

CENTRAL MINNESOTA COMMUNITY HEALTH SURVEY

SURVEY INSTRUCTIONS



Correct marks



Incorrect marks

- Please use #2 pencil or blue or black pen to complete this survey.
- Do not use red pencil or ink.
- Do not use X's or check marks to indicate your responses.
- Fill response ovals completely with heavy, dark marks.

Please give this survey to the adult (age 18 or over) in the household who has most recently had a birthday.

1. In general, would you say that your health is:

- Excellent
 Very good
 Good
 Fair
 Poor

2. Have you ever been told by a doctor, nurse, or other health care professional that you had any of the following health conditions?

	No	Yes	Yes, but only related to pregnancy
a. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pre-diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. High blood pressure/hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Pre-hypertension	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Anxiety or panic attacks	<input type="radio"/>	<input type="radio"/>	
g. Memory loss, Alzheimer's disease or another form of dementia	<input type="radio"/>	<input type="radio"/>	
h. Other mental health issues	<input type="radio"/>	<input type="radio"/>	
i. Cancer	<input type="radio"/>	<input type="radio"/>	
j. Heart trouble or angina	<input type="radio"/>	<input type="radio"/>	
k. Stroke or stroke-related health issues	<input type="radio"/>	<input type="radio"/>	
l. High cholesterol or triglycerides	<input type="radio"/>	<input type="radio"/>	
m. Overweight	<input type="radio"/>	<input type="radio"/>	
n. Obese	<input type="radio"/>	<input type="radio"/>	
o. Chronic lung disease (including COPD, chronic bronchitis or emphysema)	<input type="radio"/>	<input type="radio"/>	
p. Asthma	<input type="radio"/>	<input type="radio"/>	
q. Arthritis	<input type="radio"/>	<input type="radio"/>	
r. Sexually transmitted diseases/infections (Chlamydia, HIV, etc.)	<input type="radio"/>	<input type="radio"/>	

3. About how long has it been since you last visited a doctor or other health care professional for a routine check-up?

- Within the past year
 Within the past 2 years
 Within the past 5 years
 5 or more years ago
 Never

4. During the past 12 months, was there a time when you thought you needed medical care but did not get it or delayed getting it?

- Yes
 No → IF NO, GO TO QUESTION 6

5. Why did you not get or delay getting the medical care you thought you needed? (Mark ALL that apply)

- The care I needed cost too much
 I could not get an appointment
 My co-pay was too expensive
 I did not think it was serious enough
 My deductible was too expensive
 I had transportation problems
 My insurance did not cover it
 I did not have insurance
 Other reason _____

6. During the past 12 months, was there a time when you thought you needed dental care but did not get it or delayed getting it?

- Yes No —————▶ IF NO, GO TO QUESTION 8

7. Why did you not get or delay getting the dental care you thought you needed? (Mark ALL that apply)

- The care I needed cost too much
- My co-pay was too expensive
- My deductible was too expensive
- My insurance did not cover it
- I did not have insurance
- The dentist would not accept my insurance
- I was too nervous or afraid
- I could not get an appointment
- I did not think it was serious enough
- I had transportation problems
- Other reason _____

8. During the past 12 months, was there a time when you wanted to talk with or seek help from a health professional about mental health issues such as stress, depression, excess worrying, troubling thoughts, or emotional problems, but did not or delayed talking with someone?

- Yes No —————▶ IF NO, GO TO QUESTION 10

9. Why did you not get or delay getting the mental health care you thought you needed? (Mark ALL that apply)

- The care I needed cost too much
- My co-pay was too expensive
- My deductible was too expensive
- My insurance did not cover it
- I did not have insurance
- I was too nervous or afraid
- I could not get an appointment
- I did not think it was serious enough
- I had transportation problems
- I did not know where to go
- Other reason _____

10. During the past 30 days, for about how many days have you felt sad, blue, or depressed? —————▶

Write the number in the boxes, then fill in the appropriate circle beneath each box. ▶

Number of Days	
0	0
1	1
2	2
3	3
	4
	5
	6
	7
	8
	9

11. How would you rate your overall level of stress?

- High
- Medium
- Low

12. How well would you say you are able to cope with your stress?

- Very well
- Fairly well
- Not very well
- Not at all

13. Which statement best describes the medications prescribed for you in the past 6 months?

- I had no medications prescribed for me (GO TO QUESTION 15)
- I had medications prescribed for me and I filled them all (GO TO QUESTION 15)
- I had medications prescribed for me and I did not fill at least one of them

14. Why did you not fill at least one prescription? (Mark ALL that apply)

- The medication I needed cost too much
- My co-pay was too expensive
- My deductible was too expensive
- My insurance did not cover it
- I did not have insurance
- I do not like taking medications
- I did not like the side effects
- I had transportation problems
- Pharmacy services are not available in my community
- Other reason _____

15. Which of the following types of health insurance do you have? (Please mark yes or no for each.)

Yes No

- | | | |
|--|-----------------------|-----------------------|
| a. Health insurance or coverage through your employer or your spouse/partner, parent, or someone else's employer | <input type="radio"/> | <input type="radio"/> |
| b. Health insurance or coverage bought directly by you or your family | <input type="radio"/> | <input type="radio"/> |
| c. Indian or Tribal Health Service | <input type="radio"/> | <input type="radio"/> |
| d. Medicare | <input type="radio"/> | <input type="radio"/> |
| e. Medicaid, Medical Assistance (MA), or Prepaid Medical Assistance Program (PMAP) | <input type="radio"/> | <input type="radio"/> |
| f. Minnesota Comprehensive Health Association (MCHA) | <input type="radio"/> | <input type="radio"/> |
| g. MinnesotaCare | <input type="radio"/> | <input type="radio"/> |
| h. CHAMPUS, TRICARE, or Veterans' benefits | <input type="radio"/> | <input type="radio"/> |
| i. Other health insurance or coverage (please specify): _____ | <input type="radio"/> | <input type="radio"/> |

16. A serving of fruit is a medium-sized fruit or a half cup chopped, cut or canned fruit. How many servings of fruit did you have yesterday?

Servings

0	0
1	1
2	2
	3
	4
	5
	6
	7
	8
	9

17. A serving of 100% fruit juice is 6 ounces. How many servings of fruit juice did you have yesterday?

Servings

0	0
1	1
2	2
	3
	4
	5
	6
	7
	8
	9

18. A serving of vegetables –not including French fries– is one cup of salad greens or a half cup of vegetables. How many servings of vegetables did you have yesterday?

Servings

0	0
1	1
2	2
	3
	4
	5
	6
	7
	8
	9

Write the number in the boxes, then fill in the appropriate circle beneath each box. ▶

19. During the past 12 months, have you used a community food shelf program?

- Yes
- No

20. How often do you or others in your household buy or get food from the following places?

	Never or less than one time per month	About one time per month	About two or three times per month	About one time per week	Two or more times per week
a. Supermarket or large grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Small grocery store	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Convenience store or gas station	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Food shelf or food pantry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Some other place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. During the past 12 months, how often did you worry that your food would run out before you had money to buy more?

- Often
- Sometimes
- Rarely
- Never

22. During the **past 30 days**, other than your regular job, did you participate in any physical activity or exercise such as running, calisthenics, golf, gardening or walking for exercise?

- Yes No

23. During an **average week**, other than your regular job, on how many days do you get at least 30 minutes of **moderate** physical activity? (Moderate activities cause only light sweating and a small increase in breathing or heart rate.)

- 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

24. During an **average week**, other than your regular job, on how many days do you get at least 20 minutes of **vigorous** physical activity? (Vigorous activities cause heavy sweating and a large increase in breathing and heart rate.)

- 0 days 1 day 2 days 3 days 4 days 5 days 6 days 7 days

25. How much of a problem are the following factors for **you** in terms of preventing you from being more physically active?

	Not a problem	A small problem	A big problem
a. Lack of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Lack of programs or facilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. No one to exercise with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The cost of fitness programs, gym memberships, or admission fees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Public facilities (schools, sports fields, etc.) are not open or available at the times I want to use them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I have a long-term illness, injury, or disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Fear of injury	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Distance I have to travel to a fitness or community center, parks or walking trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. No safe place to be physically active	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Lack of self-discipline or willpower	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Lack of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Not having sidewalks or walking paths/trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Poor maintenance of sidewalks or walking paths/trails	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other reasons (please specify) _____	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. How often do you wear a seat belt when you drive or ride in a car or other vehicle?

- Always Often Sometimes Never

27. Do you ever **drive** a car or other vehicle?

- Yes No → IF NO, GO TO QUESTION 29

28. When **DRIVING** a car or other vehicle, how often do you...

	Often	Sometimes	Never	Not applicable: I don't have a cell phone
a. Read or send text messages or emails?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Make or answer a phone call?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Use a phone for other activities, such as getting directions or checking Facebook or other social media?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Do other activities such as eat, apply makeup, or shave?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How often do you feel safe in your community?

- Always Often Sometimes Never

30. Are you in a relationship where you are (or have ever been) physically hurt, threatened, or made to feel afraid?

- Yes No

31. Have you smoked at least 100 cigarettes in your entire life? (100 cigarettes = 5 packs)

Yes No ► IF NO, GO TO QUESTION 34

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

Every day
 Some days
 Not at all ► GO TO QUESTION 34

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

Yes No

34. Do you live with someone who smokes?

Yes No

38. 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 ► IF NO, GO TO QUESTION 43

39. During the past 30 days, on how many days did you have at least one drink of any alcoholic beverage?

		Days
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

40. During the past 30 days, on the days when you drank, about how many drinks did you drink on average? A drink is one can of beer, one glass of wine, or a drink with one shot of liquor.

- 1 drink
- 2 drinks
- 3 drinks
- 4 drinks
- 5 drinks
- 6 drinks
- 7 drinks
- 8 drinks
- 9 drinks
- 10 drinks or more

35. How often do you use any of the following products?

	Every day	Some days	Not at all
a. Cigars, cigarillos, or little cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Pipes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Snuff, snus or chewing tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. E-cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. A hookah water pipe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Any other type of tobacco product	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. During the past 7 days, how many days did anyone (including yourself) smoke cigarettes, cigars, or pipes anywhere inside your home?

0 1 2 3 4 5 6 7 Days

37. During the past 7 days, have you been in a car with someone (other than yourself) who was smoking?

Yes No

41. Considering all types of alcoholic beverages, how many times during the past 30 days did you have...?

FOR FEMALES:
 4 or more drinks
 on an occasion

		Times
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

FOR MALES:
 5 or more drinks
 on an occasion

		Times
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

42. During the past 30 days, how many times have you driven when you've had perhaps too much to drink?

		Days
0	0	
1	1	
2	2	
3	3	
	4	
	5	
	6	
	7	
	8	
	9	

43. COMMUNITY CONCERNS *In your opinion, how much of a problem is each of these issues in your county?*

	No problem	Minor problem	Moderate problem	Serious problem	No opinion
A. SOCIAL CONDITIONS					
1. Crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Unemployment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Children in poverty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Families experiencing financial stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Youth not graduating high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Distracted driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. PREGNANCY, BIRTH, AND CHILD DEVELOPMENT					
1. Parents with inadequate or poor parenting skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Teen pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Unplanned pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. ALCOHOL, TOBACCO, AND OTHER DRUG USE					
1. Smoking or other tobacco use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Abuse of prescription drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Alcohol abuse among those aged 21 or over	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Alcohol use among those under 21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Adults allowing or tolerating youth alcohol use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Drinking and driving	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Illegal drug use among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Illegal drug use among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. CHRONIC DISEASE AND HEALTH HABITS					
1. Obesity among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Obesity among children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Lack of physical exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Unhealthy eating habits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Lack of access to healthy food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. MENTAL HEALTH					
1. Depression among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Depression among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Suicide among youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Suicide among adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Other mental health issues, such as anxiety or panic attacks, memory loss, Alzheimer's or another form of dementia, etc.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Difficulty obtaining mental health services for youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Difficulty obtaining mental health services for adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. INJURY & VIOLENCE					
1. Abuse and neglect of children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Abuse and neglect of vulnerable adults	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

44. Looking back before you were 18 years of age:

- | | Yes | No |
|---|-----------------------|-----------------------|
| a. Did you live with anyone who was depressed, mentally ill, or suicidal? | <input type="radio"/> | <input type="radio"/> |
| b. Did you live with anyone who was a problem drinker or alcoholic? | <input type="radio"/> | <input type="radio"/> |
| c. Did you live with anyone who used illegal street drugs or who abused prescription medications? | <input type="radio"/> | <input type="radio"/> |
| d. Did you live with anyone who served time or was sentenced to serve time in a prison, jail, or other correctional facility? | <input type="radio"/> | <input type="radio"/> |
| e. Were your parents separated or divorced? | <input type="radio"/> | <input type="radio"/> |
| f. Did you often or very often feel that no one in your family loved you or thought you were important or special, or that your family members didn't feel close to or look out for each other? | <input type="radio"/> | <input type="radio"/> |
| g. Did you often or very often feel that you didn't have enough to eat, had to wear dirty clothes, had no one to take you to the doctor if you needed it, or had no one to protect you or take care of you? | <input type="radio"/> | <input type="radio"/> |

45. Looking back before you were 18 years of age:

- | | Never | Once | More than once |
|---|-----------------------|-----------------------|-----------------------|
| a. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How often did a parent or adult in your home ever swear at you, insult you, or put you down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. How often did anyone at least 5 years older than you or an adult, ever touch you sexually? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. How often did anyone at least 5 years older than you or an adult, force you to have sex? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

46. There are many things that people might do to prepare for a serious emergency. Have you or anyone else in your household...

- | | Yes | No |
|--|-----------------------|-----------------------|
| a. Made a family emergency plan? | <input type="radio"/> | <input type="radio"/> |
| b. Stored enough medications to meet your household needs for at least three days? | <input type="radio"/> | <input type="radio"/> |
| c. Stored enough food, water, and supplies to meet your household needs for at least three days? | <input type="radio"/> | <input type="radio"/> |
| d. Obtained a working battery-operated or hand-cranked radio? | <input type="radio"/> | <input type="radio"/> |
| e. Assembled an emergency kit with basic medical supplies? | <input type="radio"/> | <input type="radio"/> |

— ABOUT YOU —

47. Are you:

- Male Female Other

48. Your age group:

- 18-24 25-34 35-44 45-54 55-64 65-74 75+

49. How many adults (Including yourself) and children live in your household?

Number of Adults:

- 1 2 3 4 5 6 7 8 9 10 11 12 or more

Number of Children:

- 0 1 2 3 4 5 6 7 8 9 10 11 12 or more

50. Do you think of yourself as...? (Mark ALL that apply)

- Heterosexual or straight Gay, lesbian, or homosexual Bisexual Transgender

51. Do you own or rent your home?
 Own Rent Other arrangement

52. How often in the past 12 months would you say you were worried or stressed about having enough money to pay your rent or mortgage?
 Always Sometimes Never
 Often Rarely

53. How tall are you without shoes?

Feet	Inches
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11

54. Approximately how much do you weigh without shoes?

Pounds		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

55. Are you a member of either of the following ethnic or cultural groups?
 a. Hispanic or Latino/Latina Yes No
 b. Somali Yes No

56. Which of the following best describes you? (Mark ALL that apply)
 American Indian or Alaska Native
 Asian or Pacific Islander
 Black or African American
 African Native
 White
 Other: _____

57. Which of the following best describes your current relationship status?
 Married Separated
 Living with a partner Widowed
 Divorced Never married

58. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?
 Yes No

59. Your education level:
 Did not complete 8th grade
 Did not complete high school
 High school diploma/GED
 Trade/Vocational school
 Some college
 Associate degree
 Bachelor's degree
 Graduate/Professional degree

60. What was your household's total income from all earners and all sources in 2015?
 \$23,500 or less
 \$23,501 - \$32,000
 \$32,001 - \$40,000
 \$40,001 - \$48,500
 \$48,001 - \$57,000
 \$57,001 - \$65,000
 \$65,001 - \$73,500
 \$73,501 - \$82,000
 \$82,001 - \$100,000
 More than \$100,000

61. Are you currently... (Mark ALL that apply)
 Employed ► GO TO QUESTION 62
 Self-employed ► GO TO QUESTION 62
 Unemployed or out of work
 A homemaker or stay-at-home parent
 A student
 Retired
 Unable to work because of a disability

62. During an average week while you are working, on how many days do you get at least 30 minutes of moderate physical activity? (Moderate activities cause only light sweating and a small increase in breathing or heart rate.)
 0 1 2 3 4 5 6 7 Days

Thank you!