

### Ohio Asian American Health Assessment

Site: \_\_\_\_\_ Date: \_\_\_\_\_

Dear Friends: Asian Community Alliance, Inc. is conducting a survey to learn about the health conditions and needs of Asian Americans in Ohio. Please take about **10 minutes** to complete this simple questionnaire. Any questions, suggestions or information please contact: Mala Patel email: [kpatel@cinci.rr.com](mailto:kpatel@cinci.rr.com) phone #: (513) 398-9065

*Please Do Not Enter Your Name. Your information will not be individually disclosed. Please Do Not Answer if you have already filled in this questionnaire.*

20. Has your family contacted anyone about getting help on any of the above mentioned needs? Whom?  
(You may check more than one)
- 1  no need for help
  - 2  contacted no one
  - 3  relatives/friends/neighbors
  - 4  church/temple
  - 5  the government
  - 6  service agencies
  - 7  business
  - 8  others  
(specify \_\_\_\_\_)

21. What kind of health care insurance do you have?  
(You may check more than one)
- 1  no insurance
  - 2  insurance from my employer
  - 3  self-pay insurance
  - 4  Medicare
  - 5  Medicaid
  - 6  other insurance

24. Can you or anyone living with you do the following without help?  
(Please select a number from 1 – 5, for the one who is the weakest:)  
1= Can do without help 2= Can do with mechanical help 3= Can do with verbal help  
4= Can do with hands on help 5= Cannot do

- |  |   |
|--|---|
| a. Bathing: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>         | k. Stair climbing: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| b. Grooming: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>        | l. Take meds: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>      |
| c. Dressing: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>        | m. Telephone: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>      |
| d. Eating/feeding: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>  | n. Transportation: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| e. Transferring: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>    | o. Shopping: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>       |
| f. Toileting: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>       | p. Meal prep: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>      |
| g. Bowel control: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>   | q. Housework: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>      |
| h. Bladder control: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> | r. Laundry: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>        |
| i. Walking: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>         | s. Legal/finances: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> |
| j. Wheeling: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>        | t. Yard work : 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>     |

**Thank you!**

Could you please help distribute 2-10 questionnaires with stamped envelopes, to other Asian Americans living in Ohio? Please ask them to mail the questionnaires back *within a week*? We appreciate your help.

22. What is the highest education level of the member in your family?
- 1  No formal school 2  Elementary
  - 3  Mid-high sch. 4  High sch. grad.
  - 5  Some college 6  College grad.
  - 7  Master degree 8  Dr. degree

23. Please check the income level of your family in the last 12 months:
- 1  \$10,830 or below
  - 2  \$10,831 - \$14,570
  - 3  \$14,571 - \$18,310
  - 4  \$18,311 - \$22,050
  - 5  \$22,051 - \$25,790
  - 6  \$25,791 - \$29,530
  - 7  \$29,531 - \$33,270
  - 8  \$33,271 - \$37,010
  - 9  \$37,011 - \$45,000
  - 10  \$45,001 - \$50,000
  - 11  \$50,001 - \$60,000
  - 12  \$60,001 - \$ 100,000
  - 13  \$100,000 or above

1. How old are you? \_\_\_\_\_ years old
2. What is your gender? 1  male  
2  female
3. Which language is spoken at home mostly? (Please select one)
- 1  Cambodian 2  Cantonese
  - 3  English 4  Fukin./Taiwanese
  - 5  Hindi 6  Japanese
  - 7  Karen 8  Korean
  - 9  Laotian 10  Mandarin
  - 11  Nepali 12  Tagalog
  - 13  Thai 14  Toisanese
  - 15  Other (please specify)

4. How many times have you seen a doctor (western physician) over the last year? \_\_\_\_\_ times

5. In what language did you speak to the physician over the last year?  
(Please select one)
- 1  has not seen a doctor in a year
  - 2  in my native language, which the doctor understands
  - 3  in my native language, via an interpreter
  - 4  in my broken English
  - 5  in my fluent English

6. How long have you lived in the U.S.? \_\_\_\_\_ years.

7. Over the last year, how did you go to the doctor's office?  
(You may check more than one)
- 1  did not see a doctor
  - 2  drove myself
  - 3  driven by my family
  - 4  driven by my friend/neighbor
  - 5  took a bus
  - 6  took a taxi
  - 7  walked over

8. Last year, if your doctor prescribed you with some **medication**, have you:  
(Please go to Question #9 if no medication or didn't see a doctor)

- a. Bought all of the prescribed medicine  
1  always 2  occasionally 3  rarely

- b. Suspected the medicine may not work  
1  always 2  occasionally 3  rarely

- c. Been afraid of the adverse effect of the medicine  
1  always 2  occasionally 3  rarely

- d. Finished taking all of the medication  
1  always 2  occasionally 3  rarely

- e. Taken the full dosage of medication  
1  always 2  occasionally 3  rarely

- f. Taken oriental medication at the same time  
1  always 2  occasionally 3  rarely

9. Please tell us something about your health. Is your:

	Very High	Slightly High	Normal	Low	Don't know
a. Blood pressure	1□	2□	3□	4□	9□
b. Blood sugar	1□	2□	3□	4□	9□
c. Cholesterol	1□	2□	3□	4□	9□

10. Do you have any of these conditions?

	Never	Maybe	Yes before, but not now	Yes, I have it now	Don't Know
a. Stress	1□	2□	3□	4□	9□
b. Anxiety	1□	2□	3□	4□	9□
c. Depression	1□	2□	3□	4□	9□
d. Hepatitis B	1□	2□	3□	4□	9□
e. Tuberculosis	1□	2□	3□	4□	9□
f. Diabetes	1□	2□	3□	4□	9□
g. Heart conditions	1□	2□	3□	4□	9□
h. AIDS/HIV	1□	2□	3□	4□	9□
i. Cancer	1□	2□	3□	4□	9□
j. Allergy/asthma	1□	2□	3□	4□	9□
Others (please write in)					
k. _____	1□	2□	3□	4□	9□
l. _____	1□	2□	3□	4□	9□
m. _____	1□	2□	3□	4□	9□

11. Over the last month, did you smoke **cigarettes** every day, some days, or not at all?

1□ Every day 2□ Some days 3□ Not at all 9□ Don't know/not sure

12. How many shots do you drink in a day? (1 shot = a beer/a glass of wine/a shot of liquor)

1□ >2 shots 2□ 1-2 shots 3□ <1 shots 4□ <1/2 shots 5□ I don't drink 9□ Don't know

13. How often do you use **drugs not for medical reasons**? (Please select one)

1□ daily 2□ at least weekly 3□ occasionally 4□ rarely 5□ never 9□ Don't know

14. Do you agree with the following statements?

	Strongly agree	Agree	Disagree	Don't know
a. A big and heavy child is a blessing	1□	2□	3□	9□
b. Having more to eat is a sign of prosperity	1□	2□	3□	9□
c. Thin people can have diabetes	1□	2□	3□	9□
d. High cholesterol can lead to heart/vascular problems	1□	2□	3□	9□
e. Hepatitis B can cause liver disease/liver cancer	1□	2□	3□	9□
f. Vaccinations can prevent hepatitis B	1□	2□	3□	9□

15. How often do you **exercise** in an average week over the last month? \_\_\_\_\_ times

16. How many **minutes**, on average, do you *exercise each time*? \_\_\_\_\_ minutes

17. Does your family need help in these areas?

	Urgently Needed	Needed	Not Needed
a. Taking care of babies	1□	2□	3□
b. Child care (pre-school)	1□	2□	3□
c. Child care (after-sch.)	1□	2□	3□
d. Elderly service	1□	2□	3□
e. English class	1□	2□	3□
f. Health/medical services	1□	2□	3□
g. Mental Health	1□	2□	3□
h. Disability	1□	2□	3□
i. Housing(affordability)	1□	2□	3□
j. Housing (quality)	1□	2□	3□
k. Interpretation / translation	1□	2□	3□
l. Job training	1□	2□	3□
m. Job finding	1□	2□	3□
n. Neighborhood relationship	1□	2□	3□
o. Public facilities (e.g. garbage removal)	1□	2□	3□
p. Safety	1□	2□	3□
q. Socialization	1□	2□	3□
r. Volunteer opportunity	1□	2□	3□
s. Access to politicians	1□	2□	3□
t. Alcohol/Drug abuse	1□	2□	3□
u. Legal/Immigration matters	1□	2□	3□

18. In the last 12 months, has your family ever skipped any of the following items due to money concerns?

	Never Skipped	Skipped	Don't Know	Not applicable
a. Mortgage payment	1□	2□	9□	8□
b. Rent payment	1□	2□	9□	8□
c. Utility payment	1□	2□	9□	8□
d. Housing repairs	1□	2□	9□	8□
e. Child care (pre-school)	1□	2□	9□	8□
f. Child care (after-school)	1□	2□	9□	8□
g. Medical services	1□	2□	9□	8□
h. Dental services	1□	2□	9□	8□
i. Medication/drugs	1□	2□	9□	8□
j. Vacation trips	1□	2□	9□	8□
k. Others (specify)	1□	2□	9□	8□

19. How many family members are there living with you? \_\_\_\_\_