



Pottstown Community Survey

Thank you for taking the Pottstown Community Survey. Your participation will be very important to improving the overall health, well-being, and quality of life of Pottstown residents. All of the information you share will be confidential. Please answer the following questions as honestly as you can. This voluntary survey will take about 10-15 minutes. You will receive a \$10 gift card for completing the survey. After you finish the survey, you will be redirected to a separate online form to enter your contact information to get the gift card. If you have any questions, please contact PHMC at pottstowncommunitysurvey@phmc.org or (215) 839-0965. Thank you!

INSTRUCTIONS:

You must be 18 years or older to complete this survey. If you are not yet 18, please ask someone in your household who is 18 years of age or older to complete the survey. If there is more than one, ask the adult with the next birthday to fill it out. Only one survey can be filled out per household.

This survey is in English; Para español [[aquí](#)]. You can only fill it out once.

When answering questions, please think about yourself, rather than other people in your household, unless otherwise asked.

To go back, use the green BACK button at the bottom of each screen. Do not click 'back' on your browser.

Items with * are required.

You should have received a letter or postcard with a unique household code. Your code is located in the blue box. If you received an email with the link to this survey, your code is in the body of the email. If you do not have the letter, postcard, or email, click below. You will be sent to our "Contact Me" page to enter your contact information. We will contact you with your code. *

(You will need your code again at the end to get your gift card.)

- I do not have my code.
- I have my code and can enter it.

1) Are you 18 or older? *

- Yes
- No

Living in Pottstown

2) For how many years have you lived in Pottstown?

- Less than 1 year
- 1-2 years
- 3-5 years
- 6-10 years
- 11-20 years
- 21-30 years
- More than 30 years

3) How many adults live in your household who are in your family, including yourself?

4) How many children under the age of 18 are in your family and live in this household?

5) Which of these best describes your living arrangement?

Own my home

Rent my home

Other

6) At your place of residence, do you or any member of your household have access to the Internet?

Yes, through a cell phone company or internet service provider

No, there is no internet access at this residence

7) In the past 12 months, have you used any housing services in Pottstown? (for example, services to help with payments for rent, utilities, home repairs, or other assistance to prevent foreclosure or eviction, such as through Genesis Housing Corporation, Pottstown Housing Coalition, Montgomery County Housing Authority, the Emergency Rent and Utilities Coalition)

Yes

No

Your Health and Health Care

8) How would you describe your health in general?

Poor

Fair

Good

Very Good

Excellent

I don't know

9) Please answer the following:

	Yes	No	I don't know / Prefer not to answer
Are you deaf or do you have serious difficulty hearing even while wearing hearing aids?	()	()	()
Are you blind or do you have serious difficulty seeing even when wearing glasses?	()	()	()
Because of a serious physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	()	()	()
Do you have serious difficulty walking or climbing stairs?	()	()	()

Do you have difficulty dressing or bathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10) What kind of place do you usually go if you are sick and need health care?

- A doctor's office or health center
- Urgent care center or clinic in a drug store or grocery store
- Emergency room
- A VA medical center or VA outpatient clinic
- Some other place
- I don't go to one regular place
- Prefer not to answer

11) During the past 12 months, how many times have you seen a doctor or other health care professional about your health at a doctor's office, a clinic, or some other place? Do not include times you were hospitalized overnight, visits to local emergency rooms, dentists, home visits, or mental health service providers.

- 0
- 1
- 2 to 3
- 4 to 9
- 10 to 15
- 16 or more
- I don't know / Prefer not to answer

12) For how many months in the past 12 months have you had any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? (Please write "0" if you have not had any coverage.)

13) How many times in the last 12 months did you go to a hospital's emergency room for medical care for yourself?

- 0
- 1

- 2 to 3
- 4 to 5
- 6 to 7
- 8 to 9
- 10 or more
- I don't know / Prefer not to answer

14) How old are you in years? Please enter a number.

15) Are you...?

- Under 18 years old
- 18 to 29
- 30 to 34
- 35 to 39
- 40 to 44
- 45 to 49
- 50 to 59
- 60 to 64
- 65 to 74
- 75 to 84
- 85 or older
- Prefer not to say

16) About how long has it been since you last visited a health care professional or last had each of the following screenings? If any item does not apply to you due to anatomy or age, please select "N/A".

	Withi n the past year	Withi n 2 years	Withi n 3 years	Withi n 5 years	Withi n 10 years	10 year s or mor e	Neve r	I don't know/Pref er not to answer	N/A (I don' t need this)

Visited a doctor for a routine checkup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visited a dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood pressure reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cholesterol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual breast examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17) IF YOU ARE 40 YEARS OLD OR OLDER: About how long has it been since you last had each of the following screenings? If any item does not apply to you due to anatomy or age, please select “N/A”.

	Within the past year	Within 2 years	Within 3 years	Within 5 years	Within 10 years	10 years or more	Never	I don't know/Prefer not to answer	N/A (I don't need this)
Blood glucose screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mammogram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PSA test or rectal exam for prostate cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colonoscopy or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

sigmoidoscopy									
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18) Thinking of the past month, how many days per week did you participate in any physical activities for exercise that lasted for at least one-half hour, such as walking, playing basketball, dancing, rollerblading, gardening, etc.?

19) How many servings of fruits and vegetables do you eat on a typical day? A serving of a fruit or vegetable is equal to a medium apple, half a cup of peas, or half a large banana for example.

- 0
- 1
- 2
- 3
- 4
- 5 or more
- Prefer not to answer

20) About how tall are you without shoes? Your best estimate is fine. If you prefer not to answer, please write "0" for both feet and inches.

Feet: _____

Inches: _____

21) About how much do you weigh without shoes? Your best estimate is fine. If you prefer not to answer, please write in "0."

22) Do you currently have:

	Yes	No	I don't know / Prefer not to answer
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis C (Hep C)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long COVID symptoms that lasted weeks or months after first being infected with COVID-19 or appeared weeks after infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you regularly taking medication for any of the above health conditions?

- Yes
- No
- Prefer not to answer

23) You indicated you have diabetes. Is this only during pregnancy?

- Yes, only during pregnancy
- No

24) Thinking about your mental health, which includes depression, anxiety, and problems with emotions, for how many days during the past 30 days was your mental health not good?

25) Have you ever been diagnosed with any mental health condition, including clinical depression, anxiety disorder, or bipolar disorder?

- Yes
 - No
 - I don't know / Prefer not to answer
-

Nutrition

26) In the past month, was there any day when you or anyone in your family went hungry because you did not have enough money for food?

- Yes
- No

27) In the last 12 months, have you received food donated from a food pantry, food bank, or charitable organization that distributes food?

- Yes
- No
- I don't know / Prefer not to answer

On average how many times each month do you visit a food pantry, food bank, or charitable organization that distributes food?

Is this more, less, or about the same number of times as prior to the COVID-19 pandemic?

- More
 - Less
 - About the same
-

Your Community and Neighborhood

28) How often did you visit a park or recreation facility in Pottstown during the last year?

- Never
- Rarely
- Sometimes
- Often
- Every day
- I don't know

29) Do you agree with this statement?: "I can safely walk to a park or recreation facility (within 10 minutes)."

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

30) How often do you feel safe in your community or neighborhood?

- Never
- Rarely
- Sometimes
- Usually
- Always

31) How satisfied are you with the quality of life in your local community?

- Very unsatisfied
- Unsatisfied
- Neutral
- Satisfied
- Very satisfied

32) How easy is it to get practical help (i.e. help bringing in groceries, help with lawn care, etc.) from neighbors if you should need it?

- Very difficult
 - Difficult
 - Possible
 - Easy
 - Very easy
-

Your Experiences

33) Within the past 12 months do you feel you were treated worse than, the same as, or better than people of other races?

- Worse than other races
- The same as other races
- Better than other races
- I don't know / Not sure / Prefer not to answer

34) Have you ever experienced discrimination, been prevented from doing something, or been hassled or made to feel inferior in the following situations because of your race, ethnicity or color?

	Yes	No	I don't know / Prefer not to answer
At school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting hired or getting a job?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
At work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Getting housing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Getting medical care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting service in a store or restaurant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Getting credit, bank loans, or a mortgage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On the street or in a public setting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the police or in the courts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

35) Are you registered to vote?

- Yes
 - No
 - I don't know / Prefer not to answer
-

36) How often do you usually vote?

- Every year, including in local elections
 - Every two years
 - Every four years, in presidential election years
 - I vote sometimes, but not regularly
 - I rarely or never vote
-

Your Education

37) What was the last grade of school that you completed? (Please select only one answer.)*

- Elementary/Middle school
- Some high school, no diploma
- High school diploma or equivalent (for example: GED)
- Some college credit, no degree
- Associate degree
- Bachelor's degree
- Graduate degree (e.g., Master's degree, Professional, or Doctorate degree)
- Prefer not to answer

38) Do you have a currently active professional certification or a state or industry license? (examples: information technology certifications, project management professional certifications, cosmetology licenses, commercial driver's license (CDL), teacher's license). Do not include business licenses, such as liquor license or vending license.

- Yes
- No

What kind of certification(s) or license(s) do you have? _____

Employment

39) Which of the following best describes your current employment situation?

- Employed full-time
- Employed part-time
- I do not work for pay outside the home
- Unemployed and looking for work
- Unemployed and not looking for work
- Retired
- Unable to work due to disability

- Full-time student/Job training
- Military
- Furloughed or laid off from work temporarily without pay
- Prefer not to answer

40) Below is a list of barriers to employment opportunities. Please select which of the following barriers affects your ability to find employment or work. (Choose all that apply).

- Not Applicable; I am employed and do not want to change my job or career at this time
- Not Applicable; I do not want to be employed at this time
- I am concerned about getting or spreading the COVID-19 coronavirus
- I cannot find dependable or affordable child care
- Financial Barriers (example: Jobs I find don't pay enough to cover basic costs of living, income limit for public/government benefits)
- Education, Training, and Skills Barriers (example: cost of training or education is too high, I don't know where to get training, I have difficulties with using computers and technology)
- Housing and Transportation Barriers (example: I can't get to work or get home using public transportation and do not have other transportation to work, I can't find permanent housing, I don't have a driver's license)
- Social barriers (example: physical or mental health challenges, criminal record, drug or alcohol use)
- Other
- Prefer not to answer

41) In the past 12 months, have you used any employment services in Pottstown? (example: MontcoWorks, PA CareerLink, Job Corps, Pottstown Works, YWCA)

- Yes
- No

In your main job (if you have more than one job, think of the job in which you spend the most hours working each week), are you:

- Salaried
- Paid by the hour
- Paid some other way
- Prefer not to answer

42) Are your wages higher or lower than \$20.95 per hour?

- Higher than \$20.95/hour
- About the same as \$20.95/hour
- Lower than \$20.95/hour
- Not sure / my wages vary
- Prefer not to answer

43) Does your employer provide benefits (examples: health insurance, paid time off, etc.)?

- Yes
- No

44) Which of the benefits listed below are offered by your employer (either paid full or partial)?:

- Health insurance
- Dental insurance
- Pension/Retirement Investment Plan
- Vacation (paid)
- Sick Leave (paid)

45) Are you the main wage earner or person with the highest income for your family?

- Yes
- No

Which of the following best describes the main wage earner's current employment situation: Are they...

- Employed full-time
- Employed part-time
- Unemployed but looking for work
- Unemployed and not looking for work
- Retired
- Unable to work due to disability
- They do not work for pay outside the home
- Full-time student/Job training

- Military
- Furloughed or laid off from work temporarily without pay

Household Income and Benefits

As a reminder, all information will be kept confidential.

46) Which of the following income categories best describes your family's total 2021 household income? Please be sure to include income from all sources, such as wages, salaries, welfare, social security, retirement benefits, investments, alimony and/or child support from family members living in this household. All of your answers are kept confidential. Is your total family income:*

- Less than \$17,500
- At least \$17,500 but less than \$35,000
- At least \$35,000 but less than \$60,000
- \$60,000 or more
- I don't know / Prefer not to answer

Is your total family income:

- Less than \$6,500
- \$6,500 to under \$9,000
- \$9,000 to under \$11,000
- \$11,000 to under \$13,000
- \$13,000 to under \$15,000
- \$15,000 to under \$17,500

Is your total family income:

- \$17,500 to under \$19,500
- \$19,500 to under \$22,000
- \$22,000 to under \$26,000
- \$26,000 to under \$31,000

- \$31,000 to under \$33,000
- \$33,000 to under \$35,000

Is your total family income:

- \$35,000 to under \$40,000
- \$40,000 to under \$44,000
- \$44,000 to under \$53,000
- \$53,000 to under \$60,000

Is your total family income:

- \$60,000 to under \$63,000
- \$63,000 to under \$70,000
- \$70,000 to under \$100,000
- \$100,000 to under \$150,000
- \$150,000 to under \$250,000
- \$250,000 or more

**47) Does anyone in your family, living in this household, receive any of the following:
(Please choose all that apply.)**

- SSI (Supplemental Security Income)
 - SSDI (Social Security Disability Insurance)
 - Food Stamps, also known as SNAP benefits
 - WIC (“Wick”) Program benefits (Women, Infant and Children Food Supplement)
 - TANF (Temporary Aid to Needy Families) formerly known as AFDC
 - None of these
-

About You

You're almost done!

Please answer the following questions about Hispanic origin and race. For this survey, Hispanic origins are not races.

48) Are you of Hispanic or Latinx/e origin?*

- Yes
- No
- I don't know / Prefer not to answer

49) What is your background?

- Mexican American/Chicano
- Cuban American
- Dominican
- Puerto Rican
- Central American (specify): _____
- South American (specify): _____
- European (specify): _____
- African (specify): _____
- Other (specify): _____

50) How do you identify your race? Check all that apply.*

- White
 - Black or African-American
 - Native American
 - Asian/Pacific Islander
 - Other (specify)
 - Prefer not to answer
-

51) Do you think of yourself as:

- Straight or heterosexual
- Homosexual, lesbian, or gay
- Bisexual
- Queer, pansexual, and/or questioning
- Something else; Please specify
- Prefer not to answer

52) Do you think of yourself as:

- Female
- Male
- Transgender woman/Trans woman/male-to-female (MTF)
- Transgender man/Trans man/female-to-male (FTM)
- Genderqueer/gender nonconforming neither exclusively male nor female
- Additional gender category (or other); Please specify::

Prefer not to answer

53) What do you currently consider your marital or relationship status to be?

- Legally married
- Living with a partner
- Widowed
- Divorced
- Separated
- Single
- Other

This is our last question:

54) Is there anything else you would like to share about your health, your community, or this survey? (Optional)

You're nearly at the end! To get your gift card, please get your household code and read the next page.

Thank you! Please read this last page then click "Submit" at the end. You must click "Submit" to get your gift card.

The Pottstown Area Health & Wellness Foundation may want to connect with Pottstown residents interested in participating in future surveys to improve the quality of life in Pottstown! If you are willing to be contacted about this, please click 'Yes' then enter your email and/or a phone number. (Optional)

Yes

No

To be contacted about future surveys, please enter your email and/or a phone number. Your contact information will be kept separate from your survey responses. It would only be used to contact you about future surveys. (Optional)

First Name: _____

Email Address: _____

Phone Number: _____

Mobile Phone: _____

Thank you for taking our survey. Your response is very important to us!

Click "Submit" below! We will send you a \$10 gift card. You can also be entered into a drawing to win a tablet.

This page will redirect you to a different survey where you will enter your household code, your gift card choice and contact information. Your information will be kept separate from your survey answers and will not be used for any other purpose.

Thank You!
