2) Instructor-Developed Survey

Survey assignment description:

One of your assignments this semester is a data presentation. The purpose of this survey is to provide THAT data.

Each student will be assigned a "data-set" in an excel file. The data-set will include anonymous answers to one survey question. The data-set will include at least 30 participants. Please understand your de-identified answers may be used for concurrent or future NURS 350 courses to improve the number of participants reported in the data-set.

Questions from this survey are adapted from the 2011 Behavioral Risk Factor Surveillance System Questionnaire (BRFSS) conducted by health departments with assistance from the Centers for Disease Control and Prevention (CDC).

Survey directions: Complete the following survey

Refusal to answer any and all questions will not affect your participation grade for this assignment. You can refuse to answer any and all survey questions, however, you need to indicate "refused" to be 'counted' as completing this assignment. The instructor is only notified that you completed the assignment. The results are compiled in a de-identified format by the computer. Information gathered in this survey is aggregated and will be used for educational purposes only.

If you have any questions or concerns regarding this survey please contact your instructor.

Sample survey

Question 1: Are you male or female?
1. Male
2. Female
3. Refuse to answer

Question 2: What year were you born? (Example 1960, 1989) You may also write in "refuse"

Question 3: What is your total household income?
1. Less than $10,000
2. $10,000-19,999
3. $20,000-29,000
4. $30,000-39,000
5. $40,000-49,000
6. $50,000-59,000
7. $60,000-69,000
8. $70,000-79,000
9. $80,000-89,000
10. $90,000-99,000
11. $100,000-149,000
12. Over $150,000
13. Refuse to answer

Question 4: What is your religious affiliation?
1. Protestant Christian
2. Roman Catholic
3. Evangelical Christian
4. Jewish
5. Muslim
6. Hindu
7. Buddhist
8. Other
9. Refuse to answer
Question 5: What is your race?

1. American Indian or Alaska Native: A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliations or community attachment.
2. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)
3. Black or African American: A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
4. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
6. Refuse to answer

Question 6: Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare or Indian Health Services?

1. Yes
2. No
3. Don’t know / not sure
4. Refuse to answer

Question 7: 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.

1. within past year (anytime less than 12 months ago)
2. within past 2 years (1 year but less than 2 years ago)
3. within past 5 years (2 years but less than 5 years ago)
4. 5 or more years ago
5. Don’t know / Not sure
6. Never
7. Refuse to answer

Question 8: Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?

1. Yes
2. No
3. Don’t know / Not sure
4. Refuse to answer

Question 9: Do you now smoke cigarettes every day, some days, or not at all?

1. Every day
2. Some days
3. Not at all
4. Don’t know / Not sure
5. Refuse to answer

Question 10: Are you overweight? An adult who has a BMI between 25 and 29.9 is considered overweight. [Add pictorial chart of BMI]

1. Yes
2. No
3. Refuse to answer

Question 11: 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?

1. Yes
2. No
3. Don’t know / Not sure
4. Refuse to answer
Question 12: How often do you use seat belts when you drive or ride in a car? Would you say—?
Always
Nearly always
Sometimes
Seldom
Never
Never drive or ride in a car
Refuse to answer

Question 13: Now I will ask you questions about seasonal flu vaccine. There are two ways to get the seasonal flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist™. During the past 12 months, have you had either a seasonal flu shot or a seasonal flu vaccine that was sprayed in your nose?
1. Yes
2. No
3. Refuse to answer

Question 14: The next question is about eating out at fast food and chain restaurants. When calorie information is available in the restaurant, how often does this information help you decide what to order?
Always
Most of the time
About half of the time
Sometimes
Never
Never noticed or never looked for calorie information
Usually cannot find calorie information
Do not eat at fast food or chain restaurants
Refuse to answer

Question 15: The next question is about discussions that occurred as part of a routine health care visit. DO NOT include visits while pregnant, also called prenatal care visits.
Has a doctor, nurse, or other health care worker ever talked with you about ways to prepare for a healthy pregnancy and baby?
1. Yes
2. No
3. Refuse to answer

Question 16: Do you provide direct patient care as part of your routine work? By direct patient care we mean physical or hands-on contact with patients.
1. Yes
2. No
3. Refuse to answer

Question 17: A blood stool test is a test that may use a special kit at home to determine whether the stool contains blood. Have you ever had this test using a home kit?
1. Yes
2. No
3. Refuse to answer

Question 18: Was your most recent tetanus shot given in 2005 or later?
1. Yes
2. No
3. Don't know/Not sure
4. Refuse to answer

Question 19: How well prepared do you feel your household is to handle a large-scale disaster or emergency? Would you say...
1. Well prepared
2. Somewhat prepared
3. Not prepared at all
4. Refuse to answer
Question 20: Does your household have a 3-day supply of water for everyone who lives there? A 3-day supply of water is 1 gallon of water per person per day.

1. Yes
2. No
3. Don't know/ Not sure
4. Refused to answer

Question 21: In general, how satisfied are you with your life?

1. Very satisfied
2. Satisfied
3. Dissatisfied
4. Very dissatisfied
5. Refuse to answer

Question 22: Were your parents separated or divorced?

1. Yes
2. No
3. Parents not married
4. Refuse to answer

Question 23: How many children do you have? (i.e., 2, 3) You may also write in "refuse" to answer.