

Oregon Health Authority

Oregon Adult Health Survey 2024

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 survey online, please go to <http://www.Oregon.gov/HealthyAdults> and enter your Access Code:

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 Survey,

Your household was randomly selected for this important survey 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 survey 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 survey available online. If you prefer, you may use the enclosed questionnaire to see what questions are being asked. Then, give answers over the Internet by going to 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 internet questionnaires.

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

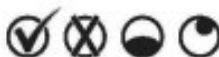
Marking Instructions

- 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 survey, visit www.Oregon.gov/HealthyAdults or you may contact Kimberly Phillips at (503) 910-4992 or Kimberly.Phillips@oha.oregon.gov.

Thank you very much for your help!

Kimberly Phillips, PhD
Program Design and Evaluation Services
Public Health Division
Oregon Health Authority

Program Design and Evaluation Services | Oregon Health Authority
800 NE Oregon Street Suite 260 | Portland, OR 97232

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 (do not include marijuana products in your answer)?

	Every day	Some Days	Not at all
A. Cigarettes (non-menthol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Menthol cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. E-cigarettes or vape pens (non-menthol)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Menthol e-cigarettes or vape pens	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Full-sized cigars	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Smaller-sized cigars or cigarillos	<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

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

	Yes	No	Not sure
A. Heart attack (myocardial infarction)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Angina or coronary heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. A stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Asthma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. If yes, do you still have asthma?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Skin cancer that is not melanoma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Melanoma or other types of cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. COPD, emphysema, or chronic bronchitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I. A depressive disorder (e.g., major or minor depression)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
J. Kidney disease (not including kidney stones, bladder infection or incontinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
K. Arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	Yes	No	Not sure
A. Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. If yes and you are female, was that only when you were pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Pre-diabetes or borderline diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Substance use disorder related to the use of alcohol and other drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. 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.

- 15. Did you live with anyone who was depressed, mentally ill, or suicidal?**
- Yes
 - No
 - Not sure
- 16. Did you live with anyone who was a problem drinker or alcoholic?**
- Yes
 - No
 - Not sure
- 17. Did you live with anyone who used illegal street drugs or who abused prescription medications?**
- Yes
 - No
 - Not sure
- 18. 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
- 19. Were your parents separated or divorced?**
- Yes
 - No
 - Not sure
- 20. 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
- 21. 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
- 22. 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
- 23. How often did anyone at least 5 years older than you or an adult, ever touch you sexually?**
- Never
 - Once
 - More than once
- 24. 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

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

- Never
- Once
- More than once

26. 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 them time
- All of the time

27. 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 them time
- All of the time

28. Which one of these statements describes how you feel about your current use of alcohol?

- I do not drink alcohol
- I drink alcohol, and do not want to change how much I drink
- I want to drink less alcohol
- I want to stop drinking alcohol

29. Do you consider yourself to be in recovery from any of the following substances (*select all that apply*)?

- I am not recovering or in recovery from any substances
- Tobacco or nicotine
- Alcohol
- Cannabis or marijuana
- Opioids like Vicodin, Oxycontin, fentanyl, or heroin
- Stimulant drugs like methamphetamine or cocaine
- Psychedelics like mushrooms or LSD
- Benzodiazepines like Xanax or Valium

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 ask about gambling so we can better understand the relation between problem gambling and other public health concerns. Gambling involves betting or risking anything of value on a game or event so you can win money or something of value. Examples include buying lottery scratch-off tickets, playing cards for money, betting on sporting events, paying money to enter a raffle, playing slot machines or video lottery.

30. Have you done any of these things or other gambling activities in the past 12 months?

- Yes
- No → IF NO, SKIP TO Q. 36
- Not sure

31. 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

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

- Yes
- No
- Not sure

33. 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 welfare?

- Yes
- No
- Not sure

34. During the past 30 days, have you done any gambling or placed any bets online or using an app?

- Yes
- No → IF NO, SKIP TO Q. 36
- Not sure

35. We would like to understand if Oregonians are gambling on sites not required to have player protections. During the past 30 days, was the primary wagering site or app you gambled on unregulated in Oregon, for example, an offshore casino site or poker room?

- Yes
- No
- Not sure

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

36. Do you own or rent your home?

- Own
- Rent
- Other arrangement

37. 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)

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

9	7			
---	---	--	--	--

ZIP Code

39. In which one of these Oregon counties do you now live?

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

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

- | | |
|--|--------------------------------------|
| <input type="radio"/> Employed for wages | <input type="radio"/> A homemaker |
| <input type="radio"/> Self-employed | <input type="radio"/> A student |
| <input type="radio"/> Out of work for 1 year or more | <input type="radio"/> Retired |
| <input type="radio"/> Out of work for less than 1 year | <input type="radio"/> Unable to work |
| | <input type="radio"/> Not sure |

41. What language or languages do you use at home?

42. What language would you prefer to use to read important written information such as medical, legal, or health information?

43. (SKIP IF YOU DO NOT USE A LANGUAGE OTHER THAN ENGLISH OR SIGN LANGUAGE)
How well do you speak English?

- | | |
|---------------------------------|--|
| <input type="radio"/> Very Well | <input type="radio"/> Not at all |
| <input type="radio"/> Well | <input type="radio"/> Don't know |
| <input type="radio"/> Not Well | <input type="radio"/> Don't want to answer |

44. What is your gender (*select all that apply*)?

- Woman
- Man
- Non-binary
- Agender / No gender
- Genderfluid
- Not listed (please describe) _____
- Don't know
- Don't know what this question is asking
- Don't want to answer

45. Are you transgender?

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

46. How do you describe your sexual orientation or sexual identity (*select all that apply*)?

- Lesbian
- Gay
- Bisexual
- Straight
- Pansexual
- Asexual
- Queer
- Questioning
- Not listed (please describe) _____
- Don't know
- Don't know what this question is asking
- Don't want to answer

47. Please describe your sexual orientation or sexual identity in any way you prefer:

48. Which of the following describes your racial or ethnic identity (*select all that apply*)?

Hispanic and Latino/a/x

- Central American
- Mexican
- South American
- Other Hispanic or Latinx

Native Hawaiian and Pacific Islander

- CHamoru (Chamorro)
- Marshallese
- Communities of the Micronesian Region
- Native Hawaiian
- Samoan
- Other Pacific Islander

White

- Eastern European
- Slavic
- Western European
- Other White

American Indian and Alaska Native

- American Indian
- Alaska Native
- Candaian, Inuit, Metis, or First Nation
- Indigenous Mexican, Central American, or South American

Black and African American

- African American
- Afro-Caribbean
- Ethiopian
- Somali
- Other African (Black)
- Other Black

Middle Eastern/North African

- Middle Eastern
- North African

Asian

- Asian Indian
- Cambodian
- Chinese
- Communities of Myanmar
- Filipino/a
- Hmong
- Japenese
- Korean
- Laotian
- South Asian
- Vietnamese
- Other Asian

Other Categories

- Other (please list):

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

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

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

50. Please describe your race, ethnicity, tribal affiliation, country of origin, or ancestry in any way you prefer:

51. 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
A. Are you deaf or do you have serious difficulty hearing?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
B. Are you blind or do you have serious difficulty seeing, even when wearing glasses?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
C. Do you have serious difficulty walking or climbing stairs?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
D. 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"/>
E. Do you have difficulty dressing or bathing?	<input type="radio"/>	_____	<input type="radio"/>	<input type="radio"/>
F. 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"/>
G. 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"/>
H. 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			
I. 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			

PLEASE TURN PAGE TO CONTINUE

52. Please use the space below to tell us anything you'd like about sites, services and programs in your community that help support your health.

53. Please use the space below to tell us anything you'd like about sites, services and programs in your community that ARE NEEDED to support your health.

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

master | d