director of Nutrition	North Texas Community Hospital
Sherry Anderson	Marketing	Home Health Care of NCT
Sheryl White	Counselor	STAR Council on Substance Abuse
Shiflet, Martha	Public Health Improvement	Texas Dept. of State Health Services
Stacey Hayhurst	Behavioral Health	Wise Regional Health System
Steve Summers	CEO	Wise Regional Health System
Tami Finley	Behavioral Health	Wise Regional Health System
Tanya Davis	Extension Agent	Texas AgriLife Extension
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Tom Stone	Reporter	The Bridgeport Index
Toni Schmalzried	Sales representative	Healthline Medical
Tonya Hull	Sales representative	1st Texas Home Health
Nick Bangan	Office Manager	TriCare Dental

Letters of Support for the Community Health Center Application

Organization	Representative
United Way of Wise County	Martin B. Woodruff, Executive Dir.
Signet Health (Behavioral Health)	Melanie Whitttle, Program Dir.
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Wise Regional Health System	Stephen M. Summers, CEO
County of Wise	Bill McElhaney, County Judge
Chico ISD	Pamela Martin, District Nurse
Chico ISD	Mike Jones, CISD Superintendent
Chico ISD	Maury Martin, Middle School Principal
	Belinda Boyers
	Angela Heghes
	Pricilla Lopez

Survey Supporting Documents and Tabulations

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Behavioral Risk Factor Surveillance System

Texas BRFSS 2009

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General Health Fair to Poor

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	430,178	16.1	15.9	16.3
Texas	11,558	16.0	14.9	17.1
Gender				
Male	4,154	13.8	12.1	15.6
Female	7,404	18.1	16.8	19.5
Race/Ethnicity				
White	7,501	12.7	11.6	13.9
Black	878	19.1	15.8	22.9
Hispanic	2,671	21.1	18.6	23.8
Age Group				
18-29 Years	836	11.2	8.1	15.3
30-44 Years	2,468	10.8	9.1	12.7
45-64 Years	4,740	19.1	17.5	20.8
65+ Years	3,426	28.2	25.9	30.7

Education				
No High School Diploma	1,445	33.2	29.1	37.6
H. S. Graduate	2,894	20.8	18.4	23.5
Some College	2,946	14.1	12.3	16.1
College +	4,239	6.9	5.8	8.1
Income				
Less Than $25,000	2,964	28.5	25.6	31.5
$25,000 thru $49,999	2,443	17.2	14.7	19.9
$50,000 or more	4,602	6.2	5.2	7.3

Five or more days of Poor Physical Health

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	423,922	19.0	18.7	19.2
Texas	11,295	17.9	16.7	19.1
Gender				
Male	4,070	14.2	12.5	16.1

Female	7,225	21.4	19.9	23.0
Race/Ethnicity				
White	7,363	17.4	16.1	18.9
Black	853	20.1	16.6	24.1
Hispanic	2,580	18.3	15.9	21.0
Age Group				
18-29 Years	825	13.2	10.0	17.1
30-44 Years	2,432	13.4	11.5	15.5
45-64 Years	4,670	21.5	19.8	23.4
65+ Years	3,282	27.1	24.7	29.7
Education				
No High School Diploma	1,356	27.0	23.0	31.4
H. S. Graduate	2,806	21.3	18.9	24.0
Some College	2,900	18.3	16.1	20.6
College +	4,202	11.8	10.4	13.5
Income				
Less Than $25,000	2,856	27.4	24.5	30.4
$25,000 thru $49,999	2,390	19.0	16.4	22.0

$50,000 or more	4,576	11.1	9.8	12.6

Five or more days of Poor Mental Health

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	425,718	19.7	19.5	20.0
Texas	11,381	19.9	18.5	21.4
Gender				
Male	4,090	16.7	14.4	19.3
Female	7,291	23.0	21.4	24.7
Race/Ethnicity				
White	7,407	17.3	15.8	18.9
Black	860	22.3	18.3	27.0
Hispanic	2,616	22.9	20.1	26.0
Age Group				
18-29 Years	831	26.6	22.2	31.6
30-44 Years	2,439	21.8	19.1	24.7

45-64 Years	4,670	18.5	16.9	20.2
65+ Years	3,352	10.4	9.1	12.0
Education				
No High School Diploma	1,396	29.0	24.6	33.8
H. S. Graduate	2,842	22.3	19.6	25.3
Some College	2,913	19.7	17.2	22.4
College +	4,197	14.6	12.4	17.2
Income				
Less Than $25,000	2,888	31.7	28.1	35.6
$25,000 thru $49,999	2,409	20.1	17.3	23.3
$50,000 or more	4,577	12.6	11.0	14.3

No Health Insurance

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	431,542	15.3	15.1	15.6
Texas	11,569	25.2	23.6	26.8

Gender				
Male	4,154	25.4	22.8	28.2
Female	7,415	25.0	23.2	26.9
Race/Ethnicity				
White	7,504	12.7	11.3	14.2
Black	877	25.1	20.6	30.1
Hispanic	2,678	48.4	45.0	51.9
Age Group				
18-29 Years	831	44.4	39.3	49.7
30-44 Years	2,469	28.8	26.1	31.8
45-64 Years	4,742	20.5	18.6	22.5
65+ Years	3,440	2.5	1.7	3.7
Education				
No High School Diploma	1,457	57.3	52.8	61.7
H. S. Graduate	2,894	33.6	30.3	36.9
Some College	2,946	21.7	18.8	25.0
College +	4,238	8.7	7.0	10.7
Income				

Less Than $25,000	2,977	51.4	47.8	55.1
$25,000 thru $49,999	2,439	28.9	25.3	32.7
$50,000 or more	4,600	6.9	5.6	8.5

Diabetes

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	432,182	9.1	8.9	9.2
Texas	11,595	9.3	8.5	10.2
Gender				
Male	4,165	10.0	8.6	11.5
Female	7,430	8.6	7.8	9.6
Race/Ethnicity				
White	7,516	8.0	7.2	8.9
Black	879	14.4	11.0	18.7
Hispanic	2,689	9.7	8.1	11.5
Age Group				

18-29 Years	841	0.7	0.2	2.6
30-44 Years	2,473	5.2	3.8	7.1
45-64 Years	4,746	13.7	12.2	15.3
65+ Years	3,445	20.7	18.7	22.9
Education				
No High School Diploma	1,462	11.2	9.2	13.7
H. S. Graduate	2,909	10.2	8.7	11.9
Some College	2,947	10.3	8.4	12.5
College +	4,245	7.1	6.0	8.4
Income				
Less Than $25,000	2,985	13.2	11.4	15.3
$25,000 thru $49,999	2,445	9.2	7.7	11.0
$50,000 or more	4,607	7.0	5.7	8.4

High Blood Pressure

Area: Texas

	Sample	% at risk	95% CI

	Size*		Lower	Upper
Nationwide	431,662	29.3	29.0	29.5
Texas	11,578	29.1	27.8	30.5
Gender				
Male	4,154	28.9	26.7	31.1
Female	7,424	29.4	27.8	31.0
Race/Ethnicity				
White	7,505	31.8	30.2	33.4
Black	879	38.9	33.9	44.2
Hispanic	2,686	22.8	20.3	25.5
Age Group				
18-29 Years	837	8.6	6.0	12.2
30-44 Years	2,470	15.6	13.5	17.9
45-64 Years	4,747	40.5	38.3	42.7
65+ Years	3,434	63.2	60.6	65.7
Education				
No High School Diploma	1,458	29.4	25.7	33.4
H. S. Graduate	2,906	33.2	30.4	36.1

Some College	2,942	29.1	26.6	31.9
College +	4,240	26.1	24.0	28.4
Income				
Less Than $25,000	2,976	30.5	27.7	33.4
$25,000 thru $49,999	2,445	31.7	28.6	34.9
$50,000 or more	4,605	26.2	24.3	28.3

High Blood Cholesterol

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	373,887	38.0	37.7	38.4
Texas	9,661	40.9	39.2	42.6
Gender				
Male	3,464	43.3	40.5	46.1
Female	6,197	38.7	36.8	40.6
Race/Ethnicity				
White	6,771	42.1	40.2	44.0

Black	723	35.2	29.9	40.8
Hispanic	1,743	38.9	35.0	42.9
Age Group				
18-29 Years	366	15.7	10.6	22.6
30-44 Years	1,741	29.6	26.3	33.1
45-64 Years	4,249	49.8	47.5	52.1
65+ Years	3,226	56.2	53.6	58.9
Education				
No High School Diploma	946	45.0	39.8	50.3
H. S. Graduate	2,280	44.8	41.4	48.3
Some College	2,534	40.9	37.7	44.2
College +	3,876	37.9	35.3	40.6
Income				
Less Than $25,000	2,154	45.6	41.9	49.3
$25,000 thru $49,999	2,052	43.3	39.6	47.0
$50,000 or more	4,205	38.6	36.1	41.1

No Cholesterol Check within the last 5 years

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	420,686	22.5	22.2	22.8
Texas	11,321	28.0	26.3	29.8
Gender				
Male	4,086	31.0	28.2	34.0
Female	7,235	25.1	23.3	27.1
Race/Ethnicity				
White	7,350	17.5	15.8	19.3
Black	847	25.0	20.0	30.7
Hispanic	2,628	47.2	43.7	50.7
Age Group				
18-29 Years	783	59.8	54.6	64.8
30-44 Years	2,408	33.7	30.5	36.9
45-64 Years	4,689	14.5	12.9	16.3
65+ Years	3,354	6.0	4.6	7.6

Education				
No High School Diploma	1,413	53.2	48.5	57.8
H. S. Graduate	2,831	36.0	32.7	39.5
Some College	2,883	26.1	22.8	29.8
College +	4,162	13.7	11.3	16.6
Income				
Less Than $25,000	2,903	46.3	42.5	50.2
$25,000 thru $49,999	2,400	30.4	26.7	34.3
$50,000 or more	4,528	14.6	12.6	16.8

Angina or Coronary Heart Disease

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	428,406	4.0	3.9	4.1
Texas	11,481	3.5	3.1	3.9
Gender				
Male	4,112	3.8	3.2	4.6

Female	7,369	3.2	2.7	3.7
Race/Ethnicity				
White	7,445	4.4	3.8	4.9
Black	872	3.3	2.3	4.8
Hispanic	2,661	2.3	1.6	3.1
Age Group				
18-29 Years	839	0.4	0.1	2.7
30-44 Years	2,465	0.7	0.4	1.2
45-64 Years	4,718	4.1	3.4	5.0
65+ Years	3,368	13.1	11.5	14.9
Education				
No High School Diploma	1,430	4.7	3.3	6.4
H. S. Graduate	2,883	3.4	2.8	4.2
Some College	2,922	3.9	3.1	4.9
College +	4,213	2.8	2.3	3.5
Income				
Less Than $25,000	2,933	4.6	3.8	5.6
$25,000 thru $49,999	2,424	4.0	3.2	4.9

$50,000 or more	4,594	2.5	2.0	3.1

Heart Attack or Myocardial Infarction

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	430,318	4.0	3.9	4.0
Texas	11,536	3.1	2.8	3.5
Gender				
Male	4,143	3.9	3.3	4.6
Female	7,393	2.4	2.1	2.8
Race/Ethnicity				
White	7,481	4.0	3.6	4.6
Black	876	3.6	2.2	5.8
Hispanic	2,672	1.6	1.2	2.1
Age Group				
18-29 Years	839	0.2	0.0	1.1
30-44 Years	2,465	0.6	0.3	1.5

45-64 Years	4,733	3.6	2.9	4.3
65+ Years	3,408	12.2	10.7	13.8
Education				
No High School Diploma	1,445	3.7	2.9	4.8
H. S. Graduate	2,890	3.7	2.9	4.7
Some College	2,932	3.7	2.9	4.6
College +	4,236	2.2	1.7	2.7
Income				
Less Than $25,000	2,963	4.5	3.6	5.6
$25,000 thru $49,999	2,435	3.8	3.0	4.8
$50,000 or more	4,598	2.0	1.6	2.4

Stroke

Area: Texas

	Sample Size*	**% at risk**	**95% CI**	
			Lower	**Upper**
Nationwide	431,427	2.5	2.5	2.6
Texas	11,569	2.2	1.9	2.6

Gender				
Male	4,156	1.9	1.5	2.5
Female	7,413	2.5	2.1	3.0
Race/Ethnicity				
White	7,497	2.7	2.2	3.2
Black	877	2.6	1.7	4.0
Hispanic	2,688	1.3	0.9	1.9
Age Group				
18-29 Years	840	0.7	0.2	1.8
30-44 Years	2,470	0.4	0.2	0.8
45-64 Years	4,740	3.0	2.3	3.9
65+ Years	3,428	7.0	5.9	8.3
Education				
No High School Diploma	1,454	2.9	2.0	4.2
H. S. Graduate	2,901	2.3	1.8	2.9
Some College	2,944	2.3	1.7	3.2
College +	4,237	1.9	1.4	2.5
Income				

Less Than $25,000	2,978	3.8	2.9	4.8
$25,000 thru $49,999	2,441	2.2	1.6	3.1
$50,000 or more	4,600	1.1	0.8	1.5

Current Smoker

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	429,858	18.0	17.8	18.3
Texas	11,544	17.9	16.5	19.4
Gender				
Male	4,141	22.1	19.6	24.8
Female	7,403	13.8	12.6	15.1
Race/Ethnicity				
White	7,491	18.9	17.3	20.6
Black	867	16.1	12.6	20.4
Hispanic	2,679	17.2	14.4	20.3

Age Group				
18-29 Years	837	22.2	18.0	26.9
30-44 Years	2,460	20.1	17.3	23.3
45-64 Years	4,733	17.2	15.6	18.9
65+ Years	3,424	9.0	7.6	10.5
Education				
No High School Diploma	1,452	22.7	18.5	27.6
H. S. Graduate	2,898	25.6	22.7	28.7
Some College	2,931	19.1	16.5	22.0
College +	4,229	9.5	7.5	12.0
Income				
Less Than $25,000	2,973	24.4	21.0	28.2
$25,000 thru $49,999	2,440	20.8	17.8	24.2
$50,000 or more	4,588	13.2	11.4	15.2

Obesity (BMI 30 or greater)

Area: Texas

	Sample Size*	% at risk	95% CI	
			Lower	Upper
Nationwide	423,117	28.3	28.0	28.3
Texas	10,971	29.5	28.0	31.1
Gender				
Male	4,093	29.4	27.0	32.0
Female	6,878	29.6	27.8	31.5
Race/Ethnicity				
White	7,209	25.9	24.3	27.6
Black	839	35.6	30.6	40.8
Hispanic	2,447	36.4	33.0	40.0
Age Group				
18-29 Years	780	23.9	19.6	28.9
30-44 Years	2,312	31.0	28.1	34.1
45-64 Years	4,506	33.9	31.7	36.1
65+ Years	3,315	23.8	21.6	26.2
Education				
No High School Diploma	1,286	37.5	32.7	42.5

H. S. Graduate	2,752	31.7	28.7	34.8
Some College	2,813	33.6	30.5	36.9
College +	4,097	22.2	20.0	24.6
Income				
Less Than $25,000	2,796	36.2	32.7	39.9
$25,000 thru $49,999	2,335	31.5	28.2	35.1
$50,000 or more	4,488	26.3	24.2	28.6

A SURVEY FOR THE DEVELOPMENT OF A
COMMUNITY HEALTH CLINIC IN WISE COUNTY

Dear Wise County Resident:

Your help is **NEEDED** and your participation is **IMPORTANT**!

The Wise County Health Forum is conducting a survey on the health and health practices of adults in Wise County. The results of this survey will help plan for future action and aid in determining the need for a community health clinic.

The survey should take only 20 minutes to complete. Participation is voluntary and any information provided will be kept in **Strict Confidence**. We ask that only one adult per household answer the questions about their own health and practices. Any question may be skipped if you do not wish to answer.

When the survey is complete, please place it in the envelope provided and return your survey to the agency assisting in the survey process or mail it back in the postage-paid envelope.

Thank you in advance for your help, and if you have any questions or concerns about this survey, please call 1-940-627-5743 (English) or 1-940-627-3011 x115 (Spanish).

Sincerely,

Greg Eastin
Forsite Consulting

As a **"Thank You"** for your time and assistance, we will conduct a drawing for a $100.00 WalMart gift card to be awarded to one participant in this survey. To enter the drawing, please provide your name, address and telephone number below and return it to the agency assisting in the survey. This information will be kept separate from the survey.

Name: _____

Address: _____

City: _____ TX Zip Code: _____

Telephone: _____

Health Risk Factor Survey

A Survey of the Health of Adults in Wise County Texas

Your help with this survey is greatly appreciated!

Introduction

This questionnaire is designed to gather information about the health and health practices of adults. **The information is kept confidential and is used only to evaluate health programs and to plan future action to improve the health of citizens in the Wise County Texas**.

We are asking that an adult in the household complete this health survey. The survey should only take approximately 20 minutes to finish. Please place the completed survey in the enclosed pre-paid envelope or return in the sealed envelope to the agency representative assisting in the survey or mail to the address on the envelope (no postage required).

Although answering the health survey is voluntary, participation is important for the results to truly represent the community population. The adult who completes the survey will answer questions about their own health and health knowledge. **Any question this person does not want to answer can be skipped. The information provided will be kept strictly confidential and your household will never be identified in any reports**.

For clarification about survey questions, please call 1-940-627-5743 (English) or 1-940-627-3011 x115 (Spanish).

Instructions for Completing the Survey

This survey contains several types of questions. These instructions will show you how to answer each type of question. Each question should be answered only about the selected adult, not anyone else in your household.

Some questions are answered by checking a choice from a list. You answer the question by checking a box, like this:

☑ Yes
☐ No

Some questions are answered by entering numbers into one or more boxes to the left of the answer. You answer the question by filling in one digit or number per box, like this:

[0] [9] Number of days

You will sometimes be instructed to skip one or more questions. In this example, if your choice is 'No', you skip to question A16; otherwise, you continue to the next question.

☐ Yes
☑ No **Skip to Question A16**

Instruction for the adult completing the questionnaire:

This survey should be completed by only one adult living in your household.

1. How many adults, age 18 or older, live in this household? **Note:** Please include yourself.

☐☐ Number of adults Not counting
- college students living away at school
- or anyone in a prison, mental hospital or nursing home.

Please fill out only one survey per household and both front and back of the page.

Note: As used in this survey**, "**other health professional" would include a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

A. Your General Health

A1 Would you say that in general your health is:

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/Not sure

A2 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

☐☐ Number of days (If none enter "00.")

A3 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

☐☐ Number of days (If none enter "00.")

A4 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

A5 Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

- ☐ Yes - only one person
- ☐ No - more than one person
- ☐ No - no person
- ☐ Don't know/Not sure

A6 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

A7 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.

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

A8 During the past 30 days, for about how many days have you felt you did not get enough rest or sleep?

☐☐ Number of days (If none enter "00.")

A9 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

A10 Have you EVER been told by a doctor that you have diabetes?

- ☐ Yes
- ☐ Yes, only during pregnancy
- ☐ No
- ☐ Yes, pre-diabetes or borderline diabetes
- ☐ Don't know/Not sure

A11 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?

- ☐ Yes
- ☐ Yes, only during pregnancy **Skip to A12**
- ☐ No **Skip to A12**
- ☐ Yes, borderline high or pre-hypertensive **Skip to A12**
- ☐ Don't know/Not sure **Skip to A12**

A11a Are you currently taking medicine for your high blood pressure?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

A12 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

- ☐ Yes
- ☐ No **Skip to B1**
- ☐ Don't know/Not sure **Skip to B1**

A12a Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

B. Health Problems

B1 Has a doctor, nurse, or other health professional EVER told you that you had any of the following?

a A heart attack, also called a myocardial infarction?

- ☐ Yes
- ☐ No
- ☐ Not sure

b Angina or coronary heart disease?

- ☐ Yes
- ☐ No
- ☐ Not sure

c A stroke?

- ☐ Yes
- ☐ No
- ☐ Not sure

B2 Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

- ☐ Yes
- ☐ No **Skip to C1**
- ☐ Don't know/Not sure **Skip to C1**

B2a Do you still have asthma?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

C. Tobacco Use

C1 Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

- ☐ Yes
- ☐ No **Skip to D1**
- ☐ Don't know/Not sure **Skip to D1**

C1a Do you now smoke cigarettes every day, some days, or not at all?

- ☐ Every day
- ☐ Some days
- ☐ Not at all **Skip to D1**
- ☐ Don't know/Not sure **Skip to D1**

C1b During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

C1c How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

- ☐ Within the past 6 months
- ☐ Within the past year (6 months but less than 1 year ago)
- ☐ With in the past 10 years (over 1 year but less than 10 years ago)
- ☐ 10 years or more
- ☐ Never smoked regularly
- ☐ Don't know/Not sure

D. General Information

D1 What is your age?

- ☐☐ Age in years

D2 Are you Hispanic or Latino?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

D3 Which one or more of the following would you say is your race? **(Check all that apply)**

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian, Alaska Native
- ☐ Other (Specify :) _____
- ☐ Don't know/Not sure

D4 Are you…? **(Check only one)**

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never married
- ☐ A member of an unmarried couple

D5 How many children less than 18 years of age live in your household?

☐☐ Number of Children (If none enter "00.")

D6 What is the highest grade or year of school you completed?

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some high school)
- ☐ Grade 12 or GED (High school graduate)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (College graduate)

D7 Are you currently . . . ? **(Check only one)**

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for more than 1 year
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ Retired
- ☐ Unable to work

D8 Is your annual household income from all sources…?

- ☐ Less than $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $19,999
- ☐ $20,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 or more
- ☐ Don't know/Not sure

D9 About how much do you weigh without shoes?

☐☐☐ Weight (in pounds) **OR**

☐☐☐ Weight (in kilograms)

D10 About how tall are you without shoes?

☐☐ Feet ☐☐ Inches **OR**

☐☐☐ Centimeters

D11 What is your ZIP Code where you live?

☐☐☐☐☐ ZIP Code

D12 Do you have more than one telephone number in your household? **Note:** Do not include cell phones or numbers that are only used by a computer or fax machine.

☐ Yes
☐ No
☐ Don't know/Not sure

D13 Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.

☐ Yes
☐ No
☐ Don't know/Not sure

D14 During the past 12 months, has your household been without telephone service for 1 week or more? **Note:** Do not include interruptions of phone service due to weather or natural disasters.

☐ Yes
☐ No
☐ Don't know/Not sure

D15 Please indicate your sex:

☐ Male
☐ Female

D16 To your knowledge, is someone in your household now pregnant?

☐ Yes Do they need obstetrical care? ☐ Yes ☐ No
☐ No
☐ Don't know/Not sure

D17 If a community clinic for low income residents was available, would you use it?

☐ Yes
☐ No
☐ Don't know/Not sure

E. Caregiver Status and Disability

The following questions are about health problems or impairments you may have.

E1 People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

☐ Yes
☐ No
☐ Don't know/Not sure

E2 Are you limited in any way in any activities because of physical, mental, or emotional problems?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

E3 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? **Note:** Include occasional use or use in certain circumstances.

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

F. Alcohol Use

F1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

- ☐ Yes
- ☐ No **Skip to G1**
- ☐ Don't know/Not sure **Skip to G1**

F2 During the past 30 days, what is the largest number of drinks you had on any occasion?

☐☐ Number of drinks

G. Immunization

G1 During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is sprayed in the nose, also called FluMist™)?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

H. Arthritis Problem

H1 Have you EVER been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

Arthritis can cause symptoms like pain, aching, or stiffness in or around a joint. Please answer the following question based on your current experience, regardless of whether you are taking any medication or treatment.

H2 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

I. Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell us how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, we are only interested in the foods you eat. Include all foods you eat, both at home and away from home.

I1 How often do you do the following? (Choose one)

Number of times:	Per Day	Per Week	Per Month	Per Year	Never	Not Sure
EXAMPLE: Carol drinks juice 9 times per month. Her answer would look like:			9			
a How often do you drink fruit juices such as orange, grapefruit, or tomato?						
b Not counting juice, how often do you eat fruit?						
c How often do you eat green salad?						
d How often do you eat potatoes **not** including french fries, fried potatoes, or potato chips?						
e How often do you eat carrots?						
f Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)						

J. Physical Activity

ANSWER J1 ONLY IF YOU ARE EMPLOYED FOR WAGES OR SELF EMPLOYED. OTHERWISE SKIP TO J2.

J1 When you are at work, which of the following best describes what you do? **Note:** If you have multiple jobs, include all jobs.

- ☐ Mostly sitting or standing
- ☐ Mostly walking
- ☐ Mostly heavy labor or physically demanding work
- ☐ Don't know/Not sure

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

J2 Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- ☐ Yes
- ☐ No **Skip to J3**
- ☐ Don't know/Not sure **Skip to J3**

J2a How many days per week do you do these moderate activities for at least 10 minutes at a time?

☐☐ Days per week

J3 Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?

- ☐ Yes
- ☐ No **Skip to K1**
- ☐ Don't know/Not sure **Skip to K1**

J3a How many days per week do you do these vigorous activities for at least 10 minutes at a time?

☐☐ Days per week

K. HIV/AIDS

IF AGE 64 OR YOUNGER ANSWER K1.
IF 65 YEARS OLD OR OLDER SKIP TO SECTION L: Life Satisfaction.

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you do not have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

K1 Have you EVER been tested for HIV? Do not count tests you may have had as part of a blood donation. Include tests using fluid from your mouth.

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

K2 After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one.

• You have used intravenous drugs in the past year.
• You have been treated for a sexually transmitted or venereal disease in the past year.
• You have given or received money or drugs in exchange for sex in the past year.
• You had anal sex without a condom in the past year.

Do any of these situations apply to you?

- ☐ Yes
- ☐ No
- ☐ Don't know/Not sure

L. Life Satisfaction

L1 How often do you get the social and emotional support you need? **Note:** Please include support from any source.

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Don't know/Not sure

L2 In general, how satisfied are you with your life?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Don't know/Not sure

M. Cancer

M1 Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? **Note:** Other health professional means a nurse practitioner, a physician's assistant, social worker, or some other licensed professional.

- ☐ Yes
- ☐ No **Skip to the end of the questionnaire**
- ☐ Don't know/Not sure **Skip to the end of the questionnaire**

M2 With your most recent diagnoses of cancer, what type of cancer was it?

That is the last question. Thank you very much for your time and cooperation. Everyone's answers will be combined to give us information about the health practices of people in Wise County.

Please place this survey in the envelope provided, seal and return to the person or place where you received it. If unable to return it to the place you received it, please place the completed survey in the prepaid return envelope and mail back to:

Foresite Consulting
503 Brookhollow Dr.
Colleyville, Texas 76034

If you have misplaced the return envelope, please call 1-940-627-5743 (English) or 1-940-627-3011 x115 (Spanish) for a replacement.

UN CUESTIONARIO PARA EL DESARROLLO DE UN DISPENSARIO DE LA SALUD DE LA COMUNIDAD DEL CONDADO WISE

Estimado Residente del Condado Wise:

¡Su ayuda es NECESARIA y su participación es muy IMPORTANTE!

El Centro de Salud del Condado Wise estamos hacienda un cuestionario para las prácticas de la salud y la salud de adultos en el Condado Wise. Los resultados de esta cuestionario va a ayudarános plan para el futuro acción y determinar la necesidad para la salud de la comunidad.

Esta cuestionario nos toma sólamente **viente minutos** para completarla.

Participación es voluntaria y cualquier información que nos den es confidencial. Estamos preguntando una adulta por familia para contestar las preguntas de su salud y prácticas. Si no desea contestar ninguna pregunta, no la conteste.

Cuándo el cuestionario este completa, por favor ponga en un sobre y envialo a la gente de asistencia o envialo a la misma dirección que esta en el sobre.

Muchas gracias por su ayuda y si tienes algunas preguntas o preocupaciones en este cuestionario, por favor llame a estos telefonos (940)627-5743 (Inglés) o (940)627-3011 x115 (Español).

Sinceramente,

Greg Eastin
Forsite Consulting

Te damos "**Gracias"** por su tiempo y tu asistencia. Vamos a hacer una rifa de cien dolares para la tienda de Wal-Mart de un participante de este cuestionario. Para entrar a la rifa, por favor escriba su nombre, dirección y telefono abajo y regresalo a la gente de asistencia de este cuestionario. Esta informacion es separada del cuestionario.

Nombre: _____

Dirección: _____

Cuidad: _____ TX Código Postal: _____

Teléfono: _____

Cuestionario del Factor de Peligro para la Salud

Un cuestionario para la salud de los adultos del Condado de Wise en Texas

¡Su ayuda de este cuestionario te agradesemos tu ayuda!

Introducción

Este cuestionario es para tener informacion de la salud y las practicas de los adultos. **Este informacion es confidencial y es una evaluacion para la salud de este programa y un futuro plan de accion para mejorar la salud del ciudadano de Condado Wise en Texas.**

Estamos pidiendo que un adulto por familia complete esta encuesta sobre la salud. La encuesta tomará aproximadamente **veinte minutos.** Por favor regresa la encuesta completada en el sobre cerrado.

Su participación es voluntaria y cualquier información que nos den es confidencial. El adulto que complete la encuesta contestará preguntas sobre su propia salud y su conocimiento de salud.
Si no desea contestar ninguna pregunta, no la conteste. La información proporcionada será mantenida estrictamente confidencial y su hogar jamás será identificado de cualquier informe.

Sí tienes algunas preguntas o preocupaciones en este cuestionario, por favor llame a estos telefonos (940)627-5743 (Inglés) o Christina (940)627-3011 x115 (Español).

Instrucciones para Completar este Cuestionario

Este cuestionario tiene diferentes tipos de preguntas. Estos instrucciones indican como contestar cada tipos de preguntas. Debes a contestar solamente el participante adulto, **nadien mas en la familia.**

Algunas preguntas se contestan marcandola en la lista. Contesta la pregunta marcando la caja.
Ejemplo:

☑ Sí
☐ No

Algunas preguntas se contestan ingresando números en uno o más cuadros situados a la izquierda de la pregunta. Usted responde la pregunta colocando un dígito o número por cuadro.
Ejemplo:

[0] [9] Número de días

Algunas veces se le pedirá que ignore una o más preguntas. En el siguiente ejemplo, si su respuesta es 'No', usted debe continuar con la pregunta A16; de lo contrario, continúe con la siguiente pregunta.

☐ Sí
☑ **Salte a la Pregunta A16**

Instrucciones para evaluar una persona por familia:

Esta encuesta debe ser completada por una persona por familia.

1. ¿Cuántos adultos, de 18 años o mayores, viven en su casa? **Nota:** Inclúllendo usted.

☐ ☐ Número de adultos

Sin contra

- estudiantes universitarios que viven lejos, en la escuela
- cualquier persona en prisión, hospital de salud mental u hogar de ancianos.

Por favor conteste las preguntas una persona cada familia efrente y detras.

Nota: Cuando utilizado en esta cuestionario, "otro profesional de la medicina" incluida a un enfermero, el ayudante de un médico, el asistente social, o algún otro profesional licenciado.

A. Su Salud General

A1 ¿Usted diría que en general su salud es:

- ☐ Excelente
- ☐ Muy Bueno
- ☐ Bueno
- ☐ Aceptable
- ☐ Malo
- ☐ No está seguro/ No sé

A2 Ahora piense en su salud física, incluyendo enfermedades y lesiones físicas, "¿cuántos días, en los últimos 30 días, su salud física no fue buena?

☐☐ Número de días (Sin ninguna entra, "00")

A3 Ahora, piense en su salud mental, la cual incluye el estrés, depresión y problemas emocionales, ¿cuántos días, en los últimos 30 días, su salud mental no fue buena?

☐☐ Número de días (Sin ninguna entra, "00")

A4 ¿Tiene algún tipo de cobertura de salud, incluyendo seguro de salud, planes prepagados como HMOs o planes del gobierno como Medicare?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

A5 ¿Hay alguna persona a la cual usted considera su médico personal o cuidador de salud?

- ☐ Sí – sólo una persona
- ☐ Sí – más de una persona
- ☐ No – ninguna persona
- ☐ No está seguro/ No sé

A6 ¿Hubo algún momento en los últimos 12 meses en que necesitó ver a un médico, pero no pudo hacerlo por el costo?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

A7 ¿Aproximadamente, cuándo fue su última visita a un médico para que le realice un chequeo de rutina? Un chequeo de rutina es un examen físico general, no el examen por una lesión, enfermedad o condición específica.

- ☐ En el último año (en algún momento en los últimos 12 meses)
- ☐ En los últimos 2 años (entre 1 año y 2 años atrás)
- ☐ En los últimos 5 años (entre 2 años y 5 años atrás)
- ☐ 5 años o más
- ☐ Nunca
- ☐ No está seguro/ No sé

A8 En los últimos 30 días, ¿aproximadamente cuántos días ha sentido que no tuvo el descanso suficiente o que no durmió lo suficiente.

☐ ☐ Número de días (Sin ninguna entra, “00”)

A9 En el último mes, aparte de su empleo regular, ¿participó en alguna actividad física o realizó ejercicios tales como correr, golf, jardinería o caminar para ejercitarse?

☐ Sí
☐ No
☐ No está seguro/ No sé

A10 ¿Alguna vez le ha dicho un médico que tiene diabetes?

☐ Sí
☐ Sólo durante el embarazo
☐ No
☐ Pre-diabetes o diabetes limítrofe
☐ No está seguro/ No sé

A11 ¿ALGUNA VEZ le ha dicho un médico, enfermero u otro profesional de la salud que tiene presión alta?

☐ Sí
☐ Solamente durante el embarazo, **Salte a A13**
☐ No **Salte a A13**
☐ Presión alta límite o pre-hipertenso, **Salte a A13**
☐ No está seguro/ No sé**, Salte a A13**

A11a ¿Está tomando actualmente medicina para su presión alta?

☐ Sí
☐ No
☐ No está seguro/ No sé

A12 El colesterol en la sangre es una sustancia grasa que se encuentra en la sangre. ¿Ha controlado ALGUNA VEZ su nivel de colesterol en la sangre?

☐ Sí
☐ No, **Salte a B1**
☐ No está seguro/ No sé, **Salte a B1**

A12a ¿ALGUNA VEZ le ha dicho un médico, enfermero u otro profesional de la salud que su nivel de colesterol en la sangre es alto?

☐ Sí
☐ No
☐ No está seguro/ No sé

B. Problemas de Salud

B1 ¿ALGUNA VEZ le ha dicho un médico, enfermero u otro profesional de la salud que usted tenía alguna de las siguientes condiciones?

a ¿Un ataque cardíaco, también llamado infarto de miocardio?

☐ Sí
☐ No
☐ No está seguro

b ¿Angina o enfermedad cardíaca coronaria?

- ☐ Sí
- ☐ No
- ☐ No está seguro

c ¿Un derrame cerebral?

- ☐ Sí
- ☐ No
- ☐ No está seguro

B2 ¿ALGUNA VEZ le ha dicho un médico, enfermero u otro profesional de la salud que tenía asma?

- ☐ Sí
- ☐ No **Salte a C1**
- ☐ No está seguro/ No sé, **Skip to C1**

B2a ¿Todavía tiene asma?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

C. Uso de Tabaco

C1 ¿Ha fumado al menos 100 cigarrillos en toda su vida? Nota: 5 paquetes = 100 cigarrillos

- ☐ Sí
- ☐ No **Salte a D2**
- ☐ No está seguro/ No sé, **Salte a D1**

C1a ¿Fuma actualmente cigarrillos todos los días, algunos días, o no fuma?

- ☐ Todos los días
- ☐ Algunos días
- ☐ Nunca fuma, **Salte a D1**
- ☐ No está seguro/ No sé, **Salte a D1**

C1b ¿En los últimos 12 meses, ¿ha dejado de fumar por un día o más porque estaba intentando dejar de fumar?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

C1c ¿Cuándo fue la última vez que fumó cigarillos o tabaco con regularidad?

- ☐ En los últimos 6 meses
- ☐ En el último año (6 meses y 1 año atrás)
- ☐ En los últimos 10 años (entre 5 años y 10 años atrás)
- ☐ 10 años o más
- ☐ Nunca fumo en forma regular
- ☐ No está seguro/ No sé

D. Información General

D1 ¿Cuántos años tiene?

☐☐ Edad en años

D2 ¿Usted es hispano o latino?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

D3 ¿De cual nacionalidad es usted? **(Marque todas las opciones que correspondan)**

- ☐ Blanco
- ☐ Afro-Americano
- ☐ Asiático
- ☐ Nativo de Hawaii o de otras isles del Pacífico
- ☐ Indio Americano o Nativo de Alaska
- ☐ Otro (Especifique)_____
- ☐ No está seguro/ No sé

D4 ¿Es usted …? **(Marque sólo uno)**

- ☐ Casado/a
- ☐ Divorciado/a
- ☐ Viudo/a
- ☐ Separado/a
- ☐ Nunca se casó
- ☐ Miembro de una pareja que no está casada

D5 ¿Cuántos niños menores de 18 años viven en su casa?

☐☐ Número de niños (Sin ninguna entra "00")

D6 ¿Cuál fue el grado o año más alto de educación que completó?

- ☐ Nunca asistió a la escuela o solo asistió a kindergarten
- ☐ Grados 1 al 8 (Primaria)
- ☐ Grados 9 al 11 (Parte de Secundaria)
- ☐ Grados 12 o GED (Graduado de preparatoria)
- ☐ Universidad de 1 año a 3 años (Parte de la Universidad o escuela técnica)
- ☐ Universidad por 4 años o más (Graduado de la universidad)

D7 ¿Es usted actualmente . . . ? **(Marque sólo uno)**

- ☐ Empleado asalariado
- ☐ Empleado por cuenta propia
- ☐ Sin empleo por más de 1 año
- ☐ Sin empleo por menos de 1 año
- ☐ Ama de casa
- ☐ Jubilado
- ☐ No puede trabajar

D8 ¿Son los ingresos anuales del hogar, provenientes de todas las families…?

- ☐ Menos de $10,000
- ☐ $10,000 to $14,999
- ☐ $15,000 to $19,999
- ☐ $20,000 to $24,999
- ☐ $25,000 to $34,999
- ☐ $35,000 to $49,999
- ☐ $50,000 to $74,999
- ☐ $75,000 o más
- ☐ No está seguro/ No sé

D9 ¿Aproximadamente cuánto pesa usted, sin zapatos?

☐☐☐ Peso (en libras) **O**
☐☐☐ Peso (en kilogramos)

D10 ¿Aproximadamente cuánto mide, sin zapatos?

☐☐ Pies ☐☐ Pulgadas **O**
☐☐☐ Centímetros

D11 ¿Cuál es su código postal?

☐☐☐☐☐ Código postal

D12 ¿Tiene más de un número de teléfono en su casa? **Nota:** No incluyendo teléfonos celulares o números de líneas utilizadas sólo por una computadora o una máquina de fax.

☐ Sí
☐ No
☐ No está seguro/ No sé

D13 ¿Tiene un teléfono celular para uso personal? Por favor, incluya los teléfonos celulares de uso laboral y de uso personal.

☐ Sí
☐ No
☐ No está seguro/ No sé

D14 Durante los últimos 12 meses, ¿ha estado su casa sin servicio de teléfono por una semana o más? **Nota:** No incluya interrupciones del servicio telefónico causadas por el clima o por desastres naturales.

☐ Sí
☐ No
☐ No está seguro/ No sé

D15 Por favor indique su sexo:

☐ Masculino
☐ Femenino

D16 ¿Está alguna persona en su casa que está embarazada? ¿Necesita una ginecologa?

☐ Sí ☐ Sí ☐ No
☐ No
☐ No está seguro/ No sé

D17 ¿Si un dispensario de la comunidad para residentes bajos de ingresos estuvo disponible, lo utilizaría usted?

☐ Sí
☐ No
☐ No está seguro/ No sé

E. Cuidador Salud y Incapacitado

Las siguientes preguntas son sobre los problemas de salud o impedimentos que usted podría tener.

E1 Las personas pueden cuidar o dar asistencia regularmente a un amigo o familiar que tiene un problema de salud, una enfermedad prolongada o una incapacidar. En el último mes, ¿ha ayudado este tipo de cuidados o de asistencia a un amigo o familiar?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

E2 Estas limitado en cualquier manera en alguna actividar por fiscicamente, mental mente, or problemas emocionales.

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

E3 ¿Tiene usted actualmente algún problema de salud que requiera aparato especial como un bastón, una silla de ruedas, una cama especial o un teléfono especial? **Nota:** Incluyendo su uso occasional o en determinadas circunstancias?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

F. Uso de Alcol

F1 En los últimos 30 días, ¿ha tomado al menos un trago de bebida alcolica como cerveza, vino, bebida de licor?

- ☐ Sí
- ☐ No **Salte a G1**
- ☐ No está seguro/ No sé **Salte a G1**

F2 En los últimos 30 días, ¿cuál fue el número máximo de tragos que tomó en una ocasión?

☐☐ Número de bebidas

G. Vacunas

G1 La vacuna antigripal es una vacuna para la influenza o gripe que se inyecta en el brazo. En los últimos 12 meses, ¿ha recibido usted la vacuna antigripal?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

H. Artritis

H1 ¿ALGUNA VEZ un médico o otro profesional de la salud le ha dicho que usted tiene alguna forma de artritis, arthritis reumatoidea, gaut, lupus o fibromialgia?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

La artritis puede causar síntomas como dolor, molestia o rigidez en una articulación de los huesos. Por favor conteste las preguntas siguientes basadas en su experiencia actual, sin tener en cuenta si usted toma alguna medicamento o tratamiento.

H2 ¿Está usted limitado en este momento de alguna manera, o alguna de sus actividades se ven limitadas debido a la artritis o los síntomas en las articulaciones?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

I. Frutas y Verduras

Las siguientes preguntas se refieren a los alimentos que consume o bebe normalmente. Por favor, dígame la frecuencia con la que come o bebe cada uno, por ejemplo, dos veces por semana, tres veces por mes, etc. Recuerde que solo me interesan los alimentos que usted consume. Incluya todos los alimentos que usted consume, tanto en su casa como afuera.

I1 ¿Con qué frecuencia hace lo siguiente? **(Marque sólo uno)**

Número de veces:	Por Día	Por Semana	Por Mes	Por Año	Nunca	No está seguro
EJEMPLO: Carol bebe jugo nueve veses por mes Su respuesta parece de esta manera:			9			
a ¿Con qué frecuencia bebe jugos de fruta como naranja, toronja o tomate?						
b Sin contar los jugos, ¿con qué frecuencia come fruta?						
c ¿Con qué frecuencia come ensalada de hojas verdes?						
d ¿Con qué frecuencia come papas, SIN incluir las papas fritas o chips de papa?						
e ¿Con qué frecuencia come zanahorias?						
f Sin contar las zanahorias, las papas o la ensalada, ¿cuántas porciones de verduras come normalmente? (Ejemplo: una porción de verduras en el almuerzo y una en la cena serían dos porciones.)						

J. Actividad Física

CONTESTE J1 SOLAMENTE SI USTED ESTÁ EMPLEADO ASALARIADO O EMPLEADO POR CUENTA PROPIA DE LOS CONTRARIO, SALTE A J2.

J1 Cuando está en el trabajo, ¿cuál de las siguientes frases describe mejor su tarea? ¿Usted diría?

Nota: Si usted tiene empleos múltiples, incluye todos los empleos.

- ☐ La mayoría del tiempo está sentado o parado
- ☐ La mayoría del tiempo está caminando
- ☐ La mayoría del tiempo el trabajo es pesado o con exigencias físicas
- ☐ No está seguro/ No sé

Nos interesan dos tipos de actividad física: la enérgica y la moderada. Las actividades enérgicas provocan un gran aumento de la respiración y el pulso, mientras que las actividades moderadas provocan aumentos pequeños de la respiración y el pulso.

J2 Ahora, pensando en las actividades moderadas que realiza en una semana normal, ¿usted realiza actividades moderadas por al menos 10 minutos por vez, tales como una caminata ligera, andar en bicicleta, pasar la aspiradora, trabajo de jardinería o algo más que provoca un aumento de la respiración o del pulso?

☐ Sí
☐ No **Salte a J3**
☐ No está seguro/ No sé **Salte a J3**

J2a ¿Cuántos días por semana realiza estas actividades moderadas al menos por 10 minutos a la vez?

☐☐ Días por semana

J3 Ahora, pensando en las actividades enérgicas que realiza en una semana normal, ¿realize actividades enérgicas por al menos 10 minutos por vez, tales como correr, gimnasia aeróbica, trabajo de jardinería pesado o algo más que provoca un gran aumento de la respiración o del pulso?

☐ Sí
☐ No **Salte a K1**
☐ No está seguro/ No sé **Salte a K1**

J3a ¿Cuántos días a la semana hace usted actividades vigorosas para por lo menos 10 minutos a la vez?

☐☐ Días por semana

K. SIDA

SI EDAD 64 O MENOR CONTESTE K1. SI 65 AÑOS O MÁS MAYOR SALTE A LA SECCIÓN L: **Satisfacción de la Vida**

Las siguientes preguntas son sobre el problema nacional de salud del HIV, el virus que causa el SIDA. Por favor, recuerde que sus respuestas son estrictamente confidenciales y que no tiene obligación de contestar todas las preguntas si no desea hacerlo. Aunque le preguntaremos sobre las pruebas, no le preguntaremos sobre los resultados de ninguna prueba que usted pueda haberse realizado.

K1 ¿Se ha hecho la prueba de SIDA ALGUNA VEZ? No cuente las pruebas que usted pudo haberse realizado como parte de una donación de sangre. Incluya las pruebas de fluido de la boca.

☐ Sí
☐ No
☐ No está seguro/ No sé

K2 Después de leer la siguiente lista, por favor indique si algunas de las situaciones se aplican a usted. No necesita que decirnos cuál.

- Ha usado drogas intravenosas en el último año
- Ha recibido tratamiento por una enfermedad de transmisión sexual o enfermedad venérea en el último año
- Ha dado o recibido dinero o drogas a cambio de sexo en el último año
- Tuvo sexo anal sin condón en el último año

¿Alguna de estas situaciones se aplica a usted?

- ☐ Sí
- ☐ No
- ☐ No está seguro/ No sé

L. Satisfacción en la Vida

L1 ¿Con qué frecuencia recibe el apoyo emocional y social que necesita? **Nota:** Por favor incluye respaldo que proviene de cualquier persona.

- ☐ Siempre
- ☐ Generalmente
- ☐ A veces
- ☐ Casi nunca
- ☐ Nunca
- ☐ No está seguro/ No sé

L2 En general, ¿qué tan satisfecho/a está usted con su vida?

- ☐ Muy satisfecho/a
- ☐ Satisfecho/a
- ☐ Descontento/a
- ☐ Muy descontento/a
- ☐ No está seguro/ No sé

M. Cáncer

M1 ¿ALGUNA VEZ le ha dicho un médico, enfermero u otro profesional de la salud que tenía cáncer? **Nota:** Otro profesional de la salud significa un practicante de enfermería, un auxiliar médico, un trabajador social o algún otro profesional con licencia

- ☐ Sí
- ☐ No **Salte a la última pregunta del cuestionario**
- ☐ No está seguro/ No sé **Salte a la última pregunta del cuestionario**

M2 ¿Cuántos tipos diferentes de cáncer ha tenido?

_____

Esa fue la última pregunta. ¡Muchas gracias por su ayuda y cooperación! Las respuestas de todos serán combinadas para que nos den información sobres los hábitos de salud de la gente del Condado Wise Texas.

Por favor coloque la encuesta completada en el sobre y envíe el sobre a esta misma direccion:

Foresite Consulting
503 Brookhollow Dr.
Colleyville, Texas 76034

Si usted ha perdido el sobre de vuelta, por favor llame a estos telefonos (940)627-5743(Inglés) o (940)627-3011 x115 (Español) para un reemplazo.

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

General Health

Would you say that in general your health is

Response	Frequency	Percent
Excellent	21	6.0%
Very Good	60	17.1%
Good	142	40.6%
Fair	81	23.1%
Poor	36	10.3%
Don't Know/Not Sure	10	2.9%

Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?

Response	Frequency	Percent
Yes	124	36.3%
No	218	63.7%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?

Response	Frequency	Percent
Yes	137	40.5%
No	201	59.5%

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Response	Frequency	Percent
Yes	174	49.7%
No	175	50.0%
Don't know/Not sure	1	0.3%

Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

Response	Frequency	Percent
Yes - only one	195	56.0%
No - more than one person	59	17.0%
No - no one	88	25.3%
Don't know/not sure	6	1.7%

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

Response	Frequency	Percent
Yes	208	60.1%
No	130	37.6%
Don't know/Not sure	8	2.3%

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

Response	Frequency	Percent
Within past year (anytime less than 12 months ago)	125	36.0%
Within past 2 years (1 year but less than 2 years ago)	78	22.5%
Within past 5 years (2 years but less than 5 years ago)	48	13.8%
5 or more years ago	66	19.0%
Never	21	6.1%
Don't Know/Not sure	9	2.6%

During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?

Response	Frequency	Percent
Yes	214	61.7%
No	133	38.3%

During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Response	Frequency	Percent
Yes	179	50.7%
No	170	48.2%
Don't know/Not sure	4	1.1%

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

Response	Frequency	Percent
Yes	45	12.6%
Yes, only during pregnancy	16	4.5%
No	279	78.4%
Yes, pre-diabetes or borderline diabetes	12	3.4%
Don't know/Not sure	4	1.1%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

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

Response	Frequency	Percent
Yes	118	33.5%
Yes, only during pregnancy Skip to A12	13	3.7%
No Skip to A12	207	58.8%
Yes, borderline high or pre-hypertensive Skip to A12	10	2.8%
Don't know/Not sure Skip to A12	4	1.1%

Are you currently taking medicine for your high blood pressure?

Response	Frequency	Percent
Yes	90	52.9%
No	80	47.1%
Don't know/Not sure	0	0.0%

Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?

Response	Frequency	Percent
Yes	174	52.1%
No	137	41.0%
Don't know/Not sure	23	6.9%

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?

Response	Frequency	Percent
Yes	87	36.4%
No	144	60.3%
Don't know/Not sure	8	3.3%

Health Problems

A heart attack, also called a myocardial infarction?

Response	Frequency	Percent
Yes	18	5.1%
No	329	93.2%
Don't know/Not sure	6	1.7%

Angina or coronary heart disease?

Response	Frequency	Percent
Yes	23	6.5%
No	324	92.0%
Don't know/Not sure	5	1.4%

A stroke?

Response	Frequency	Percent
Yes	19	5.4%
No	327	93.4%
Don't know/Not sure	4	1.1%

Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

Response	Frequency	Percent
Yes	77	22.0%
No	265	75.7%
Don't know/Not sure	8	2.3%

Do you still have asthma?

Response	Frequency	Percent
Yes	51	41.8%
No	57	46.7%
Don't know/Not sure	14	11.5%

Tobacco Use

Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

Response	Frequency	Percent
Yes	188	53.9%
No	156	44.7%
Don't know/Not sure	5	1.4%

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

Response	Frequency	Percent
Every day	100	40.8%
Some days	25	10.2%
Not at all	120	49.0%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

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

Response	Frequency	Percent
Yes	83	53.2%
No	71	45.5%
Don't know/Not sure	2	1.3%

How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

Response	Frequency	Percent
Within the past 6 months	83	56.1%
Within the past year (6 months but less than 1 year ago)	4	2.7%
With in the past 10 years (over 1 year but less than 10 years ago)	12	8.1%
Never smoked regularly	15	10.1%
Don't know/Not sure	34	23.0%

General Information

What is your age in years?

Response	Frequency	Percent
18-29 Years	67	19.2%
30-44 Years	129	37.0%
45-64 Years	108	30.9%
65+ Years	45	12.9%

Are you Hispanic or Latino?

Response	Frequency	Percent
Yes	67	18.9%
No	286	80.8%
Don't know/Not sure	1	0.3%

Which one or more of the following would you say is your race? (Check all that apply)

Response	Frequency	Percent
White or Caucasian	296	87.8%
Black or African American	2	0.6%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaska Native	12	3.6%
Other	31	9.2%
Don't know/Not sure	6	1.8%

Are you.....? (Check only one)

Response	Frequency	Percent
Married	203	57.3%
Divorced	60	16.9%
Widowed	32	9.0%
Separated	22	6.2%
Never Married	19	5.4%
A member of an unmarried couple	18	5.1%

How many children less than 18 years of age live in your household? (If none enter "00").

Response	Frequency	Percent
0	130	36.6%
1	55	15.5%
3	60	16.9%
2	77	21.7%
5	10	2.8%
4	22	6.2%
9	1	0.3%

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

Response	Frequency	Percent
Never attended school or only kindergarten	3	0.8%
Grades 1-8 (Elementary)	38	10.7%
Grades 9-11 (Some high school)	50	14.1%
Grade 12 or GED (High school graduate)	119	33.6%
College 1 year to 3 years (some college or technical school)	106	29.9%
College 4 years or more (College graduate)	38	10.7%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

Are you currently.....? (Check only one)

Response	Frequency	Percent
Employed for wages	154	43.8%
Self-employed	15	4.3%
Out of work for more than 1 year	22	6.3%
Out of work for less than 1 year	28	8.0%
A homemaker	57	16.2%
Retired	38	10.8%
Unable to work	38	10.8%

Is your annual household income from all sources.....?

Response	Frequency	Percent
Less than $25,000	192	55.7%
$25,000 thru $49,000	65	18.8%
$50,000 or more	88	25.5%

During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.

Response	Frequency	Percent
Yes	102	29.3%
No	244	70.1%
Don't know/Not sure	2	0.6%

Please indicate your sex:

Response	Frequency	Percent
Male	70	19.9%
Female	281	80.1%

To your knowledge, is someone in your household now pregnant?

Scale 1

Response	Frequency	Percent
Yes	23	6.6%
No	323	93.1%
Don't know/Not sure	1	0.3%

Scale 2 - Do they need obstetrical care?

Response	Frequency	Percent
Yes	9	18.0%
No	41	82.0%

If a community clinic for low income residents was available, would you use it?

Response	Frequency	Percent
Yes	274	78.5%
No	48	13.8%
Don't know/Not sure	27	7.7%

Caregiver Status/Disability

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

Response	Frequency	Percent
Yes	109	31.1%
No	238	67.8%
Don't know/Not sure	4	1.1%

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Response	Frequency	Percent
Yes	119	33.6%
No	228	64.4%
Don't know/Not sure	7	2.0%

Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.

Response	Frequency	Percent
Yes	48	13.5%
No	305	85.9%
Don't know/Not sure	2	0.6%

Alcohol Use

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?

Response	Frequency	Percent
Yes	106	29.8%
No	250	70.2%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?

Scale 1 - Number of drinks:

Response	Frequency	Percent
True	28	23.0%
False	94	77.0%

Immunization

During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?

Response	Frequency	Percent
Yes	138	39.1%
No	213	60.3%
Don't know/Not sure	2	0.6%

HIV/AIDS

Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.

Response	Frequency	Percent
Yes	140	42.8%
No	165	50.5%
Don't know/Not sure	22	6.7%

After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?

Response	Frequency	Percent
Yes	26	8.2%
No	290	91.5%
Don't know/Not sure	1	0.3%

Life Satisfaction

How often do you get the social and emotional support you need? NOTE: Please include support from any source.

Response	Frequency	Percent
Always	75	21.7%
Usually	98	28.4%
Sometimes	93	27.0%
Rarely	38	11.0%
Never	28	8.1%
Don't know/Not sure	13	3.8%

In general, how satisfied are you with your life?

Response	Frequency	Percent
Very satisfied	63	18.6%
Satisfied	192	56.6%
Dissatisfied	55	16.2%
Very dissatisfied	10	2.9%
Don't know/Not sure	19	5.6%

Cancer

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.

Response	Frequency	Percent
Yes	40	11.6%
No	298	86.6%
Don't know/Not sure	6	1.7%

With your most recent diagnoses of cancer, what type of cancer was it?

- Cervical
- Breast
- Breast
- Tonsil
- melanoma
- lung
- precancerous lesions
- Lung
- Hodgin's Lymphoma
- skin
- tumor
- Cervical
- ovarian
- Bone

- Barretts Esophagitis
- ovarian
- melanoma
- Prostate
- Breast
- Cervical
- Skin
- Uterine
- Cervical
- Lung
- Cervical
- Heart
- Cervical
- SKIN
- female organs
- melanoma
- Breast
- Breast
- S. Cell
- skin
- Basal Cell Skin
- Leukemia
- Cervical
- Breast
- Prostate

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
Would you say that in general your health is	Excellent	5 1.4%	11 3.2%	3 0.9%	2 0.6%	21 6.1%
	Very Good	15 4.3%	25 7.2%	16 4.6%	4 1.2%	60 17.4%
	Good	27 7.8%	57 16.5%	38 11.0%	18 5.2%	140 40.6%
	Fair	15 4.3%	28 8.1%	25 7.2%	12 3.5%	80 23.2%
	Poor	2 0.6%	3 0.9%	23 6.7%	7 2.0%	35 10.1%
	Don't Know/Not Sure	3 0.9%	2 0.6%	3 0.9%	1 0.3%	9 2.6%
	Total (Column)	67 19.4%	126 36.5%	108 31.3%	44 12.8%	345 100.0%
	Count (n) 345					
Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?	Yes	15 4.5%	31 9.2%	57 16.9%	18 5.3%	121 35.9%
	No	52 15.4%	93 27.6%	48 14.2%	23 6.8%	216 64.1%
	Total (Column)	67 19.9%	124 36.8%	105 31.2%	41 12.2%	337 100.0%
	Count (n) 337					
Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?	Yes	29 8.7%	42 12.6%	53 15.9%	12 3.6%	136 40.7%
	No	38 11.4%	79 23.7%	52 15.6%	29 8.7%	198 59.3%
	Total (Column)	67 20.1%	121 36.2%	105 31.4%	41 12.3%	334 100.0%
	Count (n) 334					
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?	Yes	20 5.8%	55 15.9%	56 16.2%	42 12.2%	173 50.1%
	No	46 13.3%	73 21.2%	49 14.2%	3 0.9%	171 49.6%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	66 19.1%	128 37.1%	106 30.7%	45 13.0%	345 100.0%
	Count (n) 345					
Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?	Yes - only one	35 10.2%	73 21.3%	55 16.0%	32 9.3%	195 56.9%
	No - more than one person	6 1.7%	13 3.8%	29 8.5%	10 2.9%	58 16.9%
	No - no one	25 7.3%	37 10.8%	21 6.1%	2 0.6%	85 24.8%
	Don't know/not sure	1 0.3%	2 0.6%	2 0.6%	0 0.0%	5 1.5%
	Total (Column)	67 19.5%	125 36.4%	107 31.2%	44 12.8%	343 100.0%
	Count (n) 343					
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	Yes	45 13.2%	85 24.9%	67 19.6%	6 1.8%	203 59.5%
	No	19 5.6%	39 11.4%	38 11.1%	34 10.0%	130 38.1%
	Don't know/Not sure	2 0.6%	2 0.6%	1 0.3%	3 0.9%	8 2.3%
	Total (Column)	66 19.4%	126 37.0%	106 31.1%	43 12.6%	341 100.0%
	Count (n) 341					

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition?	Within past year (anytime less than 12 months ago)	21 6.1%	31 9.1%	45 13.2%	28 8.2%	125 36.5%
	Within past 2 years (1 year but less than 2 years ago)	17 5.0%	36 10.5%	19 5.6%	5 1.5%	77 22.5%
	Within past 5 years (2 years but less than 5 years ago)	9 2.6%	17 5.0%	18 5.3%	4 1.2%	48 14.0%
	5 or more years ago	12 3.5%	29 8.5%	21 6.1%	4 1.2%	66 19.3%
	Never	6 1.8%	11 3.2%	2 0.6%	0 0.0%	19 5.6%
	Don't Know/Not sure	2 0.6%	2 0.6%	1 0.3%	2 0.6%	7 2.0%
	Total (Column)	67 19.6%	126 36.8%	106 31.0%	43 12.6%	342 100.0%
	Count (n) 342					
During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?	Yes	44 12.9%	67 19.6%	74 21.6%	27 7.9%	212 62.0%
	No	23 6.7%	59 17.3%	32 9.4%	16 4.7%	130 38.0%
	Total (Column)	67 19.6%	126 36.8%	106 31.0%	43 12.6%	342 100.0%
	Count (n) 342					
During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Yes	34 9.8%	69 19.9%	51 14.7%	24 6.9%	178 51.4%
	No	31 9.0%	60 17.3%	53 15.3%	20 5.8%	164 47.4%
	Don't know/Not sure	1 0.3%	0 0.0%	3 0.9%	0 0.0%	4 1.2%
	Total (Column)	66 19.1%	129 37.3%	107 30.9%	44 12.7%	346 100.0%
	Count (n) 346					
Have you EVER been told by a doctor that you have diabetes?	Yes	2 0.6%	10 2.9%	22 6.3%	11 3.2%	45 12.9%
	Yes, only during pregnancy	4 1.1%	8 2.3%	4 1.1%	0 0.0%	16 4.6%
	No	60 17.2%	107 30.7%	76 21.8%	30 8.6%	273 78.2%
	Yes, pre-diabetes or borderline diabetes	1 0.3%	1 0.3%	5 1.4%	4 1.1%	11 3.2%
	Don't know/Not sure	0 0.0%	3 0.9%	1 0.3%	0 0.0%	4 1.1%
	Total (Column)	67 19.2%	129 37.0%	108 30.9%	45 12.9%	349 100.0%
	Count (n) 349					
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	Yes	8 2.3%	30 8.7%	49 14.2%	29 8.4%	116 33.6%
	Yes, only during pregnancy Skip to A12	1 0.3%	11 3.2%	1 0.3%	0 0.0%	13 3.8%
	No Skip to A12	56 16.2%	80 23.2%	51 14.8%	15 4.3%	202 58.6%
	Yes, borderline high or pre-hypertensive Skip to A12	2 0.6%	4 1.2%	4 1.2%	0 0.0%	10 2.9%
	Don't know/Not sure Skip to A12	0 0.0%	2 0.6%	2 0.6%	0 0.0%	4 1.2%
	Total (Column)	67 19.4%	127 36.8%	107 31.0%	44 12.8%	345 100.0%
	Count (n) 345					

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
Are you currently taking medicine for your high blood pressure?	Yes	3 1.8%	11 6.6%	44 26.3%	31 18.6%	89 53.3%
	No	15 9.0%	43 25.7%	19 11.4%	1 0.6%	78 46.7%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	18 10.8%	54 32.3%	63 37.7%	32 19.2%	167 100.0%
	Count (n) 167					
Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?	Yes	14 4.3%	45 13.7%	77 23.4%	37 11.2%	173 52.6%
	No	43 13.1%	66 20.1%	19 5.8%	5 1.5%	133 40.4%
	Don't know/Not sure	7 2.1%	8 2.4%	6 1.8%	2 0.6%	23 7.0%
	Total (Column)	64 19.5%	119 36.2%	102 31.0%	44 13.4%	329 100.0%
	Count (n) 329					
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?	Yes	2 0.8%	15 6.3%	46 19.4%	24 10.1%	87 36.7%
	No	28 11.8%	53 22.4%	45 19.0%	16 6.8%	142 59.9%
	Don't know/Not sure	1 0.4%	4 1.7%	2 0.8%	1 0.4%	8 3.4%
	Total (Column)	31 13.1%	72 30.4%	93 39.2%	41 17.3%	237 100.0%
	Count (n) 237					
A heart attack, also called a myocardial infarction?	Yes	1 0.3%	1 0.3%	8 2.3%	8 2.3%	18 5.2%
	No	66 19.1%	127 36.7%	95 27.5%	34 9.8%	322 93.1%
	Don't know/Not sure	0 0.0%	0 0.0%	5 1.4%	1 0.3%	6 1.7%
	Total (Column)	67 19.4%	128 37.0%	108 31.2%	43 12.4%	346 100.0%
	Count (n) 346					
Angina or coronary heart disease?	Yes	0 0.0%	2 0.6%	10 2.9%	11 3.2%	23 6.7%
	No	66 19.1%	126 36.5%	94 27.2%	31 9.0%	317 91.9%
	Don't know/Not sure	1 0.3%	0 0.0%	2 0.6%	2 0.6%	5 1.4%
	Total (Column)	67 19.4%	128 37.1%	106 30.7%	44 12.8%	345 100.0%
	Count (n) 345					
A stroke?	Yes	3 0.9%	1 0.3%	9 2.6%	6 1.7%	19 5.5%
	No	63 18.2%	126 36.4%	96 27.7%	38 11.0%	323 93.4%
	Don't know/Not sure	0 0.0%	1 0.3%	3 0.9%	0 0.0%	4 1.2%
	Total (Column)	66 19.1%	128 37.0%	108 31.2%	44 12.7%	346 100.0%
	Count (n) 346					
Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?	Yes	17 4.9%	24 6.9%	25 7.2%	11 3.2%	77 22.3%
	No	50 14.5%	102 29.5%	76 22.0%	33 9.5%	261 75.4%
	Don't know/Not sure	0 0.0%	2 0.6%	6 1.7%	0 0.0%	8 2.3%
	Total (Column)	67 19.4%	128 37.0%	107 30.9%	44 12.7%	346 100.0%
	Count (n) 346					
Do you still have asthma?	Yes	10 8.2%	16 13.1%	16 13.1%	9 7.4%	51 41.8%
	No	10 8.2%	26 21.3%	17 13.9%	4 3.3%	57 46.7%
	Don't know/Not sure	4 3.3%	2 1.6%	6 4.9%	2 1.6%	14 11.5%
	Total (Column)	24 19.7%	44 36.1%	39 32.0%	15 12.3%	122 100.0%
	Count (n) 122					

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?	Yes	38 11.0%	56 16.2%	70 20.3%	24 7.0%	188 54.5%
	No	28 8.1%	68 19.7%	36 10.4%	20 5.8%	152 44.1%
	Don't know/Not sure	1 0.3%	3 0.9%	1 0.3%	0 0.0%	5 1.4%
	Total (Column)	67 19.4%	127 36.8%	107 31.0%	44 12.8%	345 100.0%
	Count (n) 345					
Do you now smoke cigarettes every day, some days, or not at all?	Every day	24 9.8%	34 13.9%	38 15.5%	4 1.6%	100 40.8%
	Some days	8 3.3%	7 2.9%	9 3.7%	1 0.4%	25 10.2%
	Not at all	16 6.5%	39 15.9%	37 15.1%	28 11.4%	120 49.0%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	48 19.6%	80 32.7%	84 34.3%	33 13.5%	245 100.0%
	Count (n) 245					
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	Yes	18 11.5%	31 19.9%	29 18.6%	5 3.2%	83 53.2%
	No	18 11.5%	18 11.5%	30 19.2%	5 3.2%	71 45.5%
	Don't know/Not sure	0 0.0%	2 1.3%	0 0.0%	0 0.0%	2 1.3%
	Total (Column)	36 23.1%	51 32.7%	59 37.8%	10 6.4%	156 100.0%
	Count (n) 156					
How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?	Within the past 6 months	25 16.9%	28 18.9%	27 18.2%	3 2.0%	83 56.1%
	Within the past year (6 months but less than 1 year ago)	2 1.4%	0 0.0%	2 1.4%	0 0.0%	4 2.7%
	With in the past 10 years (over 1 year but less than 10 years ago)	3 2.0%	2 1.4%	6 4.1%	1 0.7%	12 8.1%
	Never smoked regularly	1 0.7%	2 1.4%	9 6.1%	3 2.0%	15 10.1%
	Don't know/Not sure	5 3.4%	13 8.8%	10 6.8%	6 4.1%	34 23.0%
	Total (Column)	36 24.3%	45 30.4%	54 36.5%	13 8.8%	148 100.0%
	Count (n) 148					
What is your age in years?	18-29 Years	67 19.2%	0 0.0%	0 0.0%	0 0.0%	67 19.2%
	30-44 Years	0 0.0%	129 37.0%	0 0.0%	0 0.0%	129 37.0%
	45-64 Years	0 0.0%	0 0.0%	108 30.9%	0 0.0%	108 30.9%
	65+ Years	0 0.0%	0 0.0%	0 0.0%	45 12.9%	45 12.9%
	Total (Column)	67 19.2%	129 37.0%	108 30.9%	45 12.9%	349 100.0%
	Count (n) 349					
Are you Hispanic or Latino?	Yes	15 4.3%	36 10.3%	10 2.9%	2 0.6%	63 18.1%
	No	52 14.9%	93 26.7%	96 27.6%	43 12.4%	284 81.6%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	67 19.3%	129 37.1%	107 30.7%	45 12.9%	348 100.0%
	Count (n) 348					

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
Are you.....? (Check only one)	Married	35 10.1%	80 23.1%	61 17.6%	21 6.1%	197 56.8%
	Divorced	6 1.7%	26 7.5%	23 6.6%	5 1.4%	60 17.3%
	Widowed	1 0.3%	2 0.6%	11 3.2%	18 5.2%	32 9.2%
	Separated	5 1.4%	8 2.3%	8 2.3%	1 0.3%	22 6.3%
	Never Married	10 2.9%	6 1.7%	3 0.9%	0 0.0%	19 5.5%
	A member of an unmarried couple	10 2.9%	6 1.7%	1 0.3%	0 0.0%	17 4.9%
	Total (Column)	67 19.3%	128 36.9%	107 30.8%	45 13.0%	347 100.0%
	Count (n) 347					
What is the highest grade or year of school you completed?	Never attended school or only kindergarten	0 0.0%	1 0.3%	1 0.3%	1 0.3%	3 0.9%
	Grades 1-8 (Elementary)	3 0.9%	18 5.2%	9 2.6%	4 1.2%	34 9.8%
	Grades 9-11 (Some high school)	15 4.3%	16 4.6%	13 3.7%	6 1.7%	50 14.4%
	Grade 12 or GED (High school graduate)	24 6.9%	40 11.5%	35 10.1%	18 5.2%	117 33.7%
	College 1 year to 3 years (some college or technical school)	22 6.3%	45 13.0%	32 9.2%	6 1.7%	105 30.3%
	College 4 years or more (College graduate)	3 0.9%	8 2.3%	17 4.9%	10 2.9%	38 11.0%
	Total (Column)	67 19.3%	128 36.9%	107 30.8%	45 13.0%	347 100.0%
	Count (n) 347					
Are you currently.....? (Check only one)	Employed for wages	31 9.0%	76 22.0%	40 11.6%	5 1.4%	152 44.1%
	Self-employed	1 0.3%	2 0.6%	11 3.2%	1 0.3%	15 4.3%
	Out of work for more than 1 year	4 1.2%	10 2.9%	8 2.3%	0 0.0%	22 6.4%
	Out of work for less than 1 year	6 1.7%	11 3.2%	11 3.2%	0 0.0%	28 8.1%
	A homemaker	23 6.7%	23 6.7%	5 1.4%	2 0.6%	53 15.4%
	Retired	0 0.0%	0 0.0%	7 2.0%	31 9.0%	38 11.0%
	Unable to work	2 0.6%	5 1.4%	24 7.0%	6 1.7%	37 10.7%
	Total (Column)	67 19.4%	127 36.8%	106 30.7%	45 13.0%	345 100.0%
	Count (n) 345					
Is your annual household income from all sources.....?	Less than $25,000	36 10.6%	63 18.6%	66 19.5%	24 7.1%	189 55.8%
	$25,000 thru $49,000	13 3.8%	30 8.8%	16 4.7%	6 1.8%	65 19.2%
	$50,000 or more	18 5.3%	31 9.1%	22 6.5%	14 4.1%	85 25.1%
	Total (Column)	67 19.8%	124 36.6%	104 30.7%	44 13.0%	339 100.0%
	Count (n) 339					
Do you have more than one telephone number in your household? NOTE: Do not inluce cell phones or numbers that only used by a computer or fax machine.	Yes	7 2.0%	18 5.2%	16 4.6%	4 1.2%	45 13.0%
	No	60 17.3%	109 31.5%	91 26.3%	41 11.8%	301 87.0%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	67 19.4%	127 36.7%	107 30.9%	45 13.0%	346 100.0%
	Count (n) 346					

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	Yes	61 17.6%	112 32.4%	91 26.3%	28 8.1%	292 84.4%
	No	6 1.7%	14 4.0%	15 4.3%	17 4.9%	52 15.0%
	Don't know/Not sure	0 0.0%	2 0.6%	0 0.0%	0 0.0%	2 0.6%
	Total (Column)	67 19.4%	128 37.0%	106 30.6%	45 13.0%	346 100.0%
	Count (n) 346					
During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.	Yes	24 7.0%	44 12.8%	31 9.0%	2 0.6%	101 29.4%
	No	41 12.0%	82 23.9%	76 22.2%	41 12.0%	240 70.0%
	Don't know/Not sure	1 0.3%	1 0.3%	0 0.0%	0 0.0%	2 0.6%
	Total (Column)	66 19.2%	127 37.0%	107 31.2%	43 12.5%	343 100.0%
	Count (n) 343					
Please indicate your sex:	Male	9 2.6%	20 5.8%	30 8.7%	11 3.2%	70 20.2%
	Female	58 16.8%	108 31.2%	76 22.0%	34 9.8%	276 79.8%
	Total (Column)	67 19.4%	128 37.0%	106 30.6%	45 13.0%	346 100.0%
	Count (n) 346					
To your knowledge, is someone in your household now pregnant?	Yes	11 3.2%	7 2.0%	4 1.2%	1 0.3%	23 6.7%
	No	55 16.1%	120 35.1%	100 29.2%	43 12.6%	318 93.0%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	66 19.3%	127 37.1%	105 30.7%	44 12.9%	342 100.0%
	Count (n) 342					
To your knowledge, is someone in your household now pregnant?	Yes	3 6.4%	5 10.6%	1 2.1%	0 0.0%	9 19.1%
	No	16 34.0%	9 19.1%	12 25.5%	1 2.1%	38 80.9%
	Total (Column)	19 40.4%	14 29.8%	13 27.7%	1 2.1%	47 100.0%
	Count (n) 47					
If a community clinic for low income residents was available, would you use it?	Yes	58 16.9%	104 30.2%	85 24.7%	22 6.4%	269 78.2%
	No	8 2.3%	14 4.1%	12 3.5%	14 4.1%	48 14.0%
	Don't know/Not sure	1 0.3%	8 2.3%	10 2.9%	8 2.3%	27 7.8%
	Total (Column)	67 19.5%	126 36.6%	107 31.1%	44 12.8%	344 100.0%
	Count (n) 344					
People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?	Yes	17 4.9%	42 12.1%	42 12.1%	8 2.3%	109 31.5%
	No	50 14.5%	82 23.7%	65 18.8%	36 10.4%	233 67.3%
	Don't know/Not sure	0 0.0%	4 1.2%	0 0.0%	0 0.0%	4 1.2%
	Total (Column)	67 19.4%	128 37.0%	107 30.9%	44 12.7%	346 100.0%
	Count (n) 346					
Are you limited in any way in any activities because of physical, mental, or emotional problems?	Yes	14 4.0%	23 6.6%	54 15.6%	27 7.8%	118 34.0%
	No	51 14.7%	103 29.7%	51 14.7%	17 4.9%	222 64.0%
	Don't know/Not sure	2 0.6%	3 0.9%	2 0.6%	0 0.0%	7 2.0%
	Total (Column)	67 19.3%	129 37.2%	107 30.8%	44 12.7%	347 100.0%
	Count (n) 347					

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.	Yes	1 0.3%	8 2.3%	21 6.0%	17 4.9%	47 13.5%
	No	66 19.0%	121 34.8%	85 24.4%	27 7.8%	299 85.9%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	1 0.3%	2 0.6%
	Total (Column)	67 19.3%	129 37.1%	107 30.7%	45 12.9%	348 100.0%
	Count (n) 348					
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?	Yes	27 7.7%	37 10.6%	32 9.2%	9 2.6%	105 30.1%
	No	40 11.5%	92 26.4%	76 21.8%	36 10.3%	244 69.9%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	67 19.2%	129 37.0%	108 30.9%	45 12.9%	349 100.0%
	Count (n) 349					
During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?	True	8 6.6%	11 9.1%	8 6.6%	1 0.8%	28 23.1%
	False	21 17.4%	30 24.8%	32 26.4%	10 8.3%	93 76.9%
	Total (Column)	29 24.0%	41 33.9%	40 33.1%	11 9.1%	121 100.0%
	Count (n) 121					
During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?	Yes	23 6.6%	39 11.3%	44 12.7%	28 8.1%	134 38.7%
	No	44 12.7%	87 25.1%	62 17.9%	17 4.9%	210 60.7%
	Don't know/Not sure	0 0.0%	1 0.3%	1 0.3%	0 0.0%	2 0.6%
	Total (Column)	67 19.4%	127 36.7%	107 30.9%	45 13.0%	346 100.0%
	Count (n) 346					
Have you EVER been told by a doctor or other heath professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	Yes	12 3.4%	25 7.2%	55 15.8%	29 8.3%	121 34.7%
	No	55 15.8%	100 28.7%	50 14.3%	16 4.6%	221 63.3%
	Don't know/Not sure	0 0.0%	4 1.1%	3 0.9%	0 0.0%	7 2.0%
	Total (Column)	67 19.2%	129 37.0%	108 30.9%	45 12.9%	349 100.0%
	Count (n) 349					
Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	Yes	10 2.9%	21 6.1%	53 15.3%	27 7.8%	111 32.1%
	No	57 16.5%	104 30.1%	49 14.2%	15 4.3%	225 65.0%
	Don't know/Not sure	0 0.0%	3 0.9%	6 1.7%	1 0.3%	10 2.9%
	Total (Column)	67 19.4%	128 37.0%	108 31.2%	43 12.4%	346 100.0%
	Count (n) 346					
How often do you eat carrots?	Yes	2 15.4%	7 53.8%	3 23.1%	1 7.7%	13 100.0%
	No	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	2 15.4%	7 53.8%	3 23.1%	1 7.7%	13 100.0%
	Count (n) 13					
Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuming, gardening, or anything else that causes some increase in breathing or heart rate?	Yes	52 15.2%	91 26.7%	76 22.3%	29 8.5%	248 72.7%
	No	13 3.8%	30 8.8%	24 7.0%	12 3.5%	79 23.2%
	Don't know/Not sure	1 0.3%	6 1.8%	6 1.8%	1 0.3%	14 4.1%
	Total (Column)	66 19.4%	127 37.2%	106 31.1%	42 12.3%	341 100.0%
	Count (n) 341					

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Age

Frequency Total Percent		What is your age in years? 18-29 Years	30-44 Years	45-64 Years	65+ Years	Total (Row)
Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?	Yes	28 8.4%	52 15.7%	43 13.0%	15 4.5%	138 41.6%
	No	32 9.6%	62 18.7%	55 16.6%	27 8.1%	176 53.0%
	Don't know/Not sure	4 1.2%	8 2.4%	5 1.5%	1 0.3%	18 5.4%
	Total (Column)	64 19.3%	122 36.7%	103 31.0%	43 13.0%	332 100.0%
	Count (n) 332					
Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.	Yes	36 11.3%	62 19.4%	37 11.6%	1 0.3%	136 42.5%
	No	26 8.1%	60 18.8%	59 18.4%	17 5.3%	162 50.6%
	Don't know/Not sure	5 1.6%	6 1.9%	9 2.8%	2 0.6%	22 6.9%
	Total (Column)	67 20.9%	128 40.0%	105 32.8%	20 6.3%	320 100.0%
	Count (n) 320					
After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any	Yes	10 3.2%	12 3.8%	3 1.0%	1 0.3%	26 8.3%
	No	55 17.6%	113 36.2%	99 31.7%	18 5.8%	285 91.3%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	1 0.3%	1 0.3%
	Total (Column)	65 20.8%	125 40.1%	102 32.7%	20 6.4%	312 100.0%
	Count (n) 312					
How often do you get the social and emotional support you need? NOTE: Please include support from any source.	Always	15 4.4%	27 7.9%	22 6.5%	11 3.2%	75 22.1%
	Usually	18 5.3%	30 8.8%	31 9.1%	18 5.3%	97 28.5%
	Sometimes	16 4.7%	40 11.8%	29 8.5%	6 1.8%	91 26.8%
	Rarely	9 2.6%	12 3.5%	14 4.1%	3 0.9%	38 11.2%
	Never	8 2.4%	9 2.6%	7 2.1%	4 1.2%	28 8.2%
	Don't know/Not sure	0 0.0%	6 1.8%	3 0.9%	2 0.6%	11 3.2%
	Total (Column)	66 19.4%	124 36.5%	106 31.2%	44 12.9%	340 100.0%
	Count (n) 340					
In general, how satisfied are you with your life?	Very satisfied	14 4.2%	27 8.1%	12 3.6%	10 3.0%	63 18.8%
	Satisfied	36 10.7%	67 20.0%	59 17.6%	26 7.8%	188 56.1%
	Dissatisfied	11 3.3%	21 6.3%	18 5.4%	5 1.5%	55 16.4%
	Very dissatisfied	1 0.3%	3 0.9%	6 1.8%	0 0.0%	10 3.0%
	Don't know/Not sure	4 1.2%	4 1.2%	8 2.4%	3 0.9%	19 5.7%
	Total (Column)	66 19.7%	122 36.4%	103 30.7%	44 13.1%	335 100.0%
	Count (n) 335					
Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.	Yes	5 1.5%	7 2.1%	18 5.3%	10 2.9%	40 11.8%
	No	60 17.7%	113 33.3%	88 26.0%	32 9.4%	293 86.4%
	Don't know/Not sure	1 0.3%	3 0.9%	0 0.0%	2 0.6%	6 1.8%
	Total (Column)	66 19.5%	123 36.3%	106 31.3%	44 13.0%	339 100.0%
	Count (n) 339					

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

Frequency Total Percent		What is the highest grade or year of school you completed?						
		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
Would you say that in general your health is	Excellent	1 0.3%	0 0.0%	1 0.3%	6 1.7%	6 1.7%	7 2.0%	21 6.0%
	Very Good	0 0.0%	2 0.6%	5 1.4%	15 4.3%	24 6.9%	14 4.0%	60 17.2%
	Good	0 0.0%	14 4.0%	17 4.9%	52 14.9%	43 12.4%	14 4.0%	140 40.2%
	Fair	1 0.3%	13 3.7%	17 4.9%	28 8.0%	20 5.7%	2 0.6%	81 23.3%
	Poor	1 0.3%	5 1.4%	8 2.3%	10 2.9%	11 3.2%	1 0.3%	36 10.3%
	Don't Know/Not Sure	0 0.0%	3 0.9%	1 0.3%	5 1.4%	1 0.3%	0 0.0%	10 2.9%
	Total (Column)	3 0.9%	37 10.6%	49 14.1%	116 33.3%	105 30.2%	38 10.9%	348 100.0%
	Count (n) 348							
Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?	Yes	0 0.0%	15 4.4%	18 5.3%	50 14.7%	34 10.0%	7 2.1%	124 36.4%
	No	3 0.9%	21 6.2%	28 8.2%	66 19.4%	68 19.9%	31 9.1%	217 63.6%
	Total (Column)	3 0.9%	36 10.6%	46 13.5%	116 34.0%	102 29.9%	38 11.1%	341 100.0%
	Count (n) 341							
Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?	Yes	0 0.0%	17 5.0%	20 5.9%	50 14.8%	41 12.2%	8 2.4%	136 40.4%
	No	3 0.9%	16 4.7%	26 7.7%	65 19.3%	62 18.4%	29 8.6%	201 59.6%
	Total (Column)	3 0.9%	33 9.8%	46 13.6%	115 34.1%	103 30.6%	37 11.0%	337 100.0%
	Count (n) 337							
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?	Yes	1 0.3%	14 4.0%	18 5.2%	54 15.5%	54 15.5%	33 9.5%	174 50.0%
	No	1 0.3%	24 6.9%	31 8.9%	62 17.8%	50 14.4%	5 1.4%	173 49.7%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	2 0.6%	38 10.9%	49 14.1%	116 33.3%	105 30.2%	38 10.9%	348 100.0%
	Count (n) 348							
Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?	Yes - only one	2 0.6%	16 4.6%	31 9.0%	65 18.8%	58 16.8%	23 6.6%	195 56.4%
	No - more than one person	0 0.0%	3 0.9%	5 1.4%	16 4.6%	21 6.1%	12 3.5%	57 16.5%
	No - no one	1 0.3%	18 5.2%	11 3.2%	31 9.0%	24 6.9%	3 0.9%	88 25.4%
	Don't know/not sure	0 0.0%	0 0.0%	1 0.3%	3 0.9%	2 0.6%	0 0.0%	6 1.7%
	Total (Column)	3 0.9%	37 10.7%	48 13.9%	115 33.2%	105 30.3%	38 11.0%	346 100.0%
	Count (n) 346							
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	Yes	1 0.3%	26 7.6%	31 9.0%	76 22.1%	62 18.0%	10 2.9%	206 59.9%
	No	2 0.6%	11 3.2%	15 4.4%	33 9.6%	41 11.9%	28 8.1%	130 37.8%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	6 1.7%	1 0.3%	0 0.0%	8 2.3%
	Total (Column)	3 0.9%	37 10.8%	47 13.7%	115 33.4%	104 30.2%	38 11.0%	344 100.0%
	Count (n) 344							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

Frequency Total Percent		What is the highest grade or year of school you completed?						
		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition?	Within past year (anytime less than 12 months ago)	2 0.6%	10 2.9%	17 4.9%	40 11.6%	37 10.7%	19 5.5%	125 36.1%
	Within past 2 years (1 year but less than 2 years ago)	1 0.3%	9 2.6%	11 3.2%	23 6.6%	27 7.8%	6 1.7%	77 22.3%
	Within past 5 years (2 years but less than 5 years ago)	0 0.0%	6 1.7%	4 1.2%	21 6.1%	11 3.2%	6 1.7%	48 13.9%
	5 or more years ago	0 0.0%	5 1.4%	7 2.0%	23 6.6%	25 7.2%	6 1.7%	66 19.1%
	Never	0 0.0%	5 1.4%	5 1.4%	7 2.0%	4 1.2%	0 0.0%	21 6.1%
	Don't Know/Not sure	0 0.0%	3 0.9%	3 0.9%	2 0.6%	0 0.0%	1 0.3%	9 2.6%
	Total (Column)	3 0.9%	38 11.0%	47 13.6%	116 33.5%	104 30.1%	38 11.0%	346 100.0%
	Count (n) 346							
During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?	Yes	2 0.6%	18 5.2%	29 8.4%	75 21.7%	68 19.7%	21 6.1%	213 61.6%
	No	1 0.3%	20 5.8%	19 5.5%	40 11.6%	36 10.4%	17 4.9%	133 38.4%
	Total (Column)	3 0.9%	38 11.0%	48 13.9%	115 33.2%	104 30.1%	38 11.0%	346 100.0%
	Count (n) 346							
During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Yes	0 0.0%	16 4.6%	17 4.8%	56 16.0%	62 17.7%	27 7.7%	178 50.7%
	No	3 0.9%	22 6.3%	30 8.5%	61 17.4%	42 12.0%	11 3.1%	169 48.1%
	Don't know/Not sure	0 0.0%	0 0.0%	3 0.9%	0 0.0%	1 0.3%	0 0.0%	4 1.1%
	Total (Column)	3 0.9%	38 10.8%	50 14.2%	117 33.3%	105 29.9%	38 10.8%	351 100.0%
	Count (n) 351							
Have you EVER been told by a doctor that you have diabetes?	Yes	0 0.0%	7 2.0%	7 2.0%	16 4.5%	13 3.7%	2 0.6%	45 12.7%
	Yes, only during pregnancy	0 0.0%	2 0.6%	2 0.6%	5 1.4%	4 1.1%	3 0.8%	16 4.5%
	No	3 0.8%	28 7.9%	38 10.7%	91 25.7%	85 24.0%	32 9.0%	277 78.2%
	Yes, pre-diabetes or borderline diabetes	0 0.0%	1 0.3%	0 0.0%	7 2.0%	3 0.8%	1 0.3%	12 3.4%
	Don't know/Not sure	0 0.0%	0 0.0%	3 0.8%	0 0.0%	1 0.3%	0 0.0%	4 1.1%
	Total (Column)	3 0.8%	38 10.7%	50 14.1%	119 33.6%	106 29.9%	38 10.7%	354 100.0%
	Count (n) 354							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

Frequency Total Percent		What is the highest grade or year of school you completed?						
		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	Yes	1 0.3%	15 4.3%	16 4.6%	45 12.9%	30 8.6%	9 2.6%	116 33.1%
	Yes, only during pregnancy Skip to A12	0 0.0%	2 0.6%	0 0.0%	2 0.6%	8 2.3%	1 0.3%	13 3.7%
	No Skip to A12	1 0.3%	19 5.4%	32 9.1%	67 19.1%	62 17.7%	26 7.4%	207 59.1%
	Yes, borderline high or pre-hypertensive Skip to A12	0 0.0%	0 0.0%	0 0.0%	4 1.1%	5 1.4%	1 0.3%	10 2.9%
	Don't know/Not sure Skip to A12	1 0.3%	1 0.3%	2 0.6%	0 0.0%	0 0.0%	0 0.0%	4 1.1%
	Total (Column)	3 0.9%	37 10.6%	50 14.3%	118 33.7%	105 30.0%	37 10.6%	350 100.0%
	Count (n) 350							
Are you currently taking medicine for your high blood pressure?	Yes	1 0.6%	9 5.4%	14 8.3%	37 22.0%	21 12.5%	7 4.2%	89 53.0%
	No	1 0.6%	16 9.5%	13 7.7%	19 11.3%	24 14.3%	6 3.6%	79 47.0%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	2 1.2%	25 14.9%	27 16.1%	56 33.3%	45 26.8%	13 7.7%	168 100.0%
	Count (n) 168							
Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?	Yes	2 0.6%	14 4.2%	22 6.6%	56 16.9%	50 15.1%	30 9.0%	174 52.4%
	No	1 0.3%	18 5.4%	21 6.3%	52 15.7%	39 11.7%	4 1.2%	135 40.7%
	Don't know/Not sure	0 0.0%	3 0.9%	3 0.9%	7 2.1%	9 2.7%	1 0.3%	23 6.9%
	Total (Column)	3 0.9%	35 10.5%	46 13.9%	115 34.6%	98 29.5%	35 10.5%	332 100.0%
	Count (n) 332							
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?	Yes	1 0.4%	8 3.4%	14 5.9%	27 11.4%	25 10.5%	12 5.1%	87 36.7%
	No	1 0.4%	16 6.8%	19 8.0%	49 20.7%	36 15.2%	21 8.9%	142 59.9%
	Don't know/Not sure	0 0.0%	2 0.8%	1 0.4%	3 1.3%	2 0.8%	0 0.0%	8 3.4%
	Total (Column)	2 0.8%	26 11.0%	34 14.3%	79 33.3%	63 26.6%	33 13.9%	237 100.0%
	Count (n) 237							
A heart attack, also called a myocardial infarction?	Yes	1 0.3%	2 0.6%	5 1.4%	3 0.9%	6 1.7%	1 0.3%	18 5.1%
	No	2 0.6%	36 10.2%	44 12.5%	111 31.5%	98 27.8%	37 10.5%	328 93.2%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	3 0.9%	2 0.6%	0 0.0%	6 1.7%
	Total (Column)	3 0.9%	38 10.8%	50 14.2%	117 33.2%	106 30.1%	38 10.8%	352 100.0%
	Count (n) 352							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

Frequency Total Percent		What is the highest grade or year of school you completed?						
		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
Angina or coronary heart disease?	Yes	1 0.3%	3 0.9%	6 1.7%	5 1.4%	7 2.0%	1 0.3%	23 6.6%
	No	2 0.6%	34 9.7%	43 12.3%	109 31.1%	98 27.9%	37 10.5%	323 92.0%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	4 1.1%	0 0.0%	0 0.0%	5 1.4%
	Total (Column)	3 0.9%	37 10.5%	50 14.2%	118 33.6%	105 29.9%	38 10.8%	351 100.0%
	Count (n) 351							
A stroke?	Yes	1 0.3%	3 0.9%	3 0.9%	7 2.0%	5 1.4%	0 0.0%	19 5.4%
	No	2 0.6%	34 9.7%	46 13.2%	109 31.2%	97 27.8%	38 10.9%	326 93.4%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	1 0.3%	2 0.6%	0 0.0%	4 1.1%
	Total (Column)	3 0.9%	37 10.6%	50 14.3%	117 33.5%	104 29.8%	38 10.9%	349 100.0%
	Count (n) 349							
Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?	Yes	1 0.3%	2 0.6%	13 3.7%	23 6.6%	29 8.3%	9 2.6%	77 22.1%
	No	2 0.6%	34 9.8%	36 10.3%	90 25.9%	74 21.3%	28 8.0%	264 75.9%
	Don't know/Not sure	0 0.0%	1 0.3%	0 0.0%	4 1.1%	2 0.6%	0 0.0%	7 2.0%
	Total (Column)	3 0.9%	37 10.6%	49 14.1%	117 33.6%	105 30.2%	37 10.6%	348 100.0%
	Count (n) 348							
Do you still have asthma?	Yes	1 0.8%	0 0.0%	7 5.7%	17 13.9%	20 16.4%	6 4.9%	51 41.8%
	No	2 1.6%	15 12.3%	13 10.7%	10 8.2%	13 10.7%	4 3.3%	57 46.7%
	Don't know/Not sure	0 0.0%	1 0.8%	2 1.6%	6 4.9%	4 3.3%	1 0.8%	14 11.5%
	Total (Column)	3 2.5%	16 13.1%	22 18.0%	33 27.0%	37 30.3%	11 9.0%	122 100.0%
	Count (n) 122							
Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?	Yes	1 0.3%	17 4.9%	29 8.3%	64 18.4%	59 17.0%	17 4.9%	187 53.7%
	No	2 0.6%	18 5.2%	21 6.0%	51 14.7%	43 12.4%	21 6.0%	156 44.8%
	Don't know/Not sure	0 0.0%	2 0.6%	0 0.0%	1 0.3%	2 0.6%	0 0.0%	5 1.4%
	Total (Column)	3 0.9%	37 10.6%	50 14.4%	116 33.3%	104 29.9%	38 10.9%	348 100.0%
	Count (n) 348							
Do you now smoke cigarettes every day, some days, or not at all?	Every day	0 0.0%	8 3.3%	21 8.6%	38 15.6%	28 11.5%	4 1.6%	99 40.6%
	Some days	0 0.0%	3 1.2%	2 0.8%	11 4.5%	6 2.5%	3 1.2%	25 10.2%
	Not at all	3 1.2%	16 6.6%	14 5.7%	38 15.6%	34 13.9%	15 6.1%	120 49.2%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	3 1.2%	27 11.1%	37 15.2%	87 35.7%	68 27.9%	22 9.0%	244 100.0%
	Count (n) 244							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

Frequency Total Percent		What is the highest grade or year of school you completed?						
		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	Yes	0 0.0%	7 4.5%	12 7.7%	36 23.2%	22 14.2%	5 3.2%	82 52.9%
	No	0 0.0%	8 5.2%	19 12.3%	24 15.5%	15 9.7%	5 3.2%	71 45.8%
	Don't know/Not sure	0 0.0%	1 0.6%	0 0.0%	0 0.0%	1 0.6%	0 0.0%	2 1.3%
	Total (Column)	0 0.0%	16 10.3%	31 20.0%	60 38.7%	38 24.5%	10 6.5%	155 100.0%
	Count (n) 155							
How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?	Within the past 6 months	0 0.0%	8 5.4%	12 8.2%	35 23.8%	23 15.6%	4 2.7%	82 55.8%
	Within the past year (6 months but less than 1 year ago)	0 0.0%	0 0.0%	0 0.0%	2 1.4%	2 1.4%	0 0.0%	4 2.7%
	With in the past 10 years (over 1 year but less than 10 years ago)	0 0.0%	1 0.7%	5 3.4%	3 2.0%	3 2.0%	0 0.0%	12 8.2%
	Never smoked regularly	0 0.0%	1 0.7%	0 0.0%	7 4.8%	4 2.7%	3 2.0%	15 10.2%
	Don't know/Not sure	0 0.0%	7 4.8%	8 5.4%	11 7.5%	4 2.7%	4 2.7%	34 23.1%
	Total (Column)	0 0.0%	17 11.6%	25 17.0%	58 39.5%	36 24.5%	11 7.5%	147 100.0%
	Count (n) 147							
What is your age in years?	18-29 Years	0 0.0%	3 0.9%	15 4.3%	24 6.9%	22 6.3%	3 0.9%	67 19.3%
	30-44 Years	1 0.3%	18 5.2%	16 4.6%	40 11.5%	45 13.0%	8 2.3%	128 36.9%
	45-64 Years	1 0.3%	9 2.6%	13 3.7%	35 10.1%	32 9.2%	17 4.9%	107 30.8%
	65+ Years	1 0.3%	4 1.2%	6 1.7%	18 5.2%	6 1.7%	10 2.9%	45 13.0%
	Total (Column)	3 0.9%	34 9.8%	50 14.4%	117 33.7%	105 30.3%	38 11.0%	347 100.0%
	Count (n) 347							
Are you Hispanic or Latino?	Yes	2 0.6%	20 5.7%	14 4.0%	20 5.7%	9 2.6%	2 0.6%	67 19.0%
	No	1 0.3%	17 4.8%	36 10.2%	97 27.6%	97 27.6%	36 10.2%	284 80.7%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	1 0.3%	0 0.0%	0 0.0%	1 0.3%
	Total (Column)	3 0.9%	37 10.5%	50 14.2%	118 33.5%	106 30.1%	38 10.8%	352 100.0%
	Count (n) 352							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

Frequency Total Percent		What is the highest grade or year of school you completed?						
		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
Are you.....? (Check only one)	Married	1 0.3%	20 5.7%	28 8.0%	60 17.0%	64 18.2%	29 8.2%	202 57.4%
	Divorced	0 0.0%	6 1.7%	3 0.9%	26 7.4%	20 5.7%	5 1.4%	60 17.0%
	Widowed	2 0.6%	2 0.6%	7 2.0%	12 3.4%	6 1.7%	3 0.9%	32 9.1%
	Separated	0 0.0%	3 0.9%	4 1.1%	5 1.4%	8 2.3%	1 0.3%	21 6.0%
	Never Married	0 0.0%	2 0.6%	3 0.9%	9 2.6%	5 1.4%	0 0.0%	19 5.4%
	A member of an unmarried couple	0 0.0%	3 0.9%	5 1.4%	7 2.0%	3 0.9%	0 0.0%	18 5.1%
	Total (Column)	3 0.9%	36 10.2%	50 14.2%	119 33.8%	106 30.1%	38 10.8%	352 100.0%
	Count (n) 352							
What is the highest grade or year of school you completed?	Never attended school or only kindergarten	3 0.8%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	3 0.8%
	Grades 1-8 (Elementary)	0 0.0%	38 10.7%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	38 10.7%
	Grades 9-11 (Some high school)	0 0.0%	0 0.0%	50 14.1%	0 0.0%	0 0.0%	0 0.0%	50 14.1%
	Grade 12 or GED (High school graduate)	0 0.0%	0 0.0%	0 0.0%	119 33.6%	0 0.0%	0 0.0%	119 33.6%
	College 1 year to 3 years (some college or technical school)	0 0.0%	0 0.0%	0 0.0%	0 0.0%	106 29.9%	0 0.0%	106 29.9%
	College 4 years or more (College graduate)	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	38 10.7%	38 10.7%
	Total (Column)	3 0.8%	38 10.7%	50 14.1%	119 33.6%	106 29.9%	38 10.7%	354 100.0%
	Count (n) 354							
Are you currently.....? (Check only one)	Employed for wages	0 0.0%	10 2.8%	22 6.3%	49 14.0%	48 13.7%	25 7.1%	154 43.9%
	Self-employed	0 0.0%	0 0.0%	0 0.0%	5 1.4%	7 2.0%	2 0.6%	14 4.0%
	Out of work for more than 1 year	1 0.3%	4 1.1%	1 0.3%	6 1.7%	8 2.3%	2 0.6%	22 6.3%
	Out of work for less than 1 year	0 0.0%	2 0.6%	3 0.9%	9 2.6%	13 3.7%	1 0.3%	28 8.0%
	A homemaker	0 0.0%	10 2.8%	11 3.1%	22 6.3%	13 3.7%	1 0.3%	57 16.2%
	Retired	1 0.3%	3 0.9%	5 1.4%	14 4.0%	10 2.8%	5 1.4%	38 10.8%
	Unable to work	1 0.3%	8 2.3%	8 2.3%	14 4.0%	6 1.7%	1 0.3%	38 10.8%
	Total (Column)	3 0.9%	37 10.5%	50 14.2%	119 33.9%	105 29.9%	37 10.5%	351 100.0%
	Count (n) 351							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

Frequency Total Percent		What is the highest grade or year of school you completed?						
		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
Is your annual household income from all sources.....?	Less than $25,000	2 0.6%	27 7.8%	28 8.1%	78 22.6%	52 15.1%	5 1.4%	192 55.7%
	$25,000 thru $49,000	0 0.0%	4 1.2%	10 2.9%	20 5.8%	25 7.2%	6 1.7%	65 18.8%
	$50,000 or more	1 0.3%	5 1.4%	9 2.6%	20 5.8%	27 7.8%	26 7.5%	88 25.5%
	Total (Column)	3 0.9%	36 10.4%	47 13.6%	118 34.2%	104 30.1%	37 10.7%	345 100.0%
	Count (n) 345							
Do you have more than one telephone number in your household? NOTE: Do not inluce cell phones or numbers that only used by a computer or fax machine.	Yes	0 0.0%	6 1.7%	5 1.4%	13 3.7%	13 3.7%	9 2.6%	46 13.1%
	No	3 0.9%	30 8.6%	45 12.9%	105 30.0%	92 26.3%	29 8.3%	304 86.9%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	3 0.9%	36 10.3%	50 14.3%	118 33.7%	105 30.0%	38 10.9%	350 100.0%
	Count (n) 350							
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	Yes	1 0.3%	27 7.7%	39 11.1%	99 28.3%	93 26.6%	35 10.0%	294 84.0%
	No	2 0.6%	10 2.9%	11 3.1%	17 4.9%	11 3.1%	3 0.9%	54 15.4%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	2 0.6%	0 0.0%	0 0.0%	2 0.6%
	Total (Column)	3 0.9%	37 10.6%	50 14.3%	118 33.7%	104 29.7%	38 10.9%	350 100.0%
	Count (n) 350							
During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.	Yes	2 0.6%	11 3.2%	14 4.0%	38 11.0%	35 10.1%	2 0.6%	102 29.4%
	No	1 0.3%	25 7.2%	33 9.5%	78 22.5%	70 20.2%	36 10.4%	243 70.0%
	Don't know/Not sure	0 0.0%	0 0.0%	2 0.6%	0 0.0%	0 0.0%	0 0.0%	2 0.6%
	Total (Column)	3 0.9%	36 10.4%	49 14.1%	116 33.4%	105 30.3%	38 11.0%	347 100.0%
	Count (n) 347							
Please indicate your sex:	Male	0 0.0%	6 1.7%	11 3.1%	27 7.7%	18 5.1%	7 2.0%	69 19.7%
	Female	3 0.9%	31 8.9%	39 11.1%	91 26.0%	86 24.6%	31 8.9%	281 80.3%
	Total (Column)	3 0.9%	37 10.6%	50 14.3%	118 33.7%	104 29.7%	38 10.9%	350 100.0%
	Count (n) 350							
To your knowledge, is someone in your household now pregnant?	Yes	1 0.3%	4 1.2%	4 1.2%	10 2.9%	3 0.9%	1 0.3%	23 6.6%
	No	2 0.6%	31 9.0%	46 13.3%	105 30.3%	102 29.5%	36 10.4%	322 93.1%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	1 0.3%	1 0.3%
	Total (Column)	3 0.9%	35 10.1%	50 14.5%	115 33.2%	105 30.3%	38 11.0%	346 100.0%
	Count (n) 346							
To your knowledge, is someone in your household now pregnant?	Yes	0 0.0%	4 8.0%	2 4.0%	2 4.0%	1 2.0%	0 0.0%	9 18.0%
	No	0 0.0%	9 18.0%	7 14.0%	15 30.0%	8 16.0%	2 4.0%	41 82.0%
	Total (Column)	0 0.0%	13 26.0%	9 18.0%	17 34.0%	9 18.0%	2 4.0%	50 100.0%
	Count (n) 50							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

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		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
If a community clinic for low income residents was available, would you use it?	Yes	3 0.9%	29 8.4%	45 13.0%	102 29.4%	79 22.8%	15 4.3%	273 78.7%
	No	0 0.0%	4 1.2%	1 0.3%	9 2.6%	15 4.3%	19 5.5%	48 13.8%
	Don't know/Not sure	0 0.0%	2 0.6%	2 0.6%	7 2.0%	11 3.2%	4 1.2%	26 7.5%
	Total (Column)	3 0.9%	35 10.1%	48 13.8%	118 34.0%	105 30.3%	38 11.0%	347 100.0%
	Count (n) 347							
People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?	Yes	2 0.6%	12 3.4%	7 2.0%	33 9.5%	42 12.0%	12 3.4%	108 30.9%
	No	1 0.3%	23 6.6%	42 12.0%	83 23.8%	62 17.8%	26 7.4%	237 67.9%
	Don't know/Not sure	0 0.0%	2 0.6%	1 0.3%	1 0.3%	0 0.0%	0 0.0%	4 1.1%
	Total (Column)	3 0.9%	37 10.6%	50 14.3%	117 33.5%	104 29.8%	38 10.9%	349 100.0%
	Count (n) 349							
Are you limited in any way in any activities because of physical, mental, or emotional problems?	Yes	1 0.3%	12 3.4%	16 4.5%	45 12.8%	34 9.7%	10 2.8%	118 33.5%
	No	2 0.6%	24 6.8%	32 9.1%	71 20.2%	70 19.9%	28 8.0%	227 64.5%
	Don't know/Not sure	0 0.0%	2 0.6%	2 0.6%	1 0.3%	2 0.6%	0 0.0%	7 2.0%
	Total (Column)	3 0.9%	38 10.8%	50 14.2%	117 33.2%	106 30.1%	38 10.8%	352 100.0%
	Count (n) 352							
Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.	Yes	0 0.0%	6 1.7%	7 2.0%	20 5.7%	11 3.1%	3 0.8%	47 13.3%
	No	2 0.6%	32 9.1%	42 11.9%	99 28.0%	94 26.6%	35 9.9%	304 86.1%
	Don't know/Not sure	1 0.3%	0 0.0%	0 0.0%	0 0.0%	1 0.3%	0 0.0%	2 0.6%
	Total (Column)	3 0.8%	38 10.8%	49 13.9%	119 33.7%	106 30.0%	38 10.8%	353 100.0%
	Count (n) 353							
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?	Yes	0 0.0%	5 1.4%	10 2.8%	29 8.2%	41 11.6%	20 5.6%	105 29.7%
	No	3 0.8%	33 9.3%	40 11.3%	90 25.4%	65 18.4%	18 5.1%	249 70.3%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	3 0.8%	38 10.7%	50 14.1%	119 33.6%	106 29.9%	38 10.7%	354 100.0%
	Count (n) 354							
During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?	True	0 0.0%	1 0.8%	4 3.3%	10 8.3%	8 6.6%	4 3.3%	27 22.3%
	False	1 0.8%	11 9.1%	11 9.1%	21 17.4%	34 28.1%	16 13.2%	94 77.7%
	Total (Column)	1 0.8%	12 9.9%	15 12.4%	31 25.6%	42 34.7%	20 16.5%	121 100.0%
	Count (n) 121							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

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During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?	Yes	2 0.6%	20 5.7%	21 6.0%	36 10.3%	41 11.7%	18 5.1%	138 39.3%
	No	1 0.3%	17 4.8%	27 7.7%	82 23.4%	64 18.2%	20 5.7%	211 60.1%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	0 0.0%	1 0.3%	0 0.0%	2 0.6%
	Total (Column)	3 0.9%	37 10.5%	49 14.0%	118 33.6%	106 30.2%	38 10.8%	351 100.0%
	Count (n) 351							
Have you EVER been told by a doctor or other heath professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	Yes	2 0.6%	13 3.7%	15 4.2%	45 12.7%	34 9.6%	14 4.0%	123 34.7%
	No	1 0.3%	21 5.9%	35 9.9%	73 20.6%	70 19.8%	24 6.8%	224 63.3%
	Don't know/Not sure	0 0.0%	4 1.1%	0 0.0%	1 0.3%	2 0.6%	0 0.0%	7 2.0%
	Total (Column)	3 0.8%	38 10.7%	50 14.1%	119 33.6%	106 29.9%	38 10.7%	354 100.0%
	Count (n) 354							
Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	Yes	2 0.6%	14 4.0%	14 4.0%	42 12.0%	29 8.3%	11 3.1%	112 31.9%
	No	1 0.3%	22 6.3%	33 9.4%	71 20.2%	75 21.4%	27 7.7%	229 65.2%
	Don't know/Not sure	0 0.0%	2 0.6%	2 0.6%	4 1.1%	2 0.6%	0 0.0%	10 2.8%
	Total (Column)	3 0.9%	38 10.8%	49 14.0%	117 33.3%	106 30.2%	38 10.8%	351 100.0%
	Count (n) 351							
How often do you eat carrots?	Yes	0 0.0%	1 7.7%	2 15.4%	4 30.8%	6 46.2%	0 0.0%	13 100.0%
	No	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	0 0.0%	1 7.7%	2 15.4%	4 30.8%	6 46.2%	0 0.0%	13 100.0%
	Count (n) 13							
Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuming, gardening, or anything else that causes some increase in breathing or heart rate?	Yes	1 0.3%	23 6.7%	30 8.7%	88 25.5%	80 23.2%	30 8.7%	252 73.0%
	No	2 0.6%	6 1.7%	15 4.3%	27 7.8%	21 6.1%	8 2.3%	79 22.9%
	Don't know/Not sure	0 0.0%	6 1.7%	2 0.6%	2 0.6%	4 1.2%	0 0.0%	14 4.1%
	Total (Column)	3 0.9%	35 10.1%	47 13.6%	117 33.9%	105 30.4%	38 11.0%	345 100.0%
	Count (n) 345							
Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?	Yes	0 0.0%	12 3.6%	15 4.5%	45 13.4%	46 13.7%	22 6.5%	140 41.7%
	No	3 0.9%	18 5.4%	25 7.4%	67 19.9%	50 14.9%	15 4.5%	178 53.0%
	Don't know/Not sure	0 0.0%	4 1.2%	4 1.2%	3 0.9%	7 2.1%	0 0.0%	18 5.4%
	Total (Column)	3 0.9%	34 10.1%	44 13.1%	115 34.2%	103 30.7%	37 11.0%	336 100.0%
	Count (n) 336							

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Education

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		Never attended school or only kindergarten	Grades 1-8 (Elementary)	Grades 9-11 (Some high school)	Grade 12 or GED (High school graduate)	College 1 year to 3 years (some college or technical school)	College 4 years or more (College graduate)	Total (Row)
Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.	Yes	0 0.0%	13 4.0%	16 4.9%	50 15.4%	46 14.2%	14 4.3%	139 42.8%
	No	3 0.9%	18 5.5%	30 9.2%	55 16.9%	44 13.5%	14 4.3%	164 50.5%
	Don't know/Not sure	0 0.0%	4 1.2%	2 0.6%	4 1.2%	11 3.4%	1 0.3%	22 6.8%
	Total (Column)	3 0.9%	35 10.8%	48 14.8%	109 33.5%	101 31.1%	29 8.9%	325 100.0%
	Count (n) 325							
After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?	Yes	0 0.0%	3 1.0%	4 1.3%	9 2.9%	7 2.2%	2 0.6%	25 7.9%
	No	3 1.0%	32 10.2%	44 14.0%	95 30.2%	88 27.9%	27 8.6%	289 91.7%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	1 0.3%	0 0.0%	0 0.0%	1 0.3%
	Total (Column)	3 1.0%	35 11.1%	48 15.2%	105 33.3%	95 30.2%	29 9.2%	315 100.0%
	Count (n) 315							
How often do you get the social and emotional support you need? NOTE: Please include support from any source.	Always	0 0.0%	8 2.3%	9 2.6%	25 7.3%	24 7.0%	9 2.6%	75 21.9%
	Usually	1 0.3%	5 1.5%	12 3.5%	31 9.0%	32 9.3%	17 5.0%	98 28.6%
	Sometimes	1 0.3%	17 5.0%	11 3.2%	30 8.7%	26 7.6%	8 2.3%	93 27.1%
	Rarely	0 0.0%	1 0.3%	7 2.0%	14 4.1%	13 3.8%	3 0.9%	38 11.1%
	Never	1 0.3%	2 0.6%	6 1.7%	10 2.9%	7 2.0%	1 0.3%	27 7.9%
	Don't know/Not sure	0 0.0%	4 1.2%	4 1.2%	4 1.2%	0 0.0%	0 0.0%	12 3.5%
	Total (Column)	3 0.9%	37 10.8%	49 14.3%	114 33.2%	102 29.7%	38 11.1%	343 100.0%
	Count (n) 343							
In general, how satisfied are you with your life?	Very satisfied	1 0.3%	5 1.5%	5 1.5%	19 5.6%	18 5.3%	15 4.4%	63 18.6%
	Satisfied	1 0.3%	21 6.2%	28 8.3%	67 19.8%	56 16.5%	19 5.6%	192 56.6%
	Dissatisfied	1 0.3%	6 1.8%	10 2.9%	18 5.3%	18 5.3%	2 0.6%	55 16.2%
	Very dissatisfied	0 0.0%	1 0.3%	1 0.3%	3 0.9%	5 1.5%	0 0.0%	10 2.9%
	Don't know/Not sure	0 0.0%	3 0.9%	3 0.9%	7 2.1%	5 1.5%	1 0.3%	19 5.6%
	Total (Column)	3 0.9%	36 10.6%	47 13.9%	114 33.6%	102 30.1%	37 10.9%	339 100.0%
	Count (n) 339							
Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.	Yes	0 0.0%	1 0.3%	6 1.8%	11 3.2%	15 4.4%	7 2.0%	40 11.7%
	No	3 0.9%	34 9.9%	43 12.6%	101 29.5%	86 25.1%	30 8.8%	297 86.8%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	2 0.6%	2 0.6%	1 0.3%	5 1.5%
	Total (Column)	3 0.9%	35 10.2%	49 14.3%	114 33.3%	103 30.1%	38 11.1%	342 100.0%
	Count (n) 342							

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Would you say that in general your health is	Excellent	9 2.7%	4 1.2%	8 2.4%	21 6.2%
	Very Good	17 5.0%	14 4.1%	28 8.3%	59 17.4%
	Good	80 23.6%	24 7.1%	31 9.1%	135 39.8%
	Fair	43 12.7%	23 6.8%	13 3.8%	79 23.3%
	Poor	31 9.1%	0 0.0%	5 1.5%	36 10.6%
	Don't Know/Not Sure	7 2.1%	0 0.0%	2 0.6%	9 2.7%
	Total (Column)	187 55.2%	65 19.2%	87 25.7%	339 100.0%
	Count (n) 339				
Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?	Yes	86 25.8%	18 5.4%	19 5.7%	123 36.9%
	No	96 28.8%	47 14.1%	67 20.1%	210 63.1%
	Total (Column)	182 54.7%	65 19.5%	86 25.8%	333 100.0%
	Count (n) 333				
Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?	Yes	90 27.3%	18 5.5%	25 7.6%	133 40.3%
	No	91 27.6%	46 13.9%	60 18.2%	197 59.7%
	Total (Column)	181 54.8%	64 19.4%	85 25.8%	330 100.0%
	Count (n) 330				
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?	Yes	71 20.9%	37 10.9%	61 18.0%	169 49.9%
	No	114 33.6%	28 8.3%	27 8.0%	169 49.9%
	Don't know/Not sure	1 0.3%	0 0.0%	0 0.0%	1 0.3%
	Total (Column)	186 54.9%	65 19.2%	88 26.0%	339 100.0%
	Count (n) 339				
Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?	Yes - only one	102 30.2%	40 11.8%	51 15.1%	193 57.1%
	No - more than one person	25 7.4%	9 2.7%	19 5.6%	53 15.7%
	No - no one	57 16.9%	16 4.7%	13 3.8%	86 25.4%
	Don't know/not sure	2 0.6%	0 0.0%	4 1.2%	6 1.8%
	Total (Column)	186 55.0%	65 19.2%	87 25.7%	338 100.0%
	Count (n) 338				
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	Yes	135 40.3%	40 11.9%	27 8.1%	202 60.3%
	No	44 13.1%	23 6.9%	58 17.3%	125 37.3%
	Don't know/Not sure	4 1.2%	2 0.6%	2 0.6%	8 2.4%
	Total (Column)	183 54.6%	65 19.4%	87 26.0%	335 100.0%
	Count (n) 335				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition?	Within past year (anytime less than 12 months ago)	59 17.5%	19 5.6%	43 12.8%	121 35.9%
	Within past 2 years (1 year but less than 2 years ago)	45 13.4%	14 4.2%	16 4.7%	75 22.3%
	Within past 5 years (2 years but less than 5 years ago)	28 8.3%	11 3.3%	9 2.7%	48 14.2%
	5 or more years ago	38 11.3%	17 5.0%	11 3.3%	66 19.6%
	Never	10 3.0%	4 1.2%	5 1.5%	19 5.6%
	Don't Know/Not sure	5 1.5%	0 0.0%	3 0.9%	8 2.4%
	Total (Column)	185 54.9%	65 19.3%	87 25.8%	337 100.0%
	Count (n) 337				
During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?	Yes	124 36.8%	38 11.3%	48 14.2%	210 62.3%
	No	61 18.1%	27 8.0%	39 11.6%	127 37.7%
	Total (Column)	185 54.9%	65 19.3%	87 25.8%	337 100.0%
	Count (n) 337				
During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Yes	87 25.4%	32 9.4%	53 15.5%	172 50.3%
	No	99 28.9%	33 9.6%	34 9.9%	166 48.5%
	Don't know/Not sure	3 0.9%	0 0.0%	1 0.3%	4 1.2%
	Total (Column)	189 55.3%	65 19.0%	88 25.7%	342 100.0%
	Count (n) 342				
Have you EVER been told by a doctor that you have diabetes?	Yes	34 9.9%	5 1.4%	5 1.4%	44 12.8%
	Yes, only during pregnancy	7 2.0%	3 0.9%	6 1.7%	16 4.6%
	No	139 40.3%	55 15.9%	76 22.0%	270 78.3%
	Yes, pre-diabetes or borderline diabetes	10 2.9%	1 0.3%	0 0.0%	11 3.2%
	Don't know/Not sure	2 0.6%	1 0.3%	1 0.3%	4 1.2%
	Total (Column)	192 55.7%	65 18.8%	88 25.5%	345 100.0%
	Count (n) 345				
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	Yes	77 22.4%	15 4.4%	23 6.7%	115 33.5%
	Yes, only during pregnancy Skip to A12	7 2.0%	3 0.9%	2 0.6%	12 3.5%
	No Skip to A12	98 28.6%	43 12.5%	61 17.8%	202 58.9%
	Yes, borderline high or pre-hypertensive Skip to A12	6 1.7%	3 0.9%	1 0.3%	10 2.9%
	Don't know/Not sure Skip to A12	3 0.9%	1 0.3%	0 0.0%	4 1.2%
	Total (Column)	191 55.7%	65 19.0%	87 25.4%	343 100.0%
	Count (n) 343				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Are you currently taking medicine for your high blood pressure?	Yes	59 36.4%	11 6.8%	17 10.5%	87 53.7%
	No	48 29.6%	9 5.6%	18 11.1%	75 46.3%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	107 66.0%	20 12.3%	35 21.6%	162 100.0%
	Count (n) 162				
Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?	Yes	94 28.9%	26 8.0%	51 15.7%	171 52.6%
	No	79 24.3%	25 7.7%	27 8.3%	131 40.3%
	Don't know/Not sure	10 3.1%	6 1.8%	7 2.2%	23 7.1%
	Total (Column)	183 56.3%	57 17.5%	85 26.2%	325 100.0%
	Count (n) 325				
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?	Yes	52 22.6%	12 5.2%	19 8.3%	83 36.1%
	No	70 30.4%	27 11.7%	42 18.3%	139 60.4%
	Don't know/Not sure	5 2.2%	1 0.4%	2 0.9%	8 3.5%
	Total (Column)	127 55.2%	40 17.4%	63 27.4%	230 100.0%
	Count (n) 230				
A heart attack, also called a myocardial infarction?	Yes	14 4.1%	1 0.3%	3 0.9%	18 5.2%
	No	173 50.3%	62 18.0%	85 24.7%	320 93.0%
	Don't know/Not sure	5 1.5%	1 0.3%	0 0.0%	6 1.7%
	Total (Column)	192 55.8%	64 18.6%	88 25.6%	344 100.0%
	Count (n) 344				
Angina or coronary heart disease?	Yes	18 5.2%	2 0.6%	3 0.9%	23 6.7%
	No	168 49.0%	62 18.1%	85 24.8%	315 91.8%
	Don't know/Not sure	4 1.2%	1 0.3%	0 0.0%	5 1.5%
	Total (Column)	190 55.4%	65 19.0%	88 25.7%	343 100.0%
	Count (n) 343				
A stroke?	Yes	12 3.5%	3 0.9%	4 1.2%	19 5.6%
	No	174 51.2%	60 17.6%	83 24.4%	317 93.2%
	Don't know/Not sure	3 0.9%	1 0.3%	0 0.0%	4 1.2%
	Total (Column)	189 55.6%	64 18.8%	87 25.6%	340 100.0%
	Count (n) 340				
Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?	Yes	46 13.5%	13 3.8%	16 4.7%	75 22.1%
	No	137 40.3%	51 15.0%	70 20.6%	258 75.9%
	Don't know/Not sure	5 1.5%	1 0.3%	1 0.3%	7 2.1%
	Total (Column)	188 55.3%	65 19.1%	87 25.6%	340 100.0%
	Count (n) 340				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Do you still have asthma?	Yes	31 26.5%	10 8.5%	9 7.7%	50 42.7%
	No	29 24.8%	9 7.7%	15 12.8%	53 45.3%
	Don't know/Not sure	10 8.5%	2 1.7%	2 1.7%	14 12.0%
	Total (Column)	70 59.8%	21 17.9%	26 22.2%	117 100.0%
	Count (n) 117				
Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?	Yes	112 32.9%	33 9.7%	40 11.8%	185 54.4%
	No	75 22.1%	30 8.8%	45 13.2%	150 44.1%
	Don't know/Not sure	2 0.6%	1 0.3%	2 0.6%	5 1.5%
	Total (Column)	189 55.6%	64 18.8%	87 25.6%	340 100.0%
	Count (n) 340				
Do you now smoke cigarettes every day, some days, or not at all?	Every day	65 27.2%	17 7.1%	16 6.7%	98 41.0%
	Some days	13 5.4%	4 1.7%	7 2.9%	24 10.0%
	Not at all	66 27.6%	22 9.2%	29 12.1%	117 49.0%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	144 60.3%	43 18.0%	52 21.8%	239 100.0%
	Count (n) 239				
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	Yes	52 34.2%	13 8.6%	16 10.5%	81 53.3%
	No	42 27.6%	14 9.2%	13 8.6%	69 45.4%
	Don't know/Not sure	1 0.7%	0 0.0%	1 0.7%	2 1.3%
	Total (Column)	95 62.5%	27 17.8%	30 19.7%	152 100.0%
	Count (n) 152				
How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?	Within the past 6 months	54 37.2%	13 9.0%	15 10.3%	82 56.6%
	Within the past year (6 months but less than 1 year ago)	4 2.8%	0 0.0%	0 0.0%	4 2.8%
	With in the past 10 years (over 1 year but less than 10 years ago)	8 5.5%	2 1.4%	2 1.4%	12 8.3%
	Never smoked regularly	11 7.6%	2 1.4%	2 1.4%	15 10.3%
	Don't know/Not sure	16 11.0%	7 4.8%	9 6.2%	32 22.1%
	Total (Column)	93 64.1%	24 16.6%	28 19.3%	145 100.0%
	Count (n) 145				
What is your age in years?	18-29 Years	36 10.6%	13 3.8%	18 5.3%	67 19.8%
	30-44 Years	63 18.6%	30 8.8%	31 9.1%	124 36.6%
	45-64 Years	66 19.5%	16 4.7%	22 6.5%	104 30.7%
	65+ Years	24 7.1%	6 1.8%	14 4.1%	44 13.0%
	Total (Column)	189 55.8%	65 19.2%	85 25.1%	339 100.0%
	Count (n) 339				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Are you Hispanic or Latino?	Yes	38 11.1%	15 4.4%	10 2.9%	63 18.4%
	No	153 44.6%	49 14.3%	77 22.4%	279 81.3%
	Don't know/Not sure	0 0.0%	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	191 55.7%	65 19.0%	87 25.4%	343 100.0%
	Count (n) 343				
Are you.....? (Check only one)	Married	79 23.0%	50 14.5%	68 19.8%	197 57.3%
	Divorced	45 13.1%	7 2.0%	8 2.3%	60 17.4%
	Widowed	25 7.3%	1 0.3%	5 1.5%	31 9.0%
	Separated	18 5.2%	0 0.0%	2 0.6%	20 5.8%
	Never Married	11 3.2%	4 1.2%	4 1.2%	19 5.5%
	A member of an unmarried couple	13 3.8%	3 0.9%	1 0.3%	17 4.9%
	Total (Column)	191 55.5%	65 18.9%	88 25.6%	344 100.0%
	Count (n) 344				
What is the highest grade or year of school you completed?	Never attended school or only kindergarten	2 0.6%	0 0.0%	1 0.3%	3 0.9%
	Grades 1-8 (Elementary)	27 7.8%	4 1.2%	5 1.4%	36 10.4%
	Grades 9-11 (Some high school)	28 8.1%	10 2.9%	9 2.6%	47 13.6%
	Grade 12 or GED (High school graduate)	78 22.6%	20 5.8%	20 5.8%	118 34.2%
	College 1 year to 3 years (some college or technical school)	52 15.1%	25 7.2%	27 7.8%	104 30.1%
	College 4 years or more (College graduate)	5 1.4%	6 1.7%	26 7.5%	37 10.7%
	Total (Column)	192 55.7%	65 18.8%	88 25.5%	345 100.0%
	Count (n) 345				
Are you currently.....? (Check only one)	Employed for wages	71 20.8%	39 11.4%	42 12.3%	152 44.4%
	Self-employed	8 2.3%	2 0.6%	3 0.9%	13 3.8%
	Out of work for more than 1 year	19 5.6%	0 0.0%	3 0.9%	22 6.4%
	Out of work for less than 1 year	20 5.8%	5 1.5%	3 0.9%	28 8.2%
	A homemaker	21 6.1%	13 3.8%	18 5.3%	52 15.2%
	Retired	22 6.4%	4 1.2%	12 3.5%	38 11.1%
	Unable to work	30 8.8%	2 0.6%	5 1.5%	37 10.8%
	Total (Column)	191 55.8%	65 19.0%	86 25.1%	342 100.0%
	Count (n) 342				
Is your annual household income from all sources.....?	Less than $25,000	192 55.7%	0 0.0%	0 0.0%	192 55.7%
	$25,000 thru $49,000	0 0.0%	65 18.8%	0 0.0%	65 18.8%
	$50,000 or more	0 0.0%	0 0.0%	88 25.5%	88 25.5%
	Total (Column)	192 55.7%	65 18.8%	88 25.5%	345 100.0%
	Count (n) 345				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Do you have more than one telephone number in your household? NOTE: Do not inluce cell phones or numbers that only used by a computer or fax machine.	Yes	21 6.1%	8 2.3%	13 3.8%	42 12.3%
	No	168 49.1%	57 16.7%	75 21.9%	300 87.7%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	189 55.3%	65 19.0%	88 25.7%	342 100.0%
	Count (n) 342				
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	Yes	150 44.0%	61 17.9%	78 22.9%	289 84.8%
	No	38 11.1%	4 1.2%	8 2.3%	50 14.7%
	Don't know/Not sure	0 0.0%	0 0.0%	2 0.6%	2 0.6%
	Total (Column)	188 55.1%	65 19.1%	88 25.8%	341 100.0%
	Count (n) 341				
During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.	Yes	67 19.8%	23 6.8%	12 3.5%	102 30.1%
	No	119 35.1%	42 12.4%	74 21.8%	235 69.3%
	Don't know/Not sure	0 0.0%	0 0.0%	2 0.6%	2 0.6%
	Total (Column)	186 54.9%	65 19.2%	88 26.0%	339 100.0%
	Count (n) 339				
Please indicate your sex:	Male	33 9.7%	17 5.0%	18 5.3%	68 19.9%
	Female	155 45.5%	48 14.1%	70 20.5%	273 80.1%
	Total (Column)	188 55.1%	65 19.1%	88 25.8%	341 100.0%
	Count (n) 341				
To your knowledge, is someone in your household now pregnant?	Yes	14 4.1%	4 1.2%	3 0.9%	21 6.2%
	No	171 50.6%	61 18.0%	84 24.9%	316 93.5%
	Don't know/Not sure	1 0.3%	0 0.0%	0 0.0%	1 0.3%
	Total (Column)	186 55.0%	65 19.2%	87 25.7%	338 100.0%
	Count (n) 338				
To your knowledge, is someone in your household now pregnant?	Yes	7 14.6%	1 2.1%	0 0.0%	8 16.7%
	No	21 43.8%	5 10.4%	14 29.2%	40 83.3%
	Total (Column)	28 58.3%	6 12.5%	14 29.2%	48 100.0%
	Count (n) 48				
If a community clinic for low income residents was available, would you use it?	Yes	169 49.9%	53 15.6%	48 14.2%	270 79.6%
	No	10 2.9%	8 2.4%	27 8.0%	45 13.3%
	Don't know/Not sure	8 2.4%	3 0.9%	13 3.8%	24 7.1%
	Total (Column)	187 55.2%	64 18.9%	88 26.0%	339 100.0%
	Count (n) 339				
People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?	Yes	64 18.8%	19 5.6%	22 6.5%	105 30.8%
	No	122 35.8%	45 13.2%	65 19.1%	232 68.0%
	Don't know/Not sure	3 0.9%	1 0.3%	0 0.0%	4 1.2%
	Total (Column)	189 55.4%	65 19.1%	87 25.5%	341 100.0%
	Count (n) 341				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Are you limited in any way in any activities because of physical, mental, or emotional problems?	Yes	75 21.9%	19 5.5%	22 6.4%	116 33.8%
	No	112 32.7%	46 13.4%	62 18.1%	220 64.1%
	Don't know/Not sure	4 1.2%	0 0.0%	3 0.9%	7 2.0%
	Total (Column)	191 55.7%	65 19.0%	87 25.4%	343 100.0%
	Count (n) 343				
Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.	Yes	31 9.0%	3 0.9%	11 3.2%	45 13.1%
	No	159 46.2%	62 18.0%	76 22.1%	297 86.3%
	Don't know/Not sure	1 0.3%	0 0.0%	1 0.3%	2 0.6%
	Total (Column)	191 55.5%	65 18.9%	88 25.6%	344 100.0%
	Count (n) 344				
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?	Yes	54 15.7%	18 5.2%	33 9.6%	105 30.4%
	No	138 40.0%	47 13.6%	55 15.9%	240 69.6%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	192 55.7%	65 18.8%	88 25.5%	345 100.0%
	Count (n) 345				
During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?	True	18 15.1%	3 2.5%	6 5.0%	27 22.7%
	False	48 40.3%	14 11.8%	30 25.2%	92 77.3%
	Total (Column)	66 55.5%	17 14.3%	36 30.3%	119 100.0%
	Count (n) 119				
During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?	Yes	67 19.6%	25 7.3%	39 11.4%	131 38.3%
	No	121 35.4%	40 11.7%	48 14.0%	209 61.1%
	Don't know/Not sure	1 0.3%	0 0.0%	1 0.3%	2 0.6%
	Total (Column)	189 55.3%	65 19.0%	88 25.7%	342 100.0%
	Count (n) 342				
Have you EVER been told by a doctor or other heath professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	Yes	75 21.7%	18 5.2%	28 8.1%	121 35.1%
	No	110 31.9%	47 13.6%	60 17.4%	217 62.9%
	Don't know/Not sure	7 2.0%	0 0.0%	0 0.0%	7 2.0%
	Total (Column)	192 55.7%	65 18.8%	88 25.5%	345 100.0%
	Count (n) 345				
Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	Yes	69 20.2%	19 5.6%	22 6.4%	110 32.2%
	No	112 32.7%	46 13.5%	64 18.7%	222 64.9%
	Don't know/Not sure	9 2.6%	0 0.0%	1 0.3%	10 2.9%
	Total (Column)	190 55.6%	65 19.0%	87 25.4%	342 100.0%
	Count (n) 342				
How often do you eat carrots?	Yes	8 61.5%	1 7.7%	4 30.8%	13 100.0%
	No	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	8 61.5%	1 7.7%	4 30.8%	13 100.0%
	Count (n) 13				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuming, gardening, or anything else that causes some increase in breathing or heart rate?	Yes	130 38.5%	54 16.0%	62 18.3%	246 72.8%
	No	49 14.5%	8 2.4%	21 6.2%	78 23.1%
	Don't know/Not sure	8 2.4%	3 0.9%	3 0.9%	14 4.1%
	Total (Column)	187 55.3%	65 19.2%	86 25.4%	338 100.0%
	Count (n) 338				
Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?	Yes	69 20.9%	30 9.1%	37 11.2%	136 41.2%
	No	104 31.5%	32 9.7%	41 12.4%	177 53.6%
	Don't know/Not sure	9 2.7%	2 0.6%	6 1.8%	17 5.2%
	Total (Column)	182 55.2%	64 19.4%	84 25.5%	330 100.0%
	Count (n) 330				
Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.	Yes	80 25.2%	24 7.6%	31 9.8%	135 42.6%
	No	84 26.5%	35 11.0%	41 12.9%	160 50.5%
	Don't know/Not sure	14 4.4%	2 0.6%	6 1.9%	22 6.9%
	Total (Column)	178 56.2%	61 19.2%	78 24.6%	317 100.0%
	Count (n) 317				
After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any	Yes	14 4.6%	5 1.6%	6 2.0%	25 8.1%
	No	158 51.5%	53 17.3%	70 22.8%	281 91.5%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	1 0.3%
	Total (Column)	172 56.0%	58 18.9%	77 25.1%	307 100.0%
	Count (n) 307				
How often do you get the social and emotional support you need? NOTE: Please include support from any source.	Always	38 11.3%	15 4.5%	21 6.3%	74 22.1%
	Usually	38 11.3%	20 6.0%	38 11.3%	96 28.7%
	Sometimes	61 18.2%	14 4.2%	14 4.2%	89 26.6%
	Rarely	25 7.5%	6 1.8%	7 2.1%	38 11.3%
	Never	16 4.8%	8 2.4%	2 0.6%	26 7.8%
	Don't know/Not sure	8 2.4%	2 0.6%	2 0.6%	12 3.6%
	Total (Column)	186 55.5%	65 19.4%	84 25.1%	335 100.0%
	Count (n) 335				
In general, how satisfied are you with your life?	Very satisfied	17 5.1%	18 5.4%	24 7.2%	59 17.8%
	Satisfied	106 31.9%	35 10.5%	48 14.5%	189 56.9%
	Dissatisfied	40 12.0%	9 2.7%	6 1.8%	55 16.6%
	Very dissatisfied	9 2.7%	1 0.3%	0 0.0%	10 3.0%
	Don't know/Not sure	12 3.6%	2 0.6%	5 1.5%	19 5.7%
	Total (Column)	184 55.4%	65 19.6%	83 25.0%	332 100.0%
	Count (n) 332				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Income

Frequency Total Percent		Is your annual household income from all sources.....?			
		Less than $25,000	$25,000 thru $49,000	$50,000 or more	Total (Row)
Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.	Yes	23 6.9%	7 2.1%	9 2.7%	39 11.7%
	No	158 47.4%	57 17.1%	74 22.2%	289 86.8%
	Don't know/Not sure	3 0.9%	1 0.3%	1 0.3%	5 1.5%
	Total (Column)	184 55.3%	65 19.5%	84 25.2%	333 100.0%
	Count (n) 333				

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Would you say that in general your health is	Excellent	5 1.4%	16 4.6%	21 6.1%
	Very Good	12 3.5%	48 13.8%	60 17.3%
	Good	26 7.5%	114 32.9%	140 40.3%
	Fair	18 5.2%	62 17.9%	80 23.1%
	Poor	8 2.3%	28 8.1%	36 10.4%
	Don't Know/Not Sure	1 0.3%	9 2.6%	10 2.9%
	Total (Column)	70 20.2%	277 79.8%	347 100.0%
	Count (n) 347			
Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?	Yes	26 7.7%	98 28.9%	124 36.6%
	No	42 12.4%	173 51.0%	215 63.4%
	Total (Column)	68 20.1%	271 79.9%	339 100.0%
	Count (n) 339			
Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?	Yes	26 7.7%	110 32.7%	136 40.5%
	No	43 12.8%	157 46.7%	200 59.5%
	Total (Column)	69 20.5%	267 79.5%	336 100.0%
	Count (n) 336			
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?	Yes	35 10.1%	138 39.8%	173 49.9%
	No	33 9.5%	140 40.3%	173 49.9%
	Don't know/Not sure	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	69 19.9%	278 80.1%	347 100.0%
	Count (n) 347			
Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?	Yes - only one	32 9.3%	161 46.7%	193 55.9%
	No - more than one person	15 4.3%	43 12.5%	58 16.8%
	No - no one	21 6.1%	67 19.4%	88 25.5%
	Don't know/not sure	2 0.6%	4 1.2%	6 1.7%
	Total (Column)	70 20.3%	275 79.7%	345 100.0%
	Count (n) 345			
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	Yes	33 9.6%	172 50.1%	205 59.8%
	No	31 9.0%	99 28.9%	130 37.9%
	Don't know/Not sure	5 1.5%	3 0.9%	8 2.3%
	Total (Column)	69 20.1%	274 79.9%	343 100.0%
	Count (n) 343			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition?	Within past year (anytime less than 12 months ago)	29 8.4%	96 27.8%	125 36.2%
	Within past 2 years (1 year but less than 2 years ago)	11 3.2%	66 19.1%	77 22.3%
	Within past 5 years (2 years but less than 5 years ago)	12 3.5%	36 10.4%	48 13.9%
	5 or more years ago	13 3.8%	52 15.1%	65 18.8%
	Never	5 1.4%	16 4.6%	21 6.1%
	Don't Know/Not sure	0 0.0%	9 2.6%	9 2.6%
	Total (Column)	70 20.3%	275 79.7%	345 100.0%
	Count (n) 345			
During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?	Yes	39 11.3%	173 50.3%	212 61.6%
	No	30 8.7%	102 29.7%	132 38.4%
	Total (Column)	69 20.1%	275 79.9%	344 100.0%
	Count (n) 344			
During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Yes	35 10.1%	142 40.8%	177 50.9%
	No	33 9.5%	134 38.5%	167 48.0%
	Don't know/Not sure	1 0.3%	3 0.9%	4 1.1%
	Total (Column)	69 19.8%	279 80.2%	348 100.0%
	Count (n) 348			
Have you EVER been told by a doctor that you have diabetes?	Yes	12 3.4%	33 9.4%	45 12.8%
	Yes, only during pregnancy	1 0.3%	15 4.3%	16 4.6%
	No	55 15.7%	220 62.7%	275 78.3%
	Yes, pre-diabetes or borderline diabetes	1 0.3%	10 2.8%	11 3.1%
	Don't know/Not sure	1 0.3%	3 0.9%	4 1.1%
	Total (Column)	70 19.9%	281 80.1%	351 100.0%
	Count (n) 351			
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	Yes	24 6.9%	92 26.5%	116 33.4%
	Yes, only during pregnancy Skip to A12	0 0.0%	13 3.7%	13 3.7%
	No Skip to A12	39 11.2%	165 47.6%	204 58.8%
	Yes, borderline high or pre-hypertensive Skip to A12	5 1.4%	5 1.4%	10 2.9%
	Don't know/Not sure Skip to A12	2 0.6%	2 0.6%	4 1.2%
	Total (Column)	70 20.2%	277 79.8%	347 100.0%
	Count (n) 347			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Are you currently taking medicine for your high blood pressure?	Yes	23 13.9%	66 39.8%	89 53.6%
	No	13 7.8%	64 38.6%	77 46.4%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	36 21.7%	130 78.3%	166 100.0%
	Count (n) 166			
Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?	Yes	40 12.2%	133 40.4%	173 52.6%
	No	23 7.0%	110 33.4%	133 40.4%
	Don't know/Not sure	5 1.5%	18 5.5%	23 7.0%
	Total (Column)	68 20.7%	261 79.3%	329 100.0%
	Count (n) 329			
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?	Yes	19 8.1%	66 28.1%	85 36.2%
	No	28 11.9%	114 48.5%	142 60.4%
	Don't know/Not sure	3 1.3%	5 2.1%	8 3.4%
	Total (Column)	50 21.3%	185 78.7%	235 100.0%
	Count (n) 235			
A heart attack, also called a myocardial infarction?	Yes	7 2.0%	10 2.9%	17 4.9%
	No	63 18.1%	263 75.4%	326 93.4%
	Don't know/Not sure	0 0.0%	6 1.7%	6 1.7%
	Total (Column)	70 20.1%	279 79.9%	349 100.0%
	Count (n) 349			
Angina or coronary heart disease?	Yes	5 1.4%	17 4.9%	22 6.3%
	No	64 18.4%	257 73.9%	321 92.2%
	Don't know/Not sure	1 0.3%	4 1.1%	5 1.4%
	Total (Column)	70 20.1%	278 79.9%	348 100.0%
	Count (n) 348			
A stroke?	Yes	7 2.0%	12 3.4%	19 5.5%
	No	63 18.1%	262 75.3%	325 93.4%
	Don't know/Not sure	0 0.0%	4 1.1%	4 1.1%
	Total (Column)	70 20.1%	278 79.9%	348 100.0%
	Count (n) 348			
Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?	Yes	11 3.2%	66 19.0%	77 22.2%
	No	57 16.4%	206 59.4%	263 75.8%
	Don't know/Not sure	2 0.6%	5 1.4%	7 2.0%
	Total (Column)	70 20.2%	277 79.8%	347 100.0%
	Count (n) 347			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Do you still have asthma?	Yes	7 5.8%	44 36.7%	51 42.5%
	No	13 10.8%	42 35.0%	55 45.8%
	Don't know/Not sure	2 1.7%	12 10.0%	14 11.7%
	Total (Column)	22 18.3%	98 81.7%	120 100.0%
	Count (n) 120			
Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?	Yes	46 13.3%	141 40.6%	187 53.9%
	No	24 6.9%	131 37.8%	155 44.7%
	Don't know/Not sure	0 0.0%	5 1.4%	5 1.4%
	Total (Column)	70 20.2%	277 79.8%	347 100.0%
	Count (n) 347			
Do you now smoke cigarettes every day, some days, or not at all?	Every day	14 5.8%	85 35.1%	99 40.9%
	Some days	7 2.9%	18 7.4%	25 10.3%
	Not at all	36 14.9%	82 33.9%	118 48.8%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	57 23.6%	185 76.4%	242 100.0%
	Count (n) 242			
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	Yes	16 10.5%	65 42.5%	81 52.9%
	No	15 9.8%	55 35.9%	70 45.8%
	Don't know/Not sure	0 0.0%	2 1.3%	2 1.3%
	Total (Column)	31 20.3%	122 79.7%	153 100.0%
	Count (n) 153			
How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?	Within the past 6 months	17 11.7%	65 44.8%	82 56.6%
	Within the past year (6 months but less than 1 year ago)	0 0.0%	4 2.8%	4 2.8%
	With in the past 10 years (over 1 year but less than 10 years ago)	1 0.7%	10 6.9%	11 7.6%
	Never smoked regularly	4 2.8%	10 6.9%	14 9.7%
	Don't know/Not sure	8 5.5%	26 17.9%	34 23.4%
	Total (Column)	30 20.7%	115 79.3%	145 100.0%
	Count (n) 145			
What is your age in years?	18-29 Years	9 2.6%	58 16.8%	67 19.4%
	30-44 Years	20 5.8%	108 31.2%	128 37.0%
	45-64 Years	30 8.7%	76 22.0%	106 30.6%
	65+ Years	11 3.2%	34 9.8%	45 13.0%
	Total (Column)	70 20.2%	276 79.8%	346 100.0%
	Count (n) 346			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Are you Hispanic or Latino?	Yes	10 2.9%	57 16.3%	67 19.2%
	No	59 16.9%	222 63.6%	281 80.5%
	Don't know/Not sure	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	70 20.1%	279 79.9%	349 100.0%
	Count (n) 349			
Are you.....? (Check only one)	Married	39 11.2%	162 46.4%	201 57.6%
	Divorced	14 4.0%	44 12.6%	58 16.6%
	Widowed	5 1.4%	27 7.7%	32 9.2%
	Separated	3 0.9%	18 5.2%	21 6.0%
	Never Married	3 0.9%	16 4.6%	19 5.4%
	A member of an unmarried couple	6 1.7%	12 3.4%	18 5.2%
	Total (Column)	70 20.1%	279 79.9%	349 100.0%
	Count (n) 349			
What is the highest grade or year of school you completed?	Never attended school or only kindergarten	0 0.0%	3 0.9%	3 0.9%
	Grades 1-8 (Elementary)	6 1.7%	31 8.9%	37 10.6%
	Grades 9-11 (Some high school)	11 3.1%	39 11.1%	50 14.3%
	Grade 12 or GED (High school graduate)	27 7.7%	91 26.0%	118 33.7%
	College 1 year to 3 years (some college or technical school)	18 5.1%	86 24.6%	104 29.7%
	College 4 years or more (College graduate)	7 2.0%	31 8.9%	38 10.9%
	Total (Column)	69 19.7%	281 80.3%	350 100.0%
	Count (n) 350			
Are you currently.....? (Check only one)	Employed for wages	30 8.6%	122 35.1%	152 43.7%
	Self-employed	5 1.4%	10 2.9%	15 4.3%
	Out of work for more than 1 year	3 0.9%	19 5.5%	22 6.3%
	Out of work for less than 1 year	11 3.2%	16 4.6%	27 7.8%
	A homemaker	1 0.3%	56 16.1%	57 16.4%
	Retired	9 2.6%	29 8.3%	38 10.9%
	Unable to work	10 2.9%	27 7.8%	37 10.6%
	Total (Column)	69 19.8%	279 80.2%	348 100.0%
	Count (n) 348			
Is your annual household income from all sources.....?	Less than $25,000	33 9.7%	155 45.5%	188 55.1%
	$25,000 thru $49,000	17 5.0%	48 14.1%	65 19.1%
	$50,000 or more	18 5.3%	70 20.5%	88 25.8%
	Total (Column)	68 19.9%	273 80.1%	341 100.0%
	Count (n) 341			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Do you have more than one telephone number in your household? NOTE: Do not inluce cell phones or numbers that only used by a computer or fax machine.	Yes	9 2.6%	37 10.6%	46 13.1%
	No	61 17.4%	243 69.4%	304 86.9%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	70 20.0%	280 80.0%	350 100.0%
	Count (n) 350			
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	Yes	59 16.8%	236 67.2%	295 84.0%
	No	9 2.6%	45 12.8%	54 15.4%
	Don't know/Not sure	2 0.6%	0 0.0%	2 0.6%
	Total (Column)	70 19.9%	281 80.1%	351 100.0%
	Count (n) 351			
During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.	Yes	15 4.3%	86 24.8%	101 29.1%
	No	55 15.9%	189 54.5%	244 70.3%
	Don't know/Not sure	0 0.0%	2 0.6%	2 0.6%
	Total (Column)	70 20.2%	277 79.8%	347 100.0%
	Count (n) 347			
Please indicate your sex:	Male	70 19.9%	0 0.0%	70 19.9%
	Female	0 0.0%	281 80.1%	281 80.1%
	Total (Column)	70 19.9%	281 80.1%	351 100.0%
	Count (n) 351			
To your knowledge, is someone in your household now pregnant?	Yes	3 0.9%	20 5.8%	23 6.6%
	No	67 19.4%	255 73.7%	322 93.1%
	Don't know/Not sure	0 0.0%	1 0.3%	1 0.3%
	Total (Column)	70 20.2%	276 79.8%	346 100.0%
	Count (n) 346			
To your knowledge, is someone in your household now pregnant?	Yes	1 2.0%	8 16.3%	9 18.4%
	No	7 14.3%	33 67.3%	40 81.6%
	Total (Column)	8 16.3%	41 83.7%	49 100.0%
	Count (n) 49			
If a community clinic for low income residents was available, would you use it?	Yes	47 13.5%	225 64.8%	272 78.4%
	No	13 3.7%	35 10.1%	48 13.8%
	Don't know/Not sure	10 2.9%	17 4.9%	27 7.8%
	Total (Column)	70 20.2%	277 79.8%	347 100.0%
	Count (n) 347			
People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?	Yes	18 5.2%	89 25.5%	107 30.7%
	No	50 14.3%	188 53.9%	238 68.2%
	Don't know/Not sure	1 0.3%	3 0.9%	4 1.1%
	Total (Column)	69 19.8%	280 80.2%	349 100.0%
	Count (n) 349			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Are you limited in any way in any activities because of physical, mental, or emotional problems?	Yes	25 7.2%	92 26.4%	117 33.5%
	No	45 12.9%	180 51.6%	225 64.5%
	Don't know/Not sure	0 0.0%	7 2.0%	7 2.0%
	Total (Column)	70 20.1%	279 79.9%	349 100.0%
	Count (n) 349			
Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.	Yes	12 3.4%	35 10.0%	47 13.4%
	No	57 16.3%	244 69.7%	301 86.0%
	Don't know/Not sure	0 0.0%	2 0.6%	2 0.6%
	Total (Column)	69 19.7%	281 80.3%	350 100.0%
	Count (n) 350			
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?	Yes	26 7.4%	78 22.2%	104 29.6%
	No	44 12.5%	203 57.8%	247 70.4%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	70 19.9%	281 80.1%	351 100.0%
	Count (n) 351			
During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?	True	8 6.6%	19 15.7%	27 22.3%
	False	19 15.7%	75 62.0%	94 77.7%
	Total (Column)	27 22.3%	94 77.7%	121 100.0%
	Count (n) 121			
During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?	Yes	29 8.3%	109 31.3%	138 39.7%
	No	41 11.8%	167 48.0%	208 59.8%
	Don't know/Not sure	0 0.0%	2 0.6%	2 0.6%
	Total (Column)	70 20.1%	278 79.9%	348 100.0%
	Count (n) 348			
Have you EVER been told by a doctor or other heath professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	Yes	18 5.1%	102 29.1%	120 34.2%
	No	51 14.5%	173 49.3%	224 63.8%
	Don't know/Not sure	1 0.3%	6 1.7%	7 2.0%
	Total (Column)	70 19.9%	281 80.1%	351 100.0%
	Count (n) 351			
Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	Yes	18 5.2%	92 26.4%	110 31.6%
	No	49 14.1%	179 51.4%	228 65.5%
	Don't know/Not sure	2 0.6%	8 2.3%	10 2.9%
	Total (Column)	69 19.8%	279 80.2%	348 100.0%
	Count (n) 348			
How often do you eat carrots?	Yes	3 23.1%	10 76.9%	13 100.0%
	No	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	3 23.1%	10 76.9%	13 100.0%
	Count (n) 13			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuming, gardening, or anything else that causes some increase in breathing or heart rate?	Yes	57 16.7%	193 56.4%	250 73.1%
	No	12 3.5%	67 19.6%	79 23.1%
	Don't know/Not sure	1 0.3%	12 3.5%	13 3.8%
	Total (Column)	70 20.5%	272 79.5%	342 100.0%
	Count (n) 342			
Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?	Yes	34 10.2%	104 31.2%	138 41.4%
	No	31 9.3%	146 43.8%	177 53.2%
	Don't know/Not sure	5 1.5%	13 3.9%	18 5.4%
	Total (Column)	70 21.0%	263 79.0%	333 100.0%
	Count (n) 333			
Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.	Yes	21 6.5%	116 36.0%	137 42.5%
	No	40 12.4%	123 38.2%	163 50.6%
	Don't know/Not sure	2 0.6%	20 6.2%	22 6.8%
	Total (Column)	63 19.6%	259 80.4%	322 100.0%
	Count (n) 322			
After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?	Yes	7 2.2%	18 5.7%	25 8.0%
	No	56 17.8%	232 73.9%	288 91.7%
	Don't know/Not sure	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	64 20.4%	250 79.6%	314 100.0%
	Count (n) 314			
How often do you get the social and emotional support you need? NOTE: Please include support from any source.	Always	20 5.8%	53 15.5%	73 21.3%
	Usually	21 6.1%	77 22.5%	98 28.7%
	Sometimes	13 3.8%	80 23.4%	93 27.2%
	Rarely	5 1.5%	33 9.6%	38 11.1%
	Never	7 2.0%	21 6.1%	28 8.2%
	Don't know/Not sure	2 0.6%	10 2.9%	12 3.5%
	Total (Column)	68 19.9%	274 80.1%	342 100.0%
	Count (n) 342			
In general, how satisfied are you with your life?	Very satisfied	15 4.5%	48 14.2%	63 18.7%
	Satisfied	41 12.2%	149 44.2%	190 56.4%
	Dissatisfied	5 1.5%	50 14.8%	55 16.3%
	Very dissatisfied	2 0.6%	8 2.4%	10 3.0%
	Don't know/Not sure	4 1.2%	15 4.5%	19 5.6%
	Total (Column)	67 19.9%	270 80.1%	337 100.0%
	Count (n) 337			

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Sex

Frequency Total Percent		Please indicate your sex:		
		Male	Female	Total (Row)
Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.	Yes	9 2.6%	31 9.1%	40 11.7%
	No	57 16.7%	239 70.1%	296 86.8%
	Don't know/Not sure	1 0.3%	4 1.2%	5 1.5%
	Total (Column)	67 19.6%	274 80.4%	341 100.0%
	Count (n) 341			

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Would you say that in general your health is	Excellent	3 0.9%	18 5.2%	0 0.0%	21 6.0%
	Very Good	4 1.1%	56 16.1%	0 0.0%	60 17.2%
	Good	29 8.3%	113 32.5%	0 0.0%	142 40.8%
	Fair	21 6.0%	59 17.0%	1 0.3%	81 23.3%
	Poor	3 0.9%	31 8.9%	0 0.0%	34 9.8%
	Don't Know/Not Sure	5 1.4%	5 1.4%	0 0.0%	10 2.9%
	Total (Column)	65 18.7%	282 81.0%	1 0.3%	348 100.0%
	Count (n) 348				
Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?	Yes	23 6.8%	98 28.8%	1 0.3%	122 35.9%
	No	40 11.8%	178 52.4%	0 0.0%	218 64.1%
	Total (Column)	63 18.5%	276 81.2%	1 0.3%	340 100.0%
	Count (n) 340				
Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?	Yes	25 7.4%	109 32.4%	1 0.3%	135 40.2%
	No	37 11.0%	164 48.8%	0 0.0%	201 59.8%
	Total (Column)	62 18.5%	273 81.3%	1 0.3%	336 100.0%
	Count (n) 336				
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?	Yes	14 4.0%	158 45.4%	1 0.3%	173 49.7%
	No	49 14.1%	125 35.9%	0 0.0%	174 50.0%
	Don't know/Not sure	0 0.0%	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	63 18.1%	284 81.6%	1 0.3%	348 100.0%
	Count (n) 348				
Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?	Yes - only one	24 6.9%	169 48.8%	1 0.3%	194 56.1%
	No - more than one person	8 2.3%	50 14.5%	0 0.0%	58 16.8%
	No - no one	29 8.4%	59 17.1%	0 0.0%	88 25.4%
	Don't know/not sure	3 0.9%	3 0.9%	0 0.0%	6 1.7%
	Total (Column)	64 18.5%	281 81.2%	1 0.3%	346 100.0%
	Count (n) 346				
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?	Yes	47 13.7%	158 45.9%	1 0.3%	206 59.9%
	No	16 4.7%	114 33.1%	0 0.0%	130 37.8%
	Don't know/Not sure	1 0.3%	7 2.0%	0 0.0%	8 2.3%
	Total (Column)	64 18.6%	279 81.1%	1 0.3%	344 100.0%
	Count (n) 344				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition?	Within past year (anytime less than 12 months ago)	15 4.3%	109 31.6%	1 0.3%	125 36.2%
	Within past 2 years (1 year but less than 2 years ago)	22 6.4%	56 16.2%	0 0.0%	78 22.6%
	Within past 5 years (2 years but less than 5 years ago)	6 1.7%	41 11.9%	0 0.0%	47 13.6%
	5 or more years ago	11 3.2%	55 15.9%	0 0.0%	66 19.1%
	Never	8 2.3%	12 3.5%	0 0.0%	20 5.8%
	Don't Know/Not sure	4 1.2%	5 1.4%	0 0.0%	9 2.6%
	Total (Column)	66 19.1%	278 80.6%	1 0.3%	345 100.0%
	Count (n) 345				
During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?	Yes	34 9.9%	177 51.3%	1 0.3%	212 61.4%
	No	32 9.3%	101 29.3%	0 0.0%	133 38.6%
	Total (Column)	66 19.1%	278 80.6%	1 0.3%	345 100.0%
	Count (n) 345				
During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Yes	26 7.4%	153 43.6%	0 0.0%	179 51.0%
	No	40 11.4%	127 36.2%	1 0.3%	168 47.9%
	Don't know/Not sure	0 0.0%	4 1.1%	0 0.0%	4 1.1%
	Total (Column)	66 18.8%	284 80.9%	1 0.3%	351 100.0%
	Count (n) 351				
Have you EVER been told by a doctor that you have diabetes?	Yes	8 2.3%	36 10.2%	1 0.3%	45 12.7%
	Yes, only during pregnancy	4 1.1%	12 3.4%	0 0.0%	16 4.5%
	No	53 15.0%	224 63.3%	0 0.0%	277 78.2%
	Yes, pre-diabetes or borderline diabetes	1 0.3%	11 3.1%	0 0.0%	12 3.4%
	Don't know/Not sure	1 0.3%	3 0.8%	0 0.0%	4 1.1%
	Total (Column)	67 18.9%	286 80.8%	1 0.3%	354 100.0%
	Count (n) 354				
Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	Yes	18 5.1%	98 28.0%	1 0.3%	117 33.4%
	Yes, only during pregnancy Skip to A12	4 1.1%	9 2.6%	0 0.0%	13 3.7%
	No Skip to A12	38 10.9%	168 48.0%	0 0.0%	206 58.9%
	Yes, borderline high or pre-hypertensive Skip to A12	2 0.6%	8 2.3%	0 0.0%	10 2.9%
	Don't know/Not sure Skip to A12	3 0.9%	1 0.3%	0 0.0%	4 1.1%
	Total (Column)	65 18.6%	284 81.1%	1 0.3%	350 100.0%
	Count (n) 350				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Are you currently taking medicine for your high blood pressure?	Yes	12 7.1%	76 45.0%	1 0.6%	89 52.7%
	No	28 16.6%	52 30.8%	0 0.0%	80 47.3%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	40 23.7%	128 75.7%	1 0.6%	169 100.0%
	Count (n) 169				
Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?	Yes	25 7.5%	146 44.0%	1 0.3%	172 51.8%
	No	32 9.6%	105 31.6%	0 0.0%	137 41.3%
	Don't know/Not sure	0 0.0%	23 6.9%	0 0.0%	23 6.9%
	Total (Column)	57 17.2%	274 82.5%	1 0.3%	332 100.0%
	Count (n) 332				
Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?	Yes	9 3.8%	77 32.5%	1 0.4%	87 36.7%
	No	35 14.8%	107 45.1%	0 0.0%	142 59.9%
	Don't know/Not sure	3 1.3%	5 2.1%	0 0.0%	8 3.4%
	Total (Column)	47 19.8%	189 79.7%	1 0.4%	237 100.0%
	Count (n) 237				
A heart attack, also called a myocardial infarction?	Yes	2 0.6%	16 4.6%	0 0.0%	18 5.1%
	No	64 18.2%	262 74.6%	1 0.3%	327 93.2%
	Don't know/Not sure	1 0.3%	5 1.4%	0 0.0%	6 1.7%
	Total (Column)	67 19.1%	283 80.6%	1 0.3%	351 100.0%
	Count (n) 351				
Angina or coronary heart disease?	Yes	1 0.3%	22 6.3%	0 0.0%	23 6.6%
	No	65 18.6%	256 73.1%	1 0.3%	322 92.0%
	Don't know/Not sure	1 0.3%	4 1.1%	0 0.0%	5 1.4%
	Total (Column)	67 19.1%	282 80.6%	1 0.3%	350 100.0%
	Count (n) 350				
A stroke?	Yes	3 0.9%	15 4.3%	1 0.3%	19 5.4%
	No	63 18.1%	263 75.4%	0 0.0%	326 93.4%
	Don't know/Not sure	1 0.3%	3 0.9%	0 0.0%	4 1.1%
	Total (Column)	67 19.2%	281 80.5%	1 0.3%	349 100.0%
	Count (n) 349				
Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?	Yes	7 2.0%	70 20.1%	0 0.0%	77 22.1%
	No	59 16.9%	205 58.7%	1 0.3%	265 75.9%
	Don't know/Not sure	0 0.0%	7 2.0%	0 0.0%	7 2.0%
	Total (Column)	66 18.9%	282 80.8%	1 0.3%	349 100.0%
	Count (n) 349				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Do you still have asthma?	Yes	4 3.3%	47 38.8%	0 0.0%	51 42.1%
	No	23 19.0%	34 28.1%	0 0.0%	57 47.1%
	Don't know/Not sure	1 0.8%	12 9.9%	0 0.0%	13 10.7%
	Total (Column)	28 23.1%	93 76.9%	0 0.0%	121 100.0%
	Count (n) 121				
Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?	Yes	14 4.0%	172 49.4%	1 0.3%	187 53.7%
	No	51 14.7%	105 30.2%	0 0.0%	156 44.8%
	Don't know/Not sure	1 0.3%	4 1.1%	0 0.0%	5 1.4%
	Total (Column)	66 19.0%	281 80.7%	1 0.3%	348 100.0%
	Count (n) 348				
Do you now smoke cigarettes every day, some days, or not at all?	Every day	8 3.3%	92 37.7%	0 0.0%	100 41.0%
	Some days	3 1.2%	21 8.6%	1 0.4%	25 10.2%
	Not at all	28 11.5%	91 37.3%	0 0.0%	119 48.8%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	39 16.0%	204 83.6%	1 0.4%	244 100.0%
	Count (n) 244				
During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	Yes	10 6.4%	72 46.2%	1 0.6%	83 53.2%
	No	10 6.4%	61 39.1%	0 0.0%	71 45.5%
	Don't know/Not sure	1 0.6%	1 0.6%	0 0.0%	2 1.3%
	Total (Column)	21 13.5%	134 85.9%	1 0.6%	156 100.0%
	Count (n) 156				
How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?	Within the past 6 months	8 5.4%	75 51.0%	0 0.0%	83 56.5%
	Within the past year (6 months but less than 1 year ago)	1 0.7%	2 1.4%	0 0.0%	3 2.0%
	With in the past 10 years (over 1 year but less than 10 years ago)	0 0.0%	12 8.2%	0 0.0%	12 8.2%
	Never smoked regularly	0 0.0%	15 10.2%	0 0.0%	15 10.2%
	Don't know/Not sure	15 10.2%	18 12.2%	1 0.7%	34 23.1%
	Total (Column)	24 16.3%	122 83.0%	1 0.7%	147 100.0%
	Count (n) 147				
What is your age in years?	18-29 Years	15 4.3%	52 14.9%	0 0.0%	67 19.3%
	30-44 Years	36 10.3%	93 26.7%	0 0.0%	129 37.1%
	45-64 Years	10 2.9%	96 27.6%	1 0.3%	107 30.7%
	65+ Years	2 0.6%	43 12.4%	0 0.0%	45 12.9%
	Total (Column)	63 18.1%	284 81.6%	1 0.3%	348 100.0%
	Count (n) 348				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Are you Hispanic or Latino?	Yes	67 18.9%	0 0.0%	0 0.0%	67 18.9%
	No	0 0.0%	286 80.8%	0 0.0%	286 80.8%
	Don't know/Not sure	0 0.0%	0 0.0%	1 0.3%	1 0.3%
	Total (Column)	67 18.9%	286 80.8%	1 0.3%	354 100.0%
	Count (n) 354				
Are you.....? (Check only one)	Married	46 13.1%	156 44.3%	0 0.0%	202 57.4%
	Divorced	7 2.0%	52 14.8%	1 0.3%	60 17.0%
	Widowed	1 0.3%	30 8.5%	0 0.0%	31 8.8%
	Separated	1 0.3%	21 6.0%	0 0.0%	22 6.3%
	Never Married	5 1.4%	14 4.0%	0 0.0%	19 5.4%
	A member of an unmarried couple	6 1.7%	12 3.4%	0 0.0%	18 5.1%
	Total (Column)	66 18.8%	285 81.0%	1 0.3%	352 100.0%
	Count (n) 352				
What is the highest grade or year of school you completed?	Never attended school or only kindergarten	2 0.6%	1 0.3%	0 0.0%	3 0.9%
	Grades 1-8 (Elementary)	20 5.7%	17 4.8%	0 0.0%	37 10.5%
	Grades 9-11 (Some high school)	14 4.0%	36 10.2%	0 0.0%	50 14.2%
	Grade 12 or GED (High school graduate)	20 5.7%	97 27.6%	1 0.3%	118 33.5%
	College 1 year to 3 years (some college or technical school)	9 2.6%	97 27.6%	0 0.0%	106 30.1%
	College 4 years or more (College graduate)	2 0.6%	36 10.2%	0 0.0%	38 10.8%
	Total (Column)	67 19.0%	284 80.7%	1 0.3%	352 100.0%
	Count (n) 352				
Are you currently.....? (Check only one)	Employed for wages	26 7.4%	128 36.6%	0 0.0%	154 44.0%
	Self-employed	2 0.6%	13 3.7%	0 0.0%	15 4.3%
	Out of work for more than 1 year	7 2.0%	15 4.3%	0 0.0%	22 6.3%
	Out of work for less than 1 year	3 0.9%	24 6.9%	0 0.0%	27 7.7%
	A homemaker	22 6.3%	35 10.0%	0 0.0%	57 16.3%
	Retired	0 0.0%	38 10.9%	0 0.0%	38 10.9%
	Unable to work	5 1.4%	31 8.9%	1 0.3%	37 10.6%
	Total (Column)	65 18.6%	284 81.1%	1 0.3%	350 100.0%
	Count (n) 350				
Is your annual household income from all sources.....?	Less than $25,000	38 11.1%	153 44.6%	0 0.0%	191 55.7%
	$25,000 thru $49,000	15 4.4%	49 14.3%	1 0.3%	65 19.0%
	$50,000 or more	10 2.9%	77 22.4%	0 0.0%	87 25.4%
	Total (Column)	63 18.4%	279 81.3%	1 0.3%	343 100.0%
	Count (n) 343				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Do you have more than one telephone number in your household? NOTE: Do not inluce cell phones or numbers that only used by a computer or fax machine.	Yes	10 2.9%	35 10.0%	0 0.0%	45 12.9%
	No	56 16.0%	247 70.8%	1 0.3%	304 87.1%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	66 18.9%	282 80.8%	1 0.3%	349 100.0%
	Count (n) 349				
Do you have a cell phone for personal use? Please include cell phones used for both business and personal use.	Yes	53 15.2%	240 68.8%	1 0.3%	294 84.2%
	No	14 4.0%	39 11.2%	0 0.0%	53 15.2%
	Don't know/Not sure	0 0.0%	2 0.6%	0 0.0%	2 0.6%
	Total (Column)	67 19.2%	281 80.5%	1 0.3%	349 100.0%
	Count (n) 349				
During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.	Yes	23 6.6%	78 22.5%	1 0.3%	102 29.5%
	No	42 12.1%	200 57.8%	0 0.0%	242 69.9%
	Don't know/Not sure	0 0.0%	2 0.6%	0 0.0%	2 0.6%
	Total (Column)	65 18.8%	280 80.9%	1 0.3%	346 100.0%
	Count (n) 346				
Please indicate your sex:	Male	10 2.9%	59 16.9%	1 0.3%	70 20.1%
	Female	57 16.3%	222 63.6%	0 0.0%	279 79.9%
	Total (Column)	67 19.2%	281 80.5%	1 0.3%	349 100.0%
	Count (n) 349				
To your knowledge, is someone in your household now pregnant?	Yes	9 2.6%	14 4.1%	0 0.0%	23 6.7%
	No	57 16.5%	263 76.2%	1 0.3%	321 93.0%
	Don't know/Not sure	0 0.0%	1 0.3%	0 0.0%	1 0.3%
	Total (Column)	66 19.1%	278 80.6%	1 0.3%	345 100.0%
	Count (n) 345				
To your knowledge, is someone in your household now pregnant?	Yes	6 12.0%	3 6.0%	0 0.0%	9 18.0%
	No	15 30.0%	26 52.0%	0 0.0%	41 82.0%
	Total (Column)	21 42.0%	29 58.0%	0 0.0%	50 100.0%
	Count (n) 50				
If a community clinic for low income residents was available, would you use it?	Yes	57 16.4%	214 61.7%	1 0.3%	272 78.4%
	No	4 1.2%	44 12.7%	0 0.0%	48 13.8%
	Don't know/Not sure	4 1.2%	23 6.6%	0 0.0%	27 7.8%
	Total (Column)	65 18.7%	281 81.0%	1 0.3%	347 100.0%
	Count (n) 347				
People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?	Yes	18 5.2%	90 25.8%	1 0.3%	109 31.2%
	No	45 12.9%	191 54.7%	0 0.0%	236 67.6%
	Don't know/Not sure	4 1.1%	0 0.0%	0 0.0%	4 1.1%
	Total (Column)	67 19.2%	281 80.5%	1 0.3%	349 100.0%
	Count (n) 349				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Are you limited in any way in any activities because of physical, mental, or emotional problems?	Yes	9 2.6%	107 30.4%	1 0.3%	117 33.2%
	No	58 16.5%	170 48.3%	0 0.0%	228 64.8%
	Don't know/Not sure	0 0.0%	7 2.0%	0 0.0%	7 2.0%
	Total (Column)	67 19.0%	284 80.7%	1 0.3%	352 100.0%
	Count (n) 352				
Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.	Yes	5 1.4%	42 11.9%	0 0.0%	47 13.3%
	No	62 17.6%	241 68.3%	1 0.3%	304 86.1%
	Don't know/Not sure	0 0.0%	2 0.6%	0 0.0%	2 0.6%
	Total (Column)	67 19.0%	285 80.7%	1 0.3%	353 100.0%
	Count (n) 353				
During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?	Yes	10 2.8%	94 26.6%	0 0.0%	104 29.4%
	No	57 16.1%	192 54.2%	1 0.3%	250 70.6%
	Don't know/Not sure	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	67 18.9%	286 80.8%	1 0.3%	354 100.0%
	Count (n) 354				
During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?	True	4 3.3%	24 20.0%	0 0.0%	28 23.3%
	False	15 12.5%	77 64.2%	0 0.0%	92 76.7%
	Total (Column)	19 15.8%	101 84.2%	0 0.0%	120 100.0%
	Count (n) 120				
During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?	Yes	37 10.5%	100 28.5%	1 0.3%	138 39.3%
	No	29 8.3%	182 51.9%	0 0.0%	211 60.1%
	Don't know/Not sure	0 0.0%	2 0.6%	0 0.0%	2 0.6%
	Total (Column)	66 18.8%	284 80.9%	1 0.3%	351 100.0%
	Count (n) 351				
Have you EVER been told by a doctor or other heath professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?	Yes	14 4.0%	107 30.2%	0 0.0%	121 34.2%
	No	49 13.8%	176 49.7%	1 0.3%	226 63.8%
	Don't know/Not sure	4 1.1%	3 0.8%	0 0.0%	7 2.0%
	Total (Column)	67 18.9%	286 80.8%	1 0.3%	354 100.0%
	Count (n) 354				
Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?	Yes	11 3.1%	99 28.2%	0 0.0%	110 31.3%
	No	52 14.8%	178 50.7%	1 0.3%	231 65.8%
	Don't know/Not sure	2 0.6%	8 2.3%	0 0.0%	10 2.8%
	Total (Column)	65 18.5%	285 81.2%	1 0.3%	351 100.0%
	Count (n) 351				
How often do you eat carrots?	Yes	4 30.8%	9 69.2%	0 0.0%	13 100.0%
	No	0 0.0%	0 0.0%	0 0.0%	0 0.0%
	Total (Column)	4 30.8%	9 69.2%	0 0.0%	13 100.0%
	Count (n) 13				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Now, thinking about the moderate activities you do in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuming, gardening, or anything else that causes some increase in breathing or heart rate?	Yes	48 13.9%	206 59.5%	0 0.0%	254 73.4%
	No	10 2.9%	67 19.4%	1 0.3%	78 22.5%
	Don't know/Not sure	7 2.0%	7 2.0%	0 0.0%	14 4.0%
	Total (Column)	65 18.8%	280 80.9%	1 0.3%	346 100.0%
	Count (n) 346				
Now, thinking about the vigorous activities you do in a usual week, do you do vigorous activities for at least 10 minutes at a time such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?	Yes	29 8.6%	112 33.2%	0 0.0%	141 41.8%
	No	28 8.3%	149 44.2%	1 0.3%	178 52.8%
	Don't know/Not sure	6 1.8%	12 3.6%	0 0.0%	18 5.3%
	Total (Column)	63 18.7%	273 81.0%	1 0.3%	337 100.0%
	Count (n) 337				
Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.	Yes	19 5.8%	119 36.6%	1 0.3%	139 42.8%
	No	43 13.2%	121 37.2%	0 0.0%	164 50.5%
	Don't know/Not sure	3 0.9%	19 5.8%	0 0.0%	22 6.8%
	Total (Column)	65 20.0%	259 79.7%	1 0.3%	325 100.0%
	Count (n) 325				
After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?	Yes	6 1.9%	20 6.3%	0 0.0%	26 8.3%
	No	57 18.1%	230 73.0%	1 0.3%	288 91.4%
	Don't know/Not sure	1 0.3%	0 0.0%	0 0.0%	1 0.3%
	Total (Column)	64 20.3%	250 79.4%	1 0.3%	315 100.0%
	Count (n) 315				
How often do you get the social and emotional support you need? NOTE: Please include support from any source.	Always	10 2.9%	65 19.0%	0 0.0%	75 21.9%
	Usually	12 3.5%	85 24.8%	0 0.0%	97 28.3%
	Sometimes	20 5.8%	72 21.0%	1 0.3%	93 27.1%
	Rarely	5 1.5%	33 9.6%	0 0.0%	38 11.1%
	Never	11 3.2%	16 4.7%	0 0.0%	27 7.9%
	Don't know/Not sure	7 2.0%	6 1.7%	0 0.0%	13 3.8%
	Total (Column)	65 19.0%	277 80.8%	1 0.3%	343 100.0%
	Count (n) 343				
In general, how satisfied are you with your life?	Very satisfied	15 4.5%	48 14.2%	0 0.0%	63 18.7%
	Satisfied	35 10.4%	155 46.0%	0 0.0%	190 56.4%
	Dissatisfied	7 2.1%	48 14.2%	0 0.0%	55 16.3%
	Very dissatisfied	1 0.3%	9 2.7%	0 0.0%	10 3.0%
	Don't know/Not sure	5 1.5%	13 3.9%	1 0.3%	19 5.6%
	Total (Column)	63 18.7%	273 81.0%	1 0.3%	337 100.0%
	Count (n) 337				

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Cross Tab by Hispanic/Latino

Frequency Total Percent		Are you Hispanic or Latino?			
		Yes	No	Don't know/Not sure	Total (Row)
Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.	Yes	2 0.6%	38 11.1%	0 0.0%	40 11.7%
	No	59 17.3%	236 69.0%	1 0.3%	296 86.5%
	Don't know/Not sure	2 0.6%	4 1.2%	0 0.0%	6 1.8%
	Total (Column)	63 18.4%	278 81.3%	1 0.3%	342 100.0%
	Count (n) 342				

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = White

General Health

Would you say that in general your health is

Response	Frequency	Percent
Excellent	18	6.2%
Very Good	58	19.9%
Good	115	39.4%
Fair	64	21.9%
Poor	32	11.0%
Don't Know/Not Sure	5	1.7%

Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?

Response	Frequency	Percent
Yes	103	35.9%
No	184	64.1%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?

Response	Frequency	Percent
Yes	115	40.5%
No	169	59.5%

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Response	Frequency	Percent
Yes	160	54.8%
No	131	44.9%
Don't know/Not sure	1	0.3%

Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

Response	Frequency	Percent
Yes - only one	171	58.6%
No - more than one person	53	18.2%
No - no one	64	21.9%
Don't know/not sure	4	1.4%

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

Response	Frequency	Percent
Yes	163	56.2%
No	120	41.4%
Don't know/Not sure	7	2.4%

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

Response	Frequency	Percent
Within past year (anytime less than 12 months ago)	109	37.7%
Within past 2 years (1 year but less than 2 years ago)	61	21.1%
Within past 5 years (2 years but less than 5 years ago)	44	15.2%
5 or more years ago	57	19.7%
Never	12	4.2%
Don't Know/Not sure	6	2.1%

During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?

Response	Frequency	Percent
Yes	184	63.7%
No	105	36.3%

During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Response	Frequency	Percent
Yes	155	52.7%
No	135	45.9%
Don't know/Not sure	4	1.4%

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

Response	Frequency	Percent
Yes	38	12.8%
Yes, only during pregnancy	13	4.4%
No	231	78.0%
Yes, pre-diabetes or borderline diabetes	12	4.1%
Don't know/Not sure	2	0.7%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = White

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

Response	Frequency	Percent
Yes	102	34.7%
Yes, only during pregnancy Skip to A12	10	3.4%
No Skip to A12	171	58.2%
Yes, borderline high or pre-hypertensive Skip to A12	10	3.4%
Don't know/Not sure Skip to A12	1	0.3%

Are you currently taking medicine for your high blood pressure?

Response	Frequency	Percent
Yes	78	58.2%
No	56	41.8%
Don't know/Not sure	0	0.0%

Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?

Response	Frequency	Percent
Yes	148	52.1%
No	113	39.8%
Don't know/Not sure	23	8.1%

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?

Response	Frequency	Percent
Yes	78	40.2%
No	111	57.2%
Don't know/Not sure	5	2.6%

Health Problems

A heart attack, also called a myocardial infarction?

Response	Frequency	Percent
Yes	17	5.8%
No	270	92.2%
Don't know/Not sure	6	2.0%

Angina or coronary heart disease?

Response	Frequency	Percent
Yes	22	7.5%
No	265	90.8%
Don't know/Not sure	5	1.7%

A stroke?

Response	Frequency	Percent
Yes	18	6.2%
No	268	92.4%
Don't know/Not sure	4	1.4%

Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

Response	Frequency	Percent
Yes	70	24.1%
No	213	73.2%
Don't know/Not sure	8	2.7%

Do you still have asthma?

Response	Frequency	Percent
Yes	47	48.0%
No	38	38.8%
Don't know/Not sure	13	13.3%

Tobacco Use

Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

Response	Frequency	Percent
Yes	175	60.6%
No	110	38.1%
Don't know/Not sure	4	1.4%

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

Response	Frequency	Percent
Every day	93	43.9%
Some days	22	10.4%
Not at all	97	45.8%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = White

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

Response	Frequency	Percent
Yes	74	54.8%
No	60	44.4%
Don't know/Not sure	1	0.7%

How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

Response	Frequency	Percent
Within the past 6 months	77	62.6%
Within the past year (6 months but less than 1 year ago)	4	3.3%
With in the past 10 years (over 1 year but less than 10 years ago)	12	9.8%
Never smoked regularly	14	11.4%
Don't know/Not sure	16	13.0%

General Information

What is your age in years?

Response	Frequency	Percent
18-29 Years	57	19.5%
30-44 Years	97	33.1%
45-64 Years	97	33.1%
65+ Years	42	14.3%

Are you Hispanic or Latino?

Response	Frequency	Percent
Yes	16	5.4%
No	278	94.6%
Don't know/Not sure	0	0.0%

Which one or more of the following would you say is your race? (Check all that apply)

Response	Frequency	Percent
White or Caucasian	296	100.0%
Black or African American	1	0.3%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaska Native	6	2.0%
Other	2	0.7%
Don't know/Not sure	0	0.0%

Are you.....? (Check only one)

Response	Frequency	Percent
Married	163	55.3%
Divorced	52	17.6%
Widowed	31	10.5%
Separated	18	6.1%
Never Married	18	6.1%
A member of an unmarried couple	13	4.4%

How many children less than 18 years of age live in your household? (If none enter "00").

Response	Frequency	Percent
0	119	40.2%
1	49	16.6%
3	45	15.2%
2	61	20.6%
5	5	1.7%
4	16	5.4%
9	1	0.3%

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

Response	Frequency	Percent
Never attended school or only kindergarten	2	0.7%
Grades 1-8 (Elementary)	20	6.8%
Grades 9-11 (Some high school)	37	12.6%
Grade 12 or GED (High school graduate)	101	34.4%
College 1 year to 3 years (some college or technical school)	98	33.3%
College 4 years or more (College graduate)	36	12.2%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = White

Are you currently.....? (Check only one)

Response	Frequency	Percent
Employed for wages	133	45.2%
Self-employed	12	4.1%
Out of work for more than 1 year	18	6.1%
Out of work for less than 1 year	23	7.8%
A homemaker	38	12.9%
Retired	38	12.9%
Unable to work	32	10.9%

Is your annual household income from all sources.....?

Response	Frequency	Percent
Less than $25,000	156	54.0%
$25,000 thru $49,000	55	19.0%
$50,000 or more	78	27.0%

During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.

Response	Frequency	Percent
Yes	83	28.5%
No	207	71.1%
Don't know/Not sure	1	0.3%

Please indicate your sex:

Response	Frequency	Percent
Male	60	20.6%
Female	231	79.4%

To your knowledge, is someone in your household now pregnant?

Scale 1

Response	Frequency	Percent
Yes	16	5.6%
No	271	94.1%
Don't know/Not sure	1	0.3%

Scale 2 - Do they need obstetrical care?

Response	Frequency	Percent
Yes	5	16.1%
No	26	83.9%

If a community clinic for low income residents was available, would you use it?

Response	Frequency	Percent
Yes	223	76.9%
No	43	14.8%
Don't know/Not sure	24	8.3%

Caregiver Status/Disability

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

Response	Frequency	Percent
Yes	94	32.3%
No	197	67.7%
Don't know/Not sure	0	0.0%

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Response	Frequency	Percent
Yes	111	37.8%
No	177	60.2%
Don't know/Not sure	6	2.0%

Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.

Response	Frequency	Percent
Yes	43	14.6%
No	250	84.7%
Don't know/Not sure	2	0.7%

Alcohol Use

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?

Response	Frequency	Percent
Yes	97	32.8%
No	199	67.2%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = White

During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?

Scale 1 - Number of drinks:

Response	Frequency	Percent
True	24	22.9%
False	81	77.1%

Immunization

During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?

Response	Frequency	Percent
Yes	106	36.2%
No	185	63.1%
Don't know/Not sure	2	0.7%

HIV/AIDS

Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.

Response	Frequency	Percent
Yes	124	46.1%
No	125	46.5%
Don't know/Not sure	20	7.4%

After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?

Response	Frequency	Percent
Yes	20	7.7%
No	241	92.3%
Don't know/Not sure	0	0.0%

Life Satisfaction

How often do you get the social and emotional support you need? NOTE: Please include support from any source.

Response	Frequency	Percent
Always	68	23.8%
Usually	86	30.1%
Sometimes	72	25.2%
Rarely	34	11.9%
Never	20	7.0%
Don't know/Not sure	6	2.1%

In general, how satisfied are you with your life?

Response	Frequency	Percent
Very satisfied	50	17.7%
Satisfied	163	57.8%
Dissatisfied	48	17.0%
Very dissatisfied	8	2.8%
Don't know/Not sure	13	4.6%

Cancer

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.

Response	Frequency	Percent
Yes	35	12.2%
No	247	86.4%
Don't know/Not sure	4	1.4%

With your most recent diagnoses of cancer, what type of cancer was it?

- Cervical
- Breast
- Breast
- Tonsil
- melanoma
- lung
- precancerous lesions
- Lung
- Hodgin's Lymphoma
- skin
- tumor
- Cervical
- ovarian
- Barretts Esophagitis
- ovarian

- melanoma
- Cervical
- Skin
- Uterine
- Lung
- Cervical
- Cervical
- SKIN
- female organs
- melanoma
- Breast
- Breast
- S. Cell
- skin
- Basal Cell Skin
- Leukemia
- Cervical
- Breast
- Prostate

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Black/African American

General Health

Would you say that in general your health is

Response	Frequency	Percent
Excellent	0	0.0%
Very Good	1	50.0%
Good	0	0.0%
Fair	0	0.0%
Poor	1	50.0%
Don't Know/Not Sure	0	0.0%

Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

Response	Frequency	Percent
Yes - only one	1	100.0%
No - more than one person	0	0.0%
No - no one	0	0.0%
Don't know/not sure	0	0.0%

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

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Within past year (anytime less than 12 months ago)	1	50.0%
Within past 2 years (1 year but less than 2 years ago)	1	50.0%
Within past 5 years (2 years but less than 5 years ago)	0	0.0%
5 or more years ago	0	0.0%
Never	0	0.0%
Don't Know/Not sure	0	0.0%

During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%

During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Yes	0	0.0%
Yes, only during pregnancy	0	0.0%
No	2	100.0%
Yes, pre-diabetes or borderline diabetes	0	0.0%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Black/African American

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

Response	Frequency	Percent
Yes	1	50.0%
Yes, only during pregnancy Skip to A12	0	0.0%
No Skip to A12	1	50.0%
Yes, borderline high or pre-hypertensive Skip to A12	0	0.0%
Don't know/Not sure Skip to A12	0	0.0%

Are you currently taking medicine for your high blood pressure?

Response	Frequency	Percent
Yes	1	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?

Response	Frequency	Percent
Yes	1	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

Health Problems

A heart attack, also called a myocardial infarction?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

Angina or coronary heart disease?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

A stroke?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

Do you still have asthma?

Response	Frequency	Percent
Yes	1	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

Tobacco Use

Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Every day	1	50.0%
Some days	0	0.0%
Not at all	1	50.0%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Black/African American

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

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

Response	Frequency	Percent
Within the past 6 months	1	50.0%
Within the past year (6 months but less than 1 year ago)	0	0.0%
With in the past 10 years (over 1 year but less than 10 years ago)	0	0.0%
Never smoked regularly	0	0.0%
Don't know/Not sure	1	50.0%

General Information

What is your age in years?

Response	Frequency	Percent
18-29 Years	1	50.0%
30-44 Years	0	0.0%
45-64 Years	1	50.0%
65+ Years	0	0.0%

Are you Hispanic or Latino?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

Which one or more of the following would you say is your race? (Check all that apply)

Response	Frequency	Percent
White or Caucasian	1	50.0%
Black or African American	2	100.0%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaska Native	0	0.0%
Other	0	0.0%
Don't know/Not sure	0	0.0%

Are you.....? (Check only one)

Response	Frequency	Percent
Married	0	0.0%
Divorced	0	0.0%
Widowed	0	0.0%
Separated	0	0.0%
Never Married	2	100.0%
A member of an unmarried couple	0	0.0%

How many children less than 18 years of age live in your household? (If none enter "00").

Response	Frequency	Percent
0	1	50.0%
1	0	0.0%
3	0	0.0%
2	1	50.0%
5	0	0.0%
4	0	0.0%
9	0	0.0%

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

Response	Frequency	Percent
Never attended school or only kindergarten	0	0.0%
Grades 1-8 (Elementary)	0	0.0%
Grades 9-11 (Some high school)	0	0.0%
Grade 12 or GED (High school graduate)	2	100.0%
College 1 year to 3 years (some college or technical school)	0	0.0%
College 4 years or more (College graduate)	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Black/African American

Are you currently.....? (Check only one)

Response	Frequency	Percent
Employed for wages	1	50.0%
Self-employed	0	0.0%
Out of work for more than 1 year	0	0.0%
Out of work for less than 1 year	0	0.0%
A homemaker	0	0.0%
Retired	0	0.0%
Unable to work	1	50.0%

Is your annual household income from all sources.....?

Response	Frequency	Percent
Less than $25,000	1	50.0%
$25,000 thru $49,000	1	50.0%
$50,000 or more	0	0.0%

During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

Please indicate your sex:

Response	Frequency	Percent
Male	0	0.0%
Female	2	100.0%

To your knowledge, is someone in your household now pregnant?

Scale 1

Response	Frequency	Percent
Yes	0	0.0%
No	1	100.0%
Don't know/Not sure	0	0.0%

Scale 2 - Do they need obstetrical care?

Response	Frequency	Percent
Yes	0	0.0%
No	0	0.0%

If a community clinic for low income residents was available, would you use it?

Response	Frequency	Percent
Yes	2	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

Caregiver Status/Disability

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

Alcohol Use

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Black/African American

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?

Scale 1 - Number of drinks:

Response	Frequency	Percent
True	0	0.0%
False	2	100.0%

Immunization

During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

HIV/AIDS

Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?

Response	Frequency	Percent
Yes	0	0.0%
No	1	100.0%
Don't know/Not sure	0	0.0%

Life Satisfaction

How often do you get the social and emotional support you need? NOTE: Please include support from any source.

Response	Frequency	Percent
Always	1	50.0%
Usually	1	50.0%
Sometimes	0	0.0%
Rarely	0	0.0%
Never	0	0.0%
Don't know/Not sure	0	0.0%

In general, how satisfied are you with your life?

Response	Frequency	Percent
Very satisfied	0	0.0%
Satisfied	1	50.0%
Dissatisfied	0	0.0%
Very dissatisfied	0	0.0%
Don't know/Not sure	1	50.0%

Cancer

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.

Response	Frequency	Percent
Yes	1	50.0%
No	1	50.0%
Don't know/Not sure	0	0.0%

With your most recent diagnoses of cancer, what type of cancer was it?

- Breast

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = American Indian

General Health

Would you say that in general your health is

Response	Frequency	Percent
Excellent	1	8.3%
Very Good	0	0.0%
Good	3	25.0%
Fair	4	33.3%
Poor	4	33.3%
Don't Know/Not Sure	0	0.0%

Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?

Response	Frequency	Percent
Yes	7	70.0%
No	3	30.0%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?

Response	Frequency	Percent
Yes	7	70.0%
No	3	30.0%

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Response	Frequency	Percent
Yes	9	75.0%
No	3	25.0%
Don't know/Not sure	0	0.0%

Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

Response	Frequency	Percent
Yes - only one	3	25.0%
No - more than one person	7	58.3%
No - no one	2	16.7%
Don't know/not sure	0	0.0%

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

Response	Frequency	Percent
Yes	7	63.6%
No	3	27.3%
Don't know/Not sure	1	9.1%

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

Response	Frequency	Percent
Within past year (anytime less than 12 months ago)	7	63.6%
Within past 2 years (1 year but less than 2 years ago)	2	18.2%
Within past 5 years (2 years but less than 5 years ago)	1	9.1%
5 or more years ago	0	0.0%
Never	1	9.1%
Don't Know/Not sure	0	0.0%

During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?

Response	Frequency	Percent
Yes	10	90.9%
No	1	9.1%

During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Response	Frequency	Percent
Yes	7	58.3%
No	5	41.7%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Yes	3	25.0%
Yes, only during pregnancy	0	0.0%
No	9	75.0%
Yes, pre-diabetes or borderline diabetes	0	0.0%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = American Indian

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

Response	Frequency	Percent
Yes	6	50.0%
Yes, only during pregnancy Skip to A12	0	0.0%
No Skip to A12	6	50.0%
Yes, borderline high or pre-hypertensive Skip to A12	0	0.0%
Don't know/Not sure Skip to A12	0	0.0%

Are you currently taking medicine for your high blood pressure?

Response	Frequency	Percent
Yes	5	62.5%
No	3	37.5%
Don't know/Not sure	0	0.0%

Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?

Response	Frequency	Percent
Yes	7	63.6%
No	4	36.4%
Don't know/Not sure	0	0.0%

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?

Response	Frequency	Percent
Yes	5	50.0%
No	5	50.0%
Don't know/Not sure	0	0.0%

Health Problems

A heart attack, also called a myocardial infarction?

Response	Frequency	Percent
Yes	4	33.3%
No	8	66.7%
Don't know/Not sure	0	0.0%

Angina or coronary heart disease?

Response	Frequency	Percent
Yes	3	25.0%
No	9	75.0%
Don't know/Not sure	0	0.0%

A stroke?

Response	Frequency	Percent
Yes	0	0.0%
No	11	91.7%
Don't know/Not sure	1	8.3%

Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

Response	Frequency	Percent
Yes	4	33.3%
No	7	58.3%
Don't know/Not sure	1	8.3%

Do you still have asthma?

Response	Frequency	Percent
Yes	2	28.6%
No	3	42.9%
Don't know/Not sure	2	28.6%

Tobacco Use

Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

Response	Frequency	Percent
Yes	6	50.0%
No	5	41.7%
Don't know/Not sure	1	8.3%

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

Response	Frequency	Percent
Every day	4	40.0%
Some days	0	0.0%
Not at all	6	60.0%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = American Indian

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

Response	Frequency	Percent
Yes	2	28.6%
No	5	71.4%
Don't know/Not sure	0	0.0%

How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

Response	Frequency	Percent
Within the past 6 months	3	42.9%
Within the past year (6 months but less than 1 year ago)	0	0.0%
With in the past 10 years (over 1 year but less than 10 years ago)	0	0.0%
Never smoked regularly	1	14.3%
Don't know/Not sure	3	42.9%

General Information

What is your age in years?

Response	Frequency	Percent
18-29 Years	0	0.0%
30-44 Years	2	16.7%
45-64 Years	5	41.7%
65+ Years	5	41.7%

Are you Hispanic or Latino?

Response	Frequency	Percent
Yes	3	25.0%
No	9	75.0%
Don't know/Not sure	0	0.0%

Which one or more of the following would you say is your race? (Check all that apply)

Response	Frequency	Percent
White or Caucasian	6	50.0%
Black or African American	0	0.0%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaska Native	12	100.0%
Other	1	8.3%
Don't know/Not sure	0	0.0%

Are you.....? (Check only one)

Response	Frequency	Percent
Married	5	41.7%
Divorced	3	25.0%
Widowed	2	16.7%
Separated	2	16.7%
Never Married	0	0.0%
A member of an unmarried couple	0	0.0%

How many children less than 18 years of age live in your household? (If none enter "00").

Response	Frequency	Percent
0	7	58.3%
1	2	16.7%
3	0	0.0%
2	2	16.7%
5	0	0.0%
4	1	8.3%
9	0	0.0%

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

Response	Frequency	Percent
Never attended school or only kindergarten	0	0.0%
Grades 1-8 (Elementary)	1	8.3%
Grades 9-11 (Some high school)	2	16.7%
Grade 12 or GED (High school graduate)	3	25.0%
College 1 year to 3 years (some college or technical school)	3	25.0%
College 4 years or more (College graduate)	3	25.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = American Indian

Are you currently.....? (Check only one)

Response	Frequency	Percent
Employed for wages	3	25.0%
Self-employed	1	8.3%
Out of work for more than 1 year	1	8.3%
Out of work for less than 1 year	0	0.0%
A homemaker	1	8.3%
Retired	1	8.3%
Unable to work	5	41.7%

Is your annual household income from all sources.....?

Response	Frequency	Percent
Less than $25,000	7	58.3%
$25,000 thru $49,000	1	8.3%
$50,000 or more	4	33.3%

During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.

Response	Frequency	Percent
Yes	3	27.3%
No	8	72.7%
Don't know/Not sure	0	0.0%

Please indicate your sex:

Response	Frequency	Percent
Male	3	25.0%
Female	9	75.0%

To your knowledge, is someone in your household now pregnant?

Scale 1

Response	Frequency	Percent
Yes	0	0.0%
No	11	100.0%
Don't know/Not sure	0	0.0%

Scale 2 - Do they need obstetrical care?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%

If a community clinic for low income residents was available, would you use it?

Response	Frequency	Percent
Yes	7	58.3%
No	3	25.0%
Don't know/Not sure	2	16.7%

Caregiver Status/Disability

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

Response	Frequency	Percent
Yes	5	41.7%
No	7	58.3%
Don't know/Not sure	0	0.0%

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Response	Frequency	Percent
Yes	9	75.0%
No	3	25.0%
Don't know/Not sure	0	0.0%

Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.

Response	Frequency	Percent
Yes	7	58.3%
No	5	41.7%
Don't know/Not sure	0	0.0%

Alcohol Use

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = American Indian

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?

Response	Frequency	Percent
Yes	2	16.7%
No	10	83.3%
Don't know/Not sure	0	0.0%

During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?

Scale 1 - Number of drinks:

Response	Frequency	Percent
True	1	33.3%
False	2	66.7%

Immunization

During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?

Response	Frequency	Percent
Yes	5	41.7%
No	7	58.3%
Don't know/Not sure	0	0.0%

HIV/AIDS

Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.

Response	Frequency	Percent
Yes	5	45.5%
No	5	45.5%
Don't know/Not sure	1	9.1%

After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?

Response	Frequency	Percent
Yes	1	9.1%
No	9	81.8%
Don't know/Not sure	1	9.1%

Life Satisfaction

How often do you get the social and emotional support you need? NOTE: Please include support from any source.

Response	Frequency	Percent
Always	4	36.4%
Usually	2	18.2%
Sometimes	2	18.2%
Rarely	2	18.2%
Never	1	9.1%
Don't know/Not sure	0	0.0%

In general, how satisfied are you with your life?

Response	Frequency	Percent
Very satisfied	2	18.2%
Satisfied	4	36.4%
Dissatisfied	2	18.2%
Very dissatisfied	2	18.2%
Don't know/Not sure	1	9.1%

Cancer

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.

Response	Frequency	Percent
Yes	4	36.4%
No	6	54.5%
Don't know/Not sure	1	9.1%

With your most recent diagnoses of cancer, what type of cancer was it?

- skin
- ovarian
- Bone
- Heart

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Other

General Health

Would you say that in general your health is

Response	Frequency	Percent
Excellent	2	6.5%
Very Good	1	3.2%
Good	17	54.8%
Fair	5	16.1%
Poor	3	9.7%
Don't Know/Not Sure	3	9.7%

Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?

Response	Frequency	Percent
Yes	10	33.3%
No	20	66.7%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?

Response	Frequency	Percent
Yes	9	30.0%
No	21	70.0%

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Response	Frequency	Percent
Yes	10	34.5%
No	19	65.5%
Don't know/Not sure	0	0.0%

Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

Response	Frequency	Percent
Yes - only one	15	48.4%
No - more than one person	4	12.9%
No - no one	12	38.7%
Don't know/not sure	0	0.0%

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

Response	Frequency	Percent
Yes	22	73.3%
No	8	26.7%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Within past year (anytime less than 12 months ago)	7	22.6%
Within past 2 years (1 year but less than 2 years ago)	8	25.8%
Within past 5 years (2 years but less than 5 years ago)	2	6.5%
5 or more years ago	8	25.8%
Never	4	12.9%
Don't Know/Not sure	2	6.5%

During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?

Response	Frequency	Percent
Yes	16	51.6%
No	15	48.4%

During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Response	Frequency	Percent
Yes	11	36.7%
No	19	63.3%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Yes	5	16.1%
Yes, only during pregnancy	1	3.2%
No	24	77.4%
Yes, pre-diabetes or borderline diabetes	0	0.0%
Don't know/Not sure	1	3.2%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Other

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

Response	Frequency	Percent
Yes	7	22.6%
Yes, only during pregnancy Skip to A12	2	6.5%
No Skip to A12	19	61.3%
Yes, borderline high or pre-hypertensive Skip to A12	0	0.0%
Don't know/Not sure Skip to A12	3	9.7%

Are you currently taking medicine for your high blood pressure?

Response	Frequency	Percent
Yes	5	29.4%
No	12	70.6%
Don't know/Not sure	0	0.0%

Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?

Response	Frequency	Percent
Yes	11	45.8%
No	13	54.2%
Don't know/Not sure	0	0.0%

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?

Response	Frequency	Percent
Yes	4	16.0%
No	19	76.0%
Don't know/Not sure	2	8.0%

Health Problems

A heart attack, also called a myocardial infarction?

Response	Frequency	Percent
Yes	0	0.0%
No	31	100.0%
Don't know/Not sure	0	0.0%

Angina or coronary heart disease?

Response	Frequency	Percent
Yes	0	0.0%
No	31	100.0%
Don't know/Not sure	0	0.0%

A stroke?

Response	Frequency	Percent
Yes	2	6.5%
No	29	93.5%
Don't know/Not sure	0	0.0%

Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

Response	Frequency	Percent
Yes	3	10.0%
No	27	90.0%
Don't know/Not sure	0	0.0%

Do you still have asthma?

Response	Frequency	Percent
Yes	1	8.3%
No	10	83.3%
Don't know/Not sure	1	8.3%

Tobacco Use

Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

Response	Frequency	Percent
Yes	7	22.6%
No	23	74.2%
Don't know/Not sure	1	3.2%

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

Response	Frequency	Percent
Every day	3	14.3%
Some days	3	14.3%
Not at all	15	71.4%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Other

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

Response	Frequency	Percent
Yes	4	36.4%
No	6	54.5%
Don't know/Not sure	1	9.1%

How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

Response	Frequency	Percent
Within the past 6 months	3	23.1%
Within the past year (6 months but less than 1 year ago)	0	0.0%
With in the past 10 years (over 1 year but less than 10 years ago)	0	0.0%
Never smoked regularly	0	0.0%
Don't know/Not sure	10	76.9%

General Information

What is your age in years?

Response	Frequency	Percent
18-29 Years	9	30.0%
30-44 Years	17	56.7%
45-64 Years	4	13.3%
65+ Years	0	0.0%

Are you Hispanic or Latino?

Response	Frequency	Percent
Yes	30	96.8%
No	0	0.0%
Don't know/Not sure	1	3.2%

Which one or more of the following would you say is your race? (Check all that apply)

Response	Frequency	Percent
White or Caucasian	2	6.5%
Black or African American	0	0.0%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaska Native	1	3.2%
Other	31	100.0%
Don't know/Not sure	0	0.0%

Are you.....? (Check only one)

Response	Frequency	Percent
Married	18	60.0%
Divorced	6	20.0%
Widowed	1	3.3%
Separated	0	0.0%
Never Married	2	6.7%
A member of an unmarried couple	3	10.0%

How many children less than 18 years of age live in your household? (If none enter "00").

Response	Frequency	Percent
0	6	20.0%
1	3	10.0%
3	9	30.0%
2	9	30.0%
5	1	3.3%
4	2	6.7%
9	0	0.0%

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

Response	Frequency	Percent
Never attended school or only kindergarten	1	3.2%
Grades 1-8 (Elementary)	7	22.6%
Grades 9-11 (Some high school)	8	25.8%
Grade 12 or GED (High school graduate)	10	32.3%
College 1 year to 3 years (some college or technical school)	4	12.9%
College 4 years or more (College graduate)	1	3.2%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Other

Are you currently.....? (Check only one)

Response	Frequency	Percent
Employed for wages	9	29.0%
Self-employed	2	6.5%
Out of work for more than 1 year	3	9.7%
Out of work for less than 1 year	1	3.2%
A homemaker	13	41.9%
Retired	0	0.0%
Unable to work	3	9.7%

Is your annual household income from all sources.....?

Response	Frequency	Percent
Less than $25,000	15	51.7%
$25,000 thru $49,000	8	27.6%
$50,000 or more	6	20.7%

During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.

Response	Frequency	Percent
Yes	12	40.0%
No	18	60.0%
Don't know/Not sure	0	0.0%

Please indicate your sex:

Response	Frequency	Percent
Male	4	12.9%
Female	27	87.1%

To your knowledge, is someone in your household now pregnant?

Scale 1

Response	Frequency	Percent
Yes	5	16.1%
No	26	83.9%
Don't know/Not sure	0	0.0%

Scale 2 - Do they need obstetrical care?

Response	Frequency	Percent
Yes	3	23.1%
No	10	76.9%

If a community clinic for low income residents was available, would you use it?

Response	Frequency	Percent
Yes	25	83.3%
No	3	10.0%
Don't know/Not sure	2	6.7%

Caregiver Status/Disability

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

Response	Frequency	Percent
Yes	6	19.4%
No	23	74.2%
Don't know/Not sure	2	6.5%

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Response	Frequency	Percent
Yes	5	16.1%
No	26	83.9%
Don't know/Not sure	0	0.0%

Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.

Response	Frequency	Percent
Yes	2	6.5%
No	29	93.5%
Don't know/Not sure	0	0.0%

Alcohol Use

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Other

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?

Response	Frequency	Percent
Yes	6	19.4%
No	25	80.6%
Don't know/Not sure	0	0.0%

During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?

Scale 1 - Number of drinks:

Response	Frequency	Percent
True	2	20.0%
False	8	80.0%

Immunization

During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?

Response	Frequency	Percent
Yes	20	64.5%
No	11	35.5%
Don't know/Not sure	0	0.0%

HIV/AIDS

Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.

Response	Frequency	Percent
Yes	8	25.8%
No	21	67.7%
Don't know/Not sure	2	6.5%

After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?

Response	Frequency	Percent
Yes	2	6.7%
No	28	93.3%
Don't know/Not sure	0	0.0%

Life Satisfaction

How often do you get the social and emotional support you need? NOTE: Please include support from any source.

Response	Frequency	Percent
Always	4	12.9%
Usually	5	16.1%
Sometimes	12	38.7%
Rarely	2	6.5%
Never	4	12.9%
Don't know/Not sure	4	12.9%

In general, how satisfied are you with your life?

Response	Frequency	Percent
Very satisfied	10	33.3%
Satisfied	11	36.7%
Dissatisfied	4	13.3%
Very dissatisfied	1	3.3%
Don't know/Not sure	4	13.3%

Cancer

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.

Response	Frequency	Percent
Yes	1	3.2%
No	29	93.5%
Don't know/Not sure	1	3.2%

With your most recent diagnoses of cancer, what type of cancer was it?

- Cervical

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Don't Know/Not Sure

General Health

Would you say that in general your health is

Response	Frequency	Percent
Excellent	0	0.0%
Very Good	0	0.0%
Good	2	40.0%
Fair	3	60.0%
Poor	0	0.0%
Don't Know/Not Sure	0	0.0%

Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?

Response	Frequency	Percent
Yes	0	0.0%
No	5	100.0%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?

Response	Frequency	Percent
Yes	1	20.0%
No	4	80.0%

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Response	Frequency	Percent
Yes	2	33.3%
No	4	66.7%
Don't know/Not sure	0	0.0%

Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

Response	Frequency	Percent
Yes - only one	5	100.0%
No - more than one person	0	0.0%
No - no one	0	0.0%
Don't know/not sure	0	0.0%

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

Response	Frequency	Percent
Yes	5	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Within past year (anytime less than 12 months ago)	2	40.0%
Within past 2 years (1 year but less than 2 years ago)	0	0.0%
Within past 5 years (2 years but less than 5 years ago)	0	0.0%
5 or more years ago	1	20.0%
Never	2	40.0%
Don't Know/Not sure	0	0.0%

During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?

Response	Frequency	Percent
Yes	4	80.0%
No	1	20.0%

During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Response	Frequency	Percent
Yes	4	66.7%
No	2	33.3%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Yes	0	0.0%
Yes, only during pregnancy	0	0.0%
No	5	83.3%
Yes, pre-diabetes or borderline diabetes	0	0.0%
Don't know/Not sure	1	16.7%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Don't Know/Not Sure

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

Response	Frequency	Percent
Yes	2	33.3%
Yes, only during pregnancy Skip to A12	0	0.0%
No Skip to A12	4	66.7%
Yes, borderline high or pre-hypertensive Skip to A12	0	0.0%
Don't know/Not sure Skip to A12	0	0.0%

Are you currently taking medicine for your high blood pressure?

Response	Frequency	Percent
Yes	0	0.0%
No	2	100.0%
Don't know/Not sure	0	0.0%

Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?

Response	Frequency	Percent
Yes	4	66.7%
No	2	33.3%
Don't know/Not sure	0	0.0%

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?

Response	Frequency	Percent
Yes	0	0.0%
No	3	75.0%
Don't know/Not sure	1	25.0%

Health Problems

A heart attack, also called a myocardial infarction?

Response	Frequency	Percent
Yes	0	0.0%
No	6	100.0%
Don't know/Not sure	0	0.0%

Angina or coronary heart disease?

Response	Frequency	Percent
Yes	0	0.0%
No	6	100.0%
Don't know/Not sure	0	0.0%

A stroke?

Response	Frequency	Percent
Yes	0	0.0%
No	6	100.0%
Don't know/Not sure	0	0.0%

Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

Response	Frequency	Percent
Yes	2	33.3%
No	4	66.7%
Don't know/Not sure	0	0.0%

Do you still have asthma?

Response	Frequency	Percent
Yes	2	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

Tobacco Use

Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
Don't know/Not sure	0	0.0%

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

Response	Frequency	Percent
Every day	0	0.0%
Some days	1	100.0%
Not at all	0	0.0%
Don't know/Not sure	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Don't Know/Not Sure

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

Response	Frequency	Percent
Yes	1	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

Response	Frequency	Percent
Within the past 6 months	0	0.0%
Within the past year (6 months but less than 1 year ago)	0	0.0%
With in the past 10 years (over 1 year but less than 10 years ago)	0	0.0%
Never smoked regularly	0	0.0%
Don't know/Not sure	1	100.0%

General Information

What is your age in years?

Response	Frequency	Percent
18-29 Years	1	16.7%
30-44 Years	5	83.3%
45-64 Years	0	0.0%
65+ Years	0	0.0%

Are you Hispanic or Latino?

Response	Frequency	Percent
Yes	3	50.0%
No	3	50.0%
Don't know/Not sure	0	0.0%

Which one or more of the following would you say is your race? (Check all that apply)

Response	Frequency	Percent
White or Caucasian	0	0.0%
Black or African American	0	0.0%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaska Native	0	0.0%
Other	0	0.0%
Don't know/Not sure	6	100.0%

Are you.....? (Check only one)

Response	Frequency	Percent
Married	4	66.7%
Divorced	0	0.0%
Widowed	0	0.0%
Separated	2	33.3%
Never Married	0	0.0%
A member of an unmarried couple	0	0.0%

How many children less than 18 years of age live in your household? (If none enter "00").

Response	Frequency	Percent
0	0	0.0%
1	0	0.0%
3	2	33.3%
2	1	16.7%
5	2	33.3%
4	1	16.7%
9	0	0.0%

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

Response	Frequency	Percent
Never attended school or only kindergarten	0	0.0%
Grades 1-8 (Elementary)	0	0.0%
Grades 9-11 (Some high school)	3	50.0%
Grade 12 or GED (High school graduate)	1	16.7%
College 1 year to 3 years (some college or technical school)	2	33.3%
College 4 years or more (College graduate)	0	0.0%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Don't Know/Not Sure

Are you currently.....? (Check only one)

Response	Frequency	Percent
Employed for wages	3	50.0%
Self-employed	0	0.0%
Out of work for more than 1 year	0	0.0%
Out of work for less than 1 year	3	50.0%
A homemaker	0	0.0%
Retired	0	0.0%
Unable to work	0	0.0%

Is your annual household income from all sources.....?

Response	Frequency	Percent
Less than $25,000	3	50.0%
$25,000 thru $49,000	2	33.3%
$50,000 or more	1	16.7%

During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.

Response	Frequency	Percent
Yes	3	50.0%
No	2	33.3%
Don't know/Not sure	1	16.7%

Please indicate your sex:

Response	Frequency	Percent
Male	2	33.3%
Female	4	66.7%

To your knowledge, is someone in your household now pregnant?

Scale 1

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
Don't know/Not sure	0	0.0%

Scale 2 - Do they need obstetrical care?

Response	Frequency	Percent
Yes	0	0.0%
No	1	100.0%

If a community clinic for low income residents was available, would you use it?

Response	Frequency	Percent
Yes	6	100.0%
No	0	0.0%
Don't know/Not sure	0	0.0%

Caregiver Status/Disability

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

Response	Frequency	Percent
Yes	2	33.3%
No	4	66.7%
Don't know/Not sure	0	0.0%

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Response	Frequency	Percent
Yes	0	0.0%
No	5	83.3%
Don't know/Not sure	1	16.7%

Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.

Response	Frequency	Percent
Yes	0	0.0%
No	6	100.0%
Don't know/Not sure	0	0.0%

Alcohol Use

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey - Race = Don't Know/Not Sure

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?

Response	Frequency	Percent
Yes	2	33.3%
No	4	66.7%
Don't know/Not sure	0	0.0%

During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?

Scale 1 - Number of drinks:

Response	Frequency	Percent
True	0	0.0%
False	2	100.0%

Immunization

During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
Don't know/Not sure	0	0.0%

HIV/AIDS

Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.

Response	Frequency	Percent
Yes	3	50.0%
No	3	50.0%
Don't know/Not sure	0	0.0%

After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?

Response	Frequency	Percent
Yes	1	16.7%
No	5	83.3%
Don't know/Not sure	0	0.0%

Life Satisfaction

How often do you get the social and emotional support you need? NOTE: Please include support from any source.

Response	Frequency	Percent
Always	0	0.0%
Usually	2	33.3%
Sometimes	1	16.7%
Rarely	1	16.7%
Never	2	33.3%
Don't know/Not sure	0	0.0%

In general, how satisfied are you with your life?

Response	Frequency	Percent
Very satisfied	0	0.0%
Satisfied	5	83.3%
Dissatisfied	1	16.7%
Very dissatisfied	0	0.0%
Don't know/Not sure	0	0.0%

Cancer

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.

Response	Frequency	Percent
Yes	0	0.0%
No	6	100.0%
Don't know/Not sure	0	0.0%

With your most recent diagnoses of cancer, what type of cancer was it?

Report Created on 9/29/2010

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

General Health

Would you say that in general your health is

Response	Frequency	Percent
Excellent	21	5.9%
Very Good	60	16.9%
Good	142	39.9%
Fair	81	22.8%
Poor	36	10.1%
Don't Know/Not Sure	10	2.8%
No Response	6	1.7%

Now thinking about your physical health, which includes physical illness and injury, during the past 30 days, have you felt you had more than 5 days when your physical health was not good?

Response	Frequency	Percent
Yes	124	34.8%
No	218	61.2%
No Response	14	3.9%

Now thinking about your mental health, which includes stress, depression, and problems with emotions, during the past 30 days, have you felt you had more than 5 days when your mental health was not good?

Response	Frequency	Percent
Yes	137	38.5%
No	201	56.5%
No Response	18	5.1%

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMO's, or government plans such as Medicare?

Response	Frequency	Percent
Yes	174	48.9%
No	175	49.2%
Don't know/Not sure	1	0.3%
No Response	6	1.7%

Do you have one person you think of as your personal doctor or health care provider (by a doctor, nurse, or other health professional includes a nurse practitioner, a physician's assistant, social worker, or some other licensed professional)?

Response	Frequency	Percent
Yes - only one	195	54.8%
No - more than one person	59	16.6%
No - no one	88	24.7%
Don't know/not sure	6	1.7%
No Response	8	2.2%

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

Response	Frequency	Percent
Yes	208	58.4%
No	130	36.5%
Don't know/Not sure	8	2.2%
No Response	10	2.8%

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

Response	Frequency	Percent
Within past year (anytime less than 12 months ago)	125	35.1%
Within past 2 years (1 year but less than 2 years ago)	78	21.9%
Within past 5 years (2 years but less than 5 years ago)	48	13.5%
5 or more years ago	66	18.5%
Never	21	5.9%
Don't Know/Not sure	9	2.5%
No Response	9	2.5%

During the past 30 days, have you felt you had more than 5 days when you did not get enough rest or sleep?

Response	Frequency	Percent
Yes	214	60.1%
No	133	37.4%
No Response	9	2.5%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

During the past month, other than your regular job, did you participate in any physical activites or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

Response	Frequency	Percent
Yes	179	50.3%
No	170	47.8%
Don't know/Not sure	4	1.1%
No Response	3	0.8%

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

Response	Frequency	Percent
Yes	45	12.6%
Yes, only during pregnancy	16	4.5%
No	279	78.4%
Yes, pre-diabetes or borderline diabetes	12	3.4%
Don't know/Not sure	4	1.1%
No Response	0	0.0%

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

Response	Frequency	Percent
Yes	118	33.1%
Yes, only during pregnancy Skip to A12	13	3.7%
No Skip to A12	207	58.1%
Yes, borderline high or pre-hypertensive Skip to A12	10	2.8%
Don't know/Not sure Skip to A12	4	1.1%
No Response	4	1.1%

Are you currently taking medicine for your high blood pressure?

Response	Frequency	Percent
Yes	90	25.3%
No	80	22.5%
Don't know/Not sure	0	0.0%
No Response	186	52.2%

Blood cholesteral is a fatty substance found in the blood. Have you EVER had your blood cholesteral checked?

Response	Frequency	Percent
Yes	174	48.9%
No	137	38.5%
Don't know/Not sure	23	6.5%
No Response	22	6.2%

Have you EVER been told by a doctor, nurse or other health professional that your blood cholesteral is high?

Response	Frequency	Percent
Yes	87	24.4%
No	144	40.4%
Don't know/Not sure	8	2.2%
No Response	117	32.9%

Health Problems

A heart attack, also called a myocardial infarction?

Response	Frequency	Percent
Yes	18	5.1%
No	329	92.4%
Don't know/Not sure	6	1.7%
No Response	3	0.8%

Angina or coronary heart disease?

Response	Frequency	Percent
Yes	23	6.5%
No	324	91.0%
Don't know/Not sure	5	1.4%
No Response	4	1.1%

A stroke?

Response	Frequency	Percent
Yes	19	5.3%
No	327	91.9%
Don't know/Not sure	4	1.1%
No Response	6	1.7%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

Have you EVER been told by a doctor, nurse, or other health provider that you had asthma?

Response	Frequency	Percent
Yes	77	21.6%
No	265	74.4%
Don't know/Not sure	8	2.2%
No Response	6	1.7%

Do you still have asthma?

Response	Frequency	Percent
Yes	51	14.3%
No	57	16.0%
Don't know/Not sure	14	3.9%
No Response	234	65.7%

Tobacco Use

Have you smoked at least 100 cigarettes or used chewing tobacco or snuff in your entire life?

Response	Frequency	Percent
Yes	188	52.8%
No	156	43.8%
Don't know/Not sure	5	1.4%
No Response	7	2.0%

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

Response	Frequency	Percent
Every day	100	28.1%
Some days	25	7.0%
Not at all	120	33.7%
Don't know/Not sure	0	0.0%
No Response	111	31.2%

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

Response	Frequency	Percent
Yes	83	23.3%
No	71	19.9%
Don't know/Not sure	2	0.6%
No Response	200	56.2%

How long has it been since you last smoked cigarettes, chewed tobacco or snuff regularly?

Response	Frequency	Percent
Within the past 6 months	83	23.3%
Within the past year (6 months but less than 1 year ago)	4	1.1%
With in the past 10 years (over 1 year but less than 10 years ago)	12	3.4%
Never smoked regularly	15	4.2%
Don't know/Not sure	34	9.6%
No Response	208	58.4%

General Information

What is your age in years?

Response	Frequency	Percent
18-29 Years	67	18.8%
30-44 Years	129	36.2%
45-64 Years	108	30.3%
65+ Years	45	12.6%
No Response	7	2.0%

Are you Hispanic or Latino?

Response	Frequency	Percent
Yes	67	18.8%
No	286	80.3%
Don't know/Not sure	1	0.3%
No Response	2	0.6%

Which one or more of the following would you say is your race? (Check all that apply)

Response	Frequency	Percent
White or Caucasian	296	83.1%
Black or African American	2	0.6%
Asian	0	0.0%
Native Hawaiian or Other Pacific Islander	0	0.0%
American Indian, Alaska Native	12	3.4%
Other	31	8.7%
Don't know/Not sure	6	1.7%
No Response	19	5.3%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

Are you.....? (Check only one)

Response	Frequency	Percent
Married	203	57.0%
Divorced	60	16.9%
Widowed	32	9.0%
Separated	22	6.2%
Never Married	19	5.3%
A member of an unmarried couple	18	5.1%
No Response	2	0.6%

How many children less than 18 years of age live in your household? (If none enter "00").

Response	Frequency	Percent
0	130	36.5%
1	55	15.4%
3	60	16.9%
2	77	21.6%
5	10	2.8%
4	22	6.2%
9	1	0.3%
No Response	1	0.3%

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

Response	Frequency	Percent
Never attended school or only kindergarten	3	0.8%
Grades 1-8 (Elementary)	38	10.7%
Grades 9-11 (Some high school)	50	14.0%
Grade 12 or GED (High school graduate)	119	33.4%
College 1 year to 3 years (some college or technical school)	106	29.8%
College 4 years or more (College graduate)	38	10.7%
No Response	2	0.6%

Are you currently.....? (Check only one)

Response	Frequency	Percent
Employed for wages	154	43.3%
Self-employed	15	4.2%
Out of work for more than 1 year	22	6.2%
Out of work for less than 1 year	28	7.9%
A homemaker	57	16.0%
Retired	38	10.7%
Unable to work	38	10.7%
No Response	4	1.1%

Is your annual household income from all sources.....?

Response	Frequency	Percent
Less than $25,000	192	53.9%
$25,000 thru $49,000	65	18.3%
$50,000 or more	88	24.7%
No Response	11	3.1%

During the past 12 months, has your household been without telephone service for 1 week, or more? NOTE: Do not inlcude interruptions of phone service due to weather or natural disasters.

Response	Frequency	Percent
Yes	102	28.7%
No	244	68.5%
Don't know/Not sure	2	0.6%
No Response	8	2.2%

Please indicate your sex:

Response	Frequency	Percent
Male	70	19.7%
Female	281	78.9%
No Response	5	1.4%

To your knowledge, is someone in your household now pregnant?

Scale 1

Response	Frequency	Percent
Yes	23	6.5%
No	323	90.7%
Don't know/Not sure	1	0.3%
No Response	9	2.5%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

Scale 2 - Do they need obstetrical care?

Response	Frequency	Percent
Yes	9	2.5%
No	41	11.5%
No Response	306	86.0%

If a community clinic for low income residents was available, would you use it?

Response	Frequency	Percent
Yes	274	77.0%
No	48	13.5%
Don't know/Not sure	27	7.6%
No Response	7	2.0%

Caregiver Status/Disability

People may provide regular care or assistance to a friend or family member who has a health problem, long-term illness, or disability. During the past month, did you provide any such care or assistance to a friend or family member?

Response	Frequency	Percent
Yes	109	30.6%
No	238	66.9%
Don't know/Not sure	4	1.1%
No Response	5	1.4%

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Response	Frequency	Percent
Yes	119	33.4%
No	228	64.0%
Don't know/Not sure	7	2.0%
No Response	2	0.6%

Do you have any health problem that requires you to use special equipment, such as a cane, wheelchair, a special bed, or a special telephone? NOTE: Inlcude occasional use or use in certain circumstances.

Response	Frequency	Percent
Yes	48	13.5%
No	305	85.7%
Don't know/Not sure	2	0.6%
No Response	1	0.3%

Alcohol Use

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liqour?

Response	Frequency	Percent
Yes	106	29.8%
No	250	70.2%
Don't know/Not sure	0	0.0%
No Response	0	0.0%

During the past 30 days, for men - have you had more than 5 drinks on any occasion? For women - have you had more than 5 drinks on any one occasion?

Scale 1 - Number of drinks:

Response	Frequency	Percent
True	28	7.9%
False	94	26.4%
No Response	234	65.7%

Immunization

During the past 12 months, have you had a flu immunization (a flu shot or flu vaccine that is spryed in the nose, also called FluMist)?

Response	Frequency	Percent
Yes	138	38.8%
No	213	59.8%
Don't know/Not sure	2	0.6%
No Response	3	0.8%

HIV/AIDS

Have you ever been tested for HIV/AIDS? Do not count tests you may have had as a part of a blood donation. Include tests usesing fluid from your mouth.

Response	Frequency	Percent
Yes	140	39.3%
No	165	46.3%
Don't know/Not sure	22	6.2%
No Response	29	8.1%

Fort Worth Northside CHC, Inc. - Health Risk Factor Survey

After reading the list below, please tell us if any of the situations apply to you. You do not need to tell us which one. -You have used intravenous drugs in the past year. -You have been treated for a sexually transmitted or venereal disease in the past year. -You have been given or recieved money or drugs in exchange for sex in the past year. -You had anal sex without a condom in the past year. Do any of these situations apply to you?

Response	Frequency	Percent
Yes	26	7.3%
No	290	81.5%
Don't know/Not sure	1	0.3%
No Response	39	11.0%

Life Satisfaction

How often do you get the social and emotional support you need? NOTE: Please include support from any source.

Response	Frequency	Percent
Always	75	21.1%
Usually	98	27.5%
Sometimes	93	26.1%
Rarely	38	10.7%
Never	28	7.9%
Don't know/Not sure	13	3.7%
No Response	11	3.1%

In general, how satisfied are you with your life?

Response	Frequency	Percent
Very satisfied	63	17.7%
Satisfied	192	53.9%
Dissatisfied	55	15.4%
Very dissatisfied	10	2.8%
Don't know/Not sure	19	5.3%
No Response	17	4.8%

Cancer

Have you EVER been told by a doctor, nurse, or other health professional that you had cancer? NOTE: Other health professional means a nurse practitioner, a physician's assistant, social workers, or some other licensed professional.

Response	Frequency	Percent
Yes	40	11.2%
No	298	83.7%
Don't know/Not sure	6	1.7%
No Response	12	3.4%

With your most recent diagnoses of cancer, what type of cancer was it?

- Cervical
- Breast
- Breast
- Tonsil
- melanoma
- lung
- precancerous lesions
- Lung
- Hodgin's Lymphoma
- skin
- tumor
- Cervical
- ovarian
- Bone
- Barretts Esophagitis
- ovarian
- melanoma
- Prostate
- Breast
- Cervical
- Skin
- Uterine
- Cervical
- Lung
- Cervical
- Heart
- Cervical
- SKIN
- female organs
- melanoma

- Breast
- Breast
- S. Cell
- skin
- Basal Cell Skin
- Leukemia
- Cervical
- Breast
- Prostate

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