



Oregon Adult Health Study

2025

For a healthy Oregon

To better understand the health experiences and needs of adults in each region of the state.

If you prefer to complete this study online you can do so by going to <https://www.Oregon.gov/HealthyAdults> and entering your Access Code: [xxxxxx]

A. Are you the adult, age 18 or older, in your household who had the most recent birthday?

- ☐ Yes → Please continue.
- ☐ No → Please have the adult in your household who had the most recent birthday complete this survey.

Welcome to the Oregon Adult Health Study,

Your household was randomly selected for this important study about the health of people and communities in Oregon. Oregon Health Authority is a state agency focused on improving the quality and availability of health care for all Oregonians. We are conducting this study to better understand your health experiences and how to support adult health in each part of the state.

Please have the adult (age 18 or older) in your household **who had the most recent birthday** complete the questionnaire. **Mail it back as soon as possible** in the postage-paid return envelope.

To make it as easy as possible to participate we have also made this study available online. If you prefer, you may use the enclosed questionnaire to see what questions are being asked. Then, give answers online by going to <https://www.Oregon.gov/HealthyAdults> and entering the Access Code on the front of this booklet.

Answering the questions either way is fine, but please do not respond to both the paper and online questionnaires.

When completing the paper study, please follow these instructions to provide your responses:

Marking Instructions

- Please use a No. 2 pencil or a blue or black ink pen.
- Please do not use pens with ink that soaks through the paper.
- Please make solid marks that fill the response completely.
- Please make no stray marks on this form.

CORRECT: ●

INCORRECT: ✓ ✗ ◐ ◑

For more information about the study, visit <https://www.Oregon.gov/HealthyAdults> or you may contact Renee Boyd at (971)-254-6148 or by emailing renee.k.boyd@oha.oregon.gov.

Thank you very much for your help!

Renee Boyd
Health Policy and Program Manager
Program Design and Evaluation Services
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Oregon Health Authority

1. Would you say that in general your health is ...

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

2. 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

3. 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

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

- ☐ Yes
- ☐ No
- ☐ Not sure

5. About how tall are you without shoes?

Feet

Inches

6. About how much do you weigh without shoes?

Pounds

7. What is your current age?

Years of age

8. How many members of your household, including yourself, are 18 years of age or older?

Number of adults

9. Which one of these categories best describes your current marital status?

- ☐ Married
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Never married
- ☐ A member of an unmarried couple
- ☐ A member of a Registered Domestic Partnership

10. Which of the following is the primary source of your current health insurance?

- ☐ Plan through an employer or union (yours or another person's)
- ☐ Medicare
- ☐ Medigap
- ☐ Oregon Health Plan (Medicaid)
- ☐ Children's Health Insurance Program (CHIP)
- ☐ Military related health care
- ☐ Indian Health Service
- ☐ Other (please specify)

- ☐ No health insurance of any type
- ☐ Not sure

11. Do you currently use the following nicotine or tobacco products *every day, some days, or not at all*? Do not include marijuana products in your answer.

	Every day	Some Days	Not at all
Cigarettes (non-menthol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menthol cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E-cigarettes or vape pens (non-menthol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Menthol e-cigarettes or vape pens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Chewing tobacco, snuff, or snus	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Full-sized cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smaller-sized cigars or cigarillos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hookah	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During the past 30 days, have you used any tobacco or vaping product with mint, fruit, coffee, or other flavors (do not include marijuana products)?

- ☐ Yes
☐ No
☐ Not sure

If you reported smoking non-menthol or menthol cigarettes every day, please answer question 13, otherwise skip to question 14.

13. How many cigarettes would you say you smoke on average?

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Number of cigarettes a day (Note: 1 pack = 20 cigarettes)

If you reported that you currently smoke or vape some days or every day, please answer questions 14 and 15, otherwise skip to question 16 on the next page.

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

- ☐ Yes
☐ No
☐ Not sure

15. Would you like to quit smoking or vaping?

- ☐ Yes
☐ No
☐ Not sure

16. Has a doctor, nurse, or other health professional ever told you that you had the following:

	Yes	No	Not sure
Heart attack (myocardial infarction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Angina or coronary heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes, do you still have asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Skin cancer that is not melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Melanoma or other types of cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COPD, emphysema, or chronic bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A depressive disorder (e.g., major or minor depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease (not including kidney stones, bladder infection or incontinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If yes and you are female, was that only when you were pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other chronic illness (please specify)			

The next questions ask about events that happened during your childhood. This information will allow us to understand difficulties that may occur early in life and may help others in the future.

17. Did you live with anyone who was depressed, mentally ill, or suicidal?

- ☐ Yes
☐ No
☐ Not sure

18. Did you live with anyone who was a problem drinker or alcoholic?

- ☐ Yes
☐ No
☐ Not sure

19. Did you live with anyone who used illegal street drugs or who abused prescription medications?

- ☐ Yes
☐ No
☐ Not sure

20. Did you live with anyone who served time or was sentenced to serve time in prison, jail, or other correctional facility?

- ☐ Yes
☐ No
☐ Not sure

21. Were your parents separated or divorced?

- ☐ Yes
☐ No
☐ Not sure

22. How often did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?

- ☐ Never
- ☐ Once
- ☐ More than once

23. Not including spanking, (before age 18) how often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?

- ☐ Never
- ☐ Once
- ☐ More than once

24. How often did a parent or adult in your home ever swear at you, insult you, or put you down?

- ☐ Never
- ☐ Once
- ☐ More than once

25. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?

- ☐ Never
- ☐ Once
- ☐ More than once

26. How often did anyone at least 5 years older than you or an adult, try to make you touch them sexually?

- ☐ Never
- ☐ Once
- ☐ More than once

27. How often did anyone at least 5 years older than you or an adult, force you to have sex?

- ☐ Never
- ☐ Once
- ☐ More than once

28. For how much of your childhood was there an adult in your household who made you feel safe and protected?

- ☐ Never
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

29. For how much of your childhood was there an adult in your household who tried hard to make sure your basic needs were met?

- ☐ Never
- ☐ A little of the time
- ☐ Some of the time
- ☐ Most of the time
- ☐ All of the time

If you would like information or referral for the issues in the last few questions, please use the following toll-free numbers:

Oregon Statewide Crisis Number
1 (888) 235-5333

National Domestic Violence Hotline
1 (800) 799-SAFE (7233)

National Sexual Assault Hotline
1 (800) 656-HOPE (4673)

National Hotline for Child Abuse
1 (800) 4-A-CHILD (1-800-422-4453)

National Suicide and Crisis Helpline
988

Alcohol and Drug Helpline
1 (800) 923-4357

The next questions are about you. Remember, your answers are completely confidential.

30. Do you own or rent your home?

- ☐ Own
- ☐ Rent
- ☐ Other arrangement

31. 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 (High school graduate)
- ☐ GED (did not graduate high school, instead obtained a GED)
- ☐ College 1 year to 3 years (Some college or technical school)
- ☐ College 4 years or more (College graduate)

32. During the last 12 months, was there a time when you were not able to pay your mortgage, rent, or utility bills?

- ☐ Yes
- ☐ No
- ☐ Not sure

33. In the last 12 months have you lost employment or had hours reduced?

- ☐ Yes
- ☐ No
- ☐ Not sure

34. How satisfied are you with your job?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Dissatisfied
- ☐ Very dissatisfied
- ☐ Not sure / Not applicable

35. Do you have easy access to healthy food choices in your community?

- ☐ Yes
- ☐ No
- ☐ Not sure

36. How often are you able to afford the food you need?

- ☐ Always
- ☐ Usually
- ☐ Sometimes
- ☐ Rarely
- ☐ Never
- ☐ Not sure

37. During the past 12 months has a lack of reliable transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?

- ☐ Yes
- ☐ No
- ☐ Not sure

38. How safe from crime do you consider your neighborhood to be?

- ☐ Extremely safe
- ☐ Safe
- ☐ Unsafe
- ☐ Extremely unsafe
- ☐ Not sure

46. In the past 12 months, how often did you bet money on in-person gambling activities like purchasing lottery tickets from a store, going to a friend's for poker night, or going to a gambling establishment to play table games, slot machines, or other electronic gambling machines?

- ☐ Never
- ☐ Less than once a month
- ☐ Once a month
- ☐ 2 to 3 times a month
- ☐ Once a week
- ☐ Several times a week
- ☐ Not sure

47. In the past 12 months, how often did you bet money on mobile gambling activities, such as online sports wagering, internet gambling, or gambling apps?

- ☐ Never
- ☐ Less than once a month
- ☐ Once a month
- ☐ 2 to 3 times a month
- ☐ Once a week
- ☐ Several times a week
- ☐ Not sure

48. During the past 12 months, have you become restless, irritable, or anxious when trying to stop or cut down on gambling?

- ☐ Yes
- ☐ No
- ☐ Not sure

49. During the past 12 months, have you tried to keep your family or friends from knowing how much you gambled?

- ☐ Yes
- ☐ No
- ☐ Not sure

50. During the past 12 months, did you have such financial trouble as a result of your gambling that you had to get help with living expenses from family, friends, or public assistance programs?

- ☐ Yes
- ☐ No
- ☐ Not sure

51. Which one of the following best describes your current employment status?

- ☐ Employed for wages
- ☐ Self-employed
- ☐ Out of work for 1 year or more
- ☐ Out of work for less than 1 year
- ☐ A homemaker
- ☐ A student
- ☐ Retired
- ☐ Unable to work
- ☐ Not sure

52. Please fill in the last 3 digits of the ZIP Code where you currently live.

9	7			
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53. In which one of these Oregon counties do you now live?

- | | | |
|---------------------------------|----------------------------------|----------------------------------|
| <input type="radio"/> Baker | <input type="radio"/> Harney | <input type="radio"/> Morrow |
| <input type="radio"/> Benton | <input type="radio"/> Hood River | <input type="radio"/> Multnomah |
| <input type="radio"/> Clackamas | <input type="radio"/> Jackson | <input type="radio"/> Polk |
| <input type="radio"/> Clatsop | <input type="radio"/> Jefferson | <input type="radio"/> Sherman |
| <input type="radio"/> Columbia | <input type="radio"/> Josephine | <input type="radio"/> Tillamook |
| <input type="radio"/> Coos | <input type="radio"/> Klamath | <input type="radio"/> Umatilla |
| <input type="radio"/> Crook | <input type="radio"/> Lake | <input type="radio"/> Union |
| <input type="radio"/> Curry | <input type="radio"/> Lane | <input type="radio"/> Wallowa |
| <input type="radio"/> Deschutes | <input type="radio"/> Lincoln | <input type="radio"/> Wasco |
| <input type="radio"/> Douglas | <input type="radio"/> Linn | <input type="radio"/> Washington |
| <input type="radio"/> Gilliam | <input type="radio"/> Malheur | <input type="radio"/> Wheeler |
| <input type="radio"/> Grant | <input type="radio"/> Marion | <input type="radio"/> Yamhill |
| | | <input type="radio"/> Not sure |

54. How well do you speak English?

- ☐ Very well
- ☐ Well
- ☐ Not well
- ☐ Not at all
- ☐ Don't know
- ☐ Don't want to answer

55. What is your gender? (Select all that apply)

- ☐ Woman
- ☐ Man
- ☐ Nonbinary
- ☐ Agender/No gender
- ☐ Bigender
- ☐ Genderfluid
- ☐ Genderqueer
- ☐ Questioning/Exploring
- ☐ Not listed (please describe)

- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

56. Are you transgender?

- ☐ Yes
- ☐ No
- ☐ Questioning/Exploring
- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

57. How do you describe your sexual orientation or sexual identity? (Select all that apply)

- ☐ Same-gender loving
- ☐ Lesbian
- ☐ Gay
- ☐ Bisexual
- ☐ Straight or heterosexual
- ☐ Asexual spectrum
- ☐ Queer
- ☐ Pansexual
- ☐ Questioning/Exploring
- ☐ Not listed (please describe)

- ☐ Don't know
- ☐ Don't know what this question is asking
- ☐ Don't want to answer

58. Which of the following describes your racial or ethnic identity? *(select all that apply)***American Indian or Alaska Native**

- ☐ American Indian
- ☐ Alaska Native
- ☐ Canadian, Inuit, Metis, or First Nation
- ☐ Indigenous Mexican, Central American, or South American
- ☐ Another American Indian or Alaska Native

Black or African American

- ☐ African American
- ☐ Afro-Caribbean
- ☐ Ethiopian
- ☐ Haitian
- ☐ Jamaican
- ☐ Nigerian
- ☐ Somali
- ☐ Another Black or African

White

- ☐ English
- ☐ German
- ☐ Irish
- ☐ Italian
- ☐ Polish
- ☐ Scottish
- ☐ Another White

Hispanic or Latino/a/x

- ☐ Mexican
- ☐ Cuban
- ☐ Puerto Rican
- ☐ Dominican
- ☐ Salvadoran
- ☐ Guatemalan
- ☐ South American
- ☐ Afro-Latino/a/x
- ☐ Another Hispanic or Latinx

Jewish

- ☐ Ashkenazi
- ☐ Sephardi
- ☐ Another Jewish

Native Hawaiian or Pacific Islander

- ☐ CHamoru (Chamorro)
- ☐ Communities of the Micronesian Region
- ☐ Fijian
- ☐ Marshallese
- ☐ Native Hawaiian
- ☐ Samoan
- ☐ Tongan
- ☐ Another Pacific Islander

Asian

- ☐ Asian Indian
- ☐ Cambodian/Khmer
- ☐ Chinese
- ☐ Communities of Myanmar
- ☐ Filipino/a
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ South Asian
- ☐ Vietnamese
- ☐ Another Asian

Middle Eastern or North African

- ☐ Egyptian
- ☐ Iranian
- ☐ Iraqi
- ☐ Israeli
- ☐ Lebanese
- ☐ Palestinian
- ☐ Syrian
- ☐ Turkish
- ☐ Another Middle Eastern or North African

- ☐ Don't know
- ☐ Don't want to answer

59. If you checked more than one category above, is there ONE you think of as your primary racial or ethnic identity?

- ☐ Yes (Which one?)

- ☐ I do not have just one primary racial or ethnic identity
- ☐ No, I identify as Biracial or Multiracial
- ☐ N/A, I only checked one category above
- ☐ Don't know
- ☐ Don't want to answer

60. Your answers to the next items will help us find health and service differences among people with and without functional difficulties.

	Yes	If yes, at what age did this condition begin?	No	Don't know
Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Do you have difficulty dressing or bathing?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Do you have serious difficulty learning how to do things most people your age can learn?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Using your usual (customary) language, do you have serious difficulty communicating (for example understanding or being understood by others)?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	Don't know what this question is asking		
Do you have serious difficulty with the following: mood, intense feelings, controlling your behavior, or experiencing delusions or hallucinations?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
	<input type="radio"/>	Don't know what this question is asking		

Thank you very much for helping us improve health services throughout Oregon!

In appreciation for your participation, **we would like to give you a \$5 Amazon gift code.** We can send your code to you in an email or text message. If you would like to receive your gift code please provide us your email address or mobile phone number and we will send your code within 4 weeks of receiving your completed survey.

Please print clearly.

Email Address:															
OR															
Phone Number:				-				-							

If you do not receive your \$5 Amazon gift code within 6 weeks please contact us at 855-276-3503 or email us at support@oradulthealth.com.