

Lakewood CHNA Survey Data Codebook

Your Home and Neighborhood

Variable Name	Question	Responses	Notes
Q1	Do you currently	<ol style="list-style-type: none"> 1. Rent Your Home 2. Own Your Home 3. Stay with Others 4. other 	
Q2_1	How many years have you lived in Lakewood?	<ol style="list-style-type: none"> 1. Less than one 2. 1 to 4 years 3. 5 to 9 years 4. 10 to 14 years 5. 15 to 19 years 6. 20 years or more 	
Q2_2	How many years have you lived in current home?	<ol style="list-style-type: none"> 1. Less than one 2. 1 to 4 years 3. 5 to 9 years 4. 10 to 14 years 5. 15 to 19 years 6. 20 years or more 	
Q3	Are you worried or concerned that in the next two months you may not have stable housing that you own, rent, or stay in?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 	
Q4	Do you have a gun in the house?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q5	If yes, is it [a gun in the house] in locked storage?	<ol style="list-style-type: none"> 1. Yes 2. No 3. No gun in the house 	
Q6_1	Do you have access to reliable internet services? Yes, in my home	<ol style="list-style-type: none"> 0. No 1. Yes 	Q6 is a select all that apply type question.
Q6_2	Do you have access to reliable internet services? Yes, through my phone	<ol style="list-style-type: none"> 0. No 1. Yes 	Q6 is a select all that apply type question.
Q6_3	Do you have access to reliable internet services? Yes, in a community location (library, school, community center)	<ol style="list-style-type: none"> 0. No 1. Yes 	Q6 is a select all that apply type question.

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Q6_4	Do you have access to reliable internet services? No	0. No [I do have access] 1. Yes [I do not have access]	Q6 is a select all that apply type question.
Q7	Think about the place you live. Do you have problems with any of the following? Bug infestation.	1. Yes 2. No 3. Not sure	
Q8	Think about the place you live. Do you have problems with any of the following? Mold.	1. Yes 2. No 3. Not sure	
Q9	Think about the place you live. Do you have problems with any of the following? Lead paint or lead pipes.	1. Yes 2. No 3. Not sure	
Q10	Think about the place you live. Do you have problems with any of the following? Inadequate Heat.	1. Yes 2. No 3. Not sure	
Q11	Think about the place you live. Do you have problems with any of the following? Oven or stove not working.	1. Yes 2. No 3. Not sure	
Q12	Think about the place you live. Do you have problems with any of the following? Water leaks.	1. Yes 2. No 3. Not sure	
Q13	Think about the place you live. Do you have problems with any of the following? No or broken smoke detectors.	1. Yes 2. No 3. Not sure	
Q14	Think about the place you live. Do you have problems with any of the following? Rodents.	1. Yes 2. No 3. Not sure	
Q15	Think about the place you live. Do you have problems with any of the following? Clean drinking water.	1. Yes 2. No 3. Not sure	
Q16	Think about the place you live. Do you have problems with any of the following? Disconnected utilities (gas, light, water).	1. Yes 2. No 3. Not sure	

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Q17	Think about the place you live. Do you have problems with any of the following? Absentee landlord.	<ol style="list-style-type: none"> 1. Yes 2. No 3. Not sure 	
Q18	Think about your neighborhood. Do you have the following? Neighbors you know and trust	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q19	Think about your neighborhood. Do you have the following? Safe sidewalks	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q20	Think about your neighborhood. Do you have the following? Trees	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q21	Think about your neighborhood. Do you have the following? A place to get healthy foods, like fresh fruits and vegetables	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q22	Think about your neighborhood. Do you have the following? Grassy areas available for public use	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q23	Think about your neighborhood. Do you have the following? Clean air	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q24	Think about your neighborhood. Do you have the following? A general feeling of safety	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q25	Think about your neighborhood. Do you have the following? Street lights	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q26	Think about your neighborhood. Do you have the following? Access to public transportation	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	
Q27	Think about your neighborhood. Do you have the following? Safe pedestrian crossings	<ol style="list-style-type: none"> 1. Yes 2. Sometimes 3. No 	

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Q28	Think about your neighborhood. Do you have the following? Playgrounds	1. Yes 2. Sometimes 3. No	
Q29	Think about your neighborhood. Do you have the following? An affordable place to exercise	1. Yes 2. Sometimes 3. No	
Q30	Think about your neighborhood. Do you have the following? A block club or neighborhood group	1. Yes 2. Sometimes 3. No	
Q31	Think about your neighborhood. Do you have the following? Trustworthy public safety forces	1. Yes 2. Sometimes 3. No	

Transportation

Variable Name	Question	Responses	Notes
Q32	Have you ever had to miss a medical appointment due to lack of transportation?	1. Yes 2. No	
Q33	Have you ever not been able to get the things you need because of lack of transportation?	1. Yes 2. No	
Q34	Do you have difficulty affording transportation?	1. Yes 2. No	
Q35	Do you live close to public transit?	1. Yes 2. No	
Q36_1	How do you usually get around within Lakewood? Walk	0. No 1. Yes	
Q36_2	How do you usually get around within Lakewood? Bike	0. No 1. Yes	
Q36_3	How do you usually get around within Lakewood? eBike	0. No 1. Yes	
Q36_4	How do you usually get around within Lakewood? Public Transit	0. No 1. Yes	

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Q36_5	How do you usually get around within Lakewood? Personal Car	0. No 1. Yes	
Q36_6	How do you usually get around within Lakewood? Private Car Service (Uber)	0. No 1. Yes	
Q36_7	How do you usually get around within Lakewood? Paratransit	0. No 1. Yes	
Q36_8	How do you usually get around within Lakewood? Senior Transportation	0. No 1. Yes	
Q36_9	How do you usually get around within Lakewood? Driven by Friends/Family	0. No 1. Yes	
Q36_10	How do you usually get around within Lakewood? Other	0. No 1. Yes	
Q37_1	How do you usually get around outside of Lakewood? Walk	0. No 1. Yes	
Q37_2	How do you usually get around outside of Lakewood? Bike	0. No 1. Yes	
Q37_3	How do you usually get around outside of Lakewood? eBike	0. No 1. Yes	
Q37_4	How do you usually get around outside of Lakewood? Public Transit	0. No 1. Yes	
Q37_5	How do you usually get around outside of Lakewood? Personal Car	0. No 1. Yes	
Q37_6	How do you usually get around outside of Lakewood? Private Car Service (Uber)	0. No 1. Yes	
Q37_7	How do you usually get around outside of Lakewood? Paratransit	0. No 1. Yes	
Q37_8	How do you usually get around outside of Lakewood? Senior Transportation	0. No 1. Yes	
Q37_9	How do you usually get around outside of Lakewood? Driven by Friends/Family	0. No 1. Yes	
Q37_10	How do you usually get around outside of Lakewood? Other	0. No 1. Yes	

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Your Health

Variable Name	Question	Responses	Notes
Q38	What type of insurance do you have?	<ol style="list-style-type: none"> 1. Medicaid 2. Medicare 3. Employer Provided Insurance 4. Purchased through Marketplace 5. I do not have insurance 	
Q39	Do you have a primary care provider?	<ol style="list-style-type: none"> 1. Yes 2. No 3. I have in the past, but not now 	
Q40	If yes, how far from your home is your primary care provider?	<ol style="list-style-type: none"> 1. Less than 5 miles 2. 6 to 15 miles 3. 16 to 25 miles 4. More than 25 miles 	
Q41	Have you been diagnosed with a chronic disease? (heart disease, cholesterol, diabetes, cancer, etc)	<ol style="list-style-type: none"> 1. I have one chronic disease 2. I have two chronic diseases 3. I have three chronic diseases 4. I do not have a chronic disease 	
Q42	Have you experienced the following? Visited a primary care provider	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q43	Have you experienced the following? Visited a specialist	<ol style="list-style-type: none"> 1. No 	

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		<ol style="list-style-type: none"> 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q44	Have you experienced the following? Had a dental cleaning	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q45	Have you experienced the following? Had a vision appointment	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q46	Have you experienced the following? Visited a mental health professional	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q47	Have you experienced the following? Had a telehealth appointment	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q48	Have you experienced the following? Attended a support group	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	

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Q49	Have you experienced the following? Attend physical therapy	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q50	Have you experienced the following? Attended occupational therapy	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q51	Have you experienced the following? Visited a nutritionist	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q52	Have you experienced the following? Worked with a personal trainer	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q53	Have you experienced the following? Went to Urgent Care	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q54	Have you experienced the following? Visited the ER	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 	

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		4. Yes, in the past year	
Q55	Have you experienced the following? Had an overnight stay in the hospital	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q56	Have you experienced the following? Received outpatient services	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q57	Have you experienced the following? Visited a minute clinic in a drugstore	<ol style="list-style-type: none"> 1. No 2. Yes, more than 2 years ago 3. Yes, between 1 and 2 years ago 4. Yes, in the past year 	
Q58	How easy was it to access the following in 2021? COVID Testing	<ol style="list-style-type: none"> 1. I have not accessed this 2. Very difficult 3. Somewhat difficult 4. Very easy 	
Q59	How easy was it to access the following in 2021? COVID Vaccine	<ol style="list-style-type: none"> 1. I have not accessed this 2. Very difficult 3. Somewhat difficult 4. Very easy 	
Q60	How easy was it to access the following in 2021? COVID Booster	<ol style="list-style-type: none"> 1. I have not accessed this 2. Very difficult 3. Somewhat difficult 4. Very easy 	
Q61	Have you experienced the following in the past 18 months? Had to miss work or school related to COVID	<ol style="list-style-type: none"> 1. Yes 2. No 	

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Q62	Have you experienced the following in the past 18 months? Postponed preventative care due to concerns about COVID (i.e. health screenings, check-ups, flu shot)	1. Yes 2. No	
Q63	Have you experienced the following in the past 18 months? Been diagnosed with or suspect you have Long COVID	1. Yes 2. No	
Q64	Have you experienced the following in the past 18 months? Excessive worry related to COVID that required visiting a medical professional	1. Yes 2. No	
Q65_1	Where have you received COVID testing? Mass testing/vaccine event (Wolstein Center)	0. No 1. Yes	
Q65_2	Where have you received COVID testing? My doctor	0. No 1. Yes	
Q65_3	Where have you received COVID testing? A drug store	0. No 1. Yes	
Q65_4	Where have you received COVID testing? County Fairgrounds	0. No 1. Yes	
Q65_5	Where have you received COVID testing? Emergency Department	0. No 1. Yes	
Q65_6	Where have you received COVID testing? A community health center (Neighborhood Family Practice, Signature Health)	0. No 1. Yes	
Q65_7	Where have you received COVID testing? A hospital	0. No 1. Yes	
Q65_8	Where have you received COVID testing? In your home	0. No 1. Yes	
Q65_9	Where have you received COVID testing? Other	0. No 1. Yes	
Q65_10	Where have you received COVID testing? Other	0. No 1. Yes	
Q66_1	Where have you received a COVID Vaccine/Booster? Mass Vaccine/Booster/vaccine event (Wolstein Center)	0. No 1. Yes	

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Q66_2	Where have you received a COVID Vaccine/Booster? My doctor	0. No 1. Yes	
Q66_3	Where have you received a COVID Vaccine/Booster? A drug store	0. No 1. Yes	
Q66_4	Where have you received a COVID Vaccine/Booster? County Fairgrounds	0. No 1. Yes	
Q66_5	Where have you received a COVID Vaccine/Booster? Emergency Department	0. No 1. Yes	
Q66_6	Where have you received a COVID Vaccine/Booster? A community health center (Neighborhood Family Practice, Signature Health)	0. No 1. Yes	
Q66_7	Where have you received a COVID Vaccine/Booster? A hospital	0. No 1. Yes	
Q66_8	Where have you received a COVID Vaccine/Booster? In your home	0. No 1. Yes	
Q66_9	Where have you received a COVID Vaccine/Booster? Other	0. No 1. Yes	
Q66_10	Where have you received a COVID Vaccine/Booster? Other	0. No 1. Yes	
Q67	How often do you engage in exercise for at least 30 minutes?	1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day	
Q68	How often do you spend time outdoors?	1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day	
Q69	How often do you eat fruits and vegetables?	1. Never (in the past year)	

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		<ol style="list-style-type: none"> 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q70	How often do you eat less than you should because of financial reasons?	<ol style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q71	How often do you have 4 or more alcoholic drinks in a day?	<ol style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q72	How often do you use tobacco products? (including vaping)	<ol style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q73	How often do you take prescription drugs in a way other than intended?	<ol style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q74	How often do you use illegal drugs?	<ol style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 	

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		<ul style="list-style-type: none"> 4. 1-2 times per week 5. Almost every day 	
Q75	How often do you have little interest in doing things?	<ul style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q76	How often do you feel down, depressed or hopeless?	<ul style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q77	How often do you feel tense, nervous, anxious or worried?	<ul style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q78	How often do you have thoughts that you or your family would be better off if you were dead?	<ul style="list-style-type: none"> 1. Never (in the past year) 2. 1-2 times (in the past year) 3. 1-2 times per month 4. 1-2 times per week 5. Almost every day 	
Q79	Do you have access to Health services in your preferred language?	<ul style="list-style-type: none"> 1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A 	
Q80	Do you have access to Written communication in your preferred language?	<ul style="list-style-type: none"> 1. Never 	

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		<ol style="list-style-type: none"> 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A 	
Q81	Do you have access to Someone who can answer your health-related questions?	<ol style="list-style-type: none"> 1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A 	
Q82	Do you have access to A way to view your medical records online?	<ol style="list-style-type: none"> 1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A 	
Q83	Do you have access to Addiction and recovery services?	<ol style="list-style-type: none"> 1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A 	
Q84	Do you have access to Mental health and/or counseling services?	<ol style="list-style-type: none"> 1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A 	
Q85	Do you have access to Gender affirming or hormonal therapies?	<ol style="list-style-type: none"> 1. Never 2. Seldom 3. Sometimes 4. Often 	

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		5. All 6. N/A	
Q86	Do you have access to Affordable contraception?	1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A	
Q87	Do you have access to Your preferred contraception?	1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A	
Q88	Do you have access to Sexual health information and counseling?	1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A	
Q89	Do you have access to Testing for sexually transmitted infections? (i.e. HIV, Chlamydia, Gonorrhea, HPV)	1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A	
Q90	Do you have access to Family planning counseling?	1. Never 2. Seldom 3. Sometimes 4. Often 5. All 6. N/A	
Q91	Do you have access to Prenatal care?	1. Never	

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		2. Seldom 3. Sometimes 4. Often 5. All 6. N/A	
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Personal Experiences

Variable Name	Question	Responses	Notes
Q92	Prior to your 18 th birthday, did you experience any of the following? Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	1. Yes 2. No	
Q93	Prior to your 18 th birthday, did you experience any of the following? Did you lose a parent through divorce, abandonment, death or other reason?	1. Yes 2. No	
Q94	Prior to your 18 th birthday, did you experience any of the following? Did you live with anyone who was depressed, mentally ill, or attempted suicide?	1. Yes 2. No	
Q95	Prior to your 18 th birthday, did you experience any of the following? Did you live with anyone who had a problem drinking or using drugs, including prescription drugs?	1. Yes 2. No	
Q96	Prior to your 18 th birthday, did you experience any of the following? Did your parents or adults in your home ever hit, punch, beat or threaten to harm each other?	1. Yes 2. No	
Q97	Prior to your 18 th birthday, did you experience any of the following? Did you live with anyone who went to jail or prison?	1. Yes 2. No	
Q98	Prior to your 18 th birthday, did you experience any of the following? Did a parent or adult in your home ever swear at you, insult you or put you down?	1. Yes 2. No	

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Q99	Prior to your 18 th birthday, did you experience any of the following? Did you feel that no one in your family loved you or thought you were special?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q100	Prior to your 18 th birthday, did you experience any of the following? Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q101	Do you believe that these experiences have affected your health?	<ol style="list-style-type: none"> 1. Not much 2. Some 3. A lot 	
Q102	Have you experienced gun violence?	<ol style="list-style-type: none"> 1. Yes, I have witnessed or directly experienced gun violence 2. No, I have not witnessed or directly experienced gun violence 	
Q103	In the past 5 years, have you experienced intimate partner violence? (domestic violence)	<ol style="list-style-type: none"> 1. Yes 2. No 	
Q104	In your day to day life, how often do any of the following things happen to you? You are treated with less courtesy than other people are	<ol style="list-style-type: none"> 1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day 	
Q105	In your day to day life, how often do any of the following things happen to you? You are treated with less respect than other people are	<ol style="list-style-type: none"> 1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day 	
Q106	In your day to day life, how often do any of the following things happen to you? You receive poorer service than other people at restaurants or stores	<ol style="list-style-type: none"> 1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 	

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		5. At least once a week 6. Almost every day	
Q107	In your day to day life, how often do any of the following things happen to you? People act as if they think you are not smart	1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day	
Q108	In your day to day life, how often do any of the following things happen to you? People act as if they are afraid of you	1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day	
Q109	In your day to day life, how often do any of the following things happen to you? People act as if they think you are dishonest	1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day	
Q110	In your day to day life, how often do any of the following things happen to you? People act as if they're better than you are	1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day	
Q111	In your day to day life, how often do any of the following things happen to you? You are called names or insulted	1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day	

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Q112	In your day to day life, how often do any of the following things happen to you? You are threatened or harassed	<ol style="list-style-type: none"> 1. Never 2. Less than once a year 3. A few times a year 4. A few times a month 5. At least once a week 6. Almost every day 	
Q113	In your day to day life, how often do any of the following things happen to you? If you experienced any of the above more than a few times a year , what do you think is the main reason for these experiences?	<ol style="list-style-type: none"> 1. Gender 2. Your race/ethnicity 3. Your age 4. Your sexual orientation 5. Your education/Income level 6. Other 	“Above” in the question is referring to variables Q106-Q114
Q114	I tend to bounce back quickly after hard times	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q115	I have a hard time making it through stressful events	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q116	It does not take me long to recover from a stressful event.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q117	It is hard for me to snap back when something bad happens.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q118	I usually come through difficult times with little trouble	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 	

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		3. Neutral 4. Agree 5. Strongly Agree	
Q119	I tend to take a long time to get over set-backs in my life.	1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree	

Community Connections

Variable Name	Question	Responses	Notes
Q120	How often do you feel that you lack companionship?	1. Never 2. Rarely 3. Sometimes 4. Always	
Q121	How often do you feel alone?	1. Never 2. Rarely 3. Sometimes 4. Always	
Q122	How often do you feel that you are no longer close to anyone?	1. Never 2. Rarely 3. Sometimes 4. Always	
Q123	How often do you feel left out?	1. Never 2. Rarely 3. Sometimes 4. Always	
Q124	How often do you feel that no one really knows you well?	1. Never 2. Rarely 3. Sometimes 4. Always	

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Q125	How often do you feel that people are around you but not with you?	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Always 	
Q126	I trust the local government on issues related to public health	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q127	There are opportunities for residents to participate in community activities	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q128	Community events are accessible to people of all abilities	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q129	There are free and accessible places to meet up with friends or family in Lakewood	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q130	I feel safe when attending community events in Lakewood	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q131	Events in Lakewood are culturally diverse	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q132	I have a place to worship within Lakewood	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q133	I am connected to my community through social media	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q134	If I want to volunteer in Lakewood, I know how to get connected to opportunities	<ol style="list-style-type: none"> 1. Disagree 2. Neutral 3. Agree 	
Q135	How would you rate race relations in Lakewood?	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 	

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		4. Poor 5. Not sure	
Q136	Does experiencing racism impact a person's health?	1. Yes 2. No 3. Unsure	
Q137	Do Black, Indigenous and People of Color (BIPOC) experience racism in Lakewood	1. Yes 2. No 3. Unsure	

Financial Health

Variable Name	Question	Responses	Notes
Q138	I have enough financial resources to Buy the food I need	1. Never 2. Rarely 3. Sometimes 4. Always	
Q139	I have enough financial resources to Pay for my housing costs	1. Never 2. Rarely 3. Sometimes 4. Always	
Q140	I have enough financial resources to Pay my utility bills	1. Never 2. Rarely 3. Sometimes 4. Always	
Q141	I have enough financial resources to Purchase the medications I need	1. Never 2. Rarely 3. Sometimes 4. Always	
Q142	I have enough financial resources to Pay my medical bills	1. Never 2. Rarely 3. Sometimes 4. Always	

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Q143	I have enough financial resources to Set aside money for an emergency	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Always 	
Q144	I have enough financial resources to Make contributions to a savings account or investments	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Always 	
Q145	I have enough financial resources to Be able to retire when I want to	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Always 	
Q146	I have enough financial resources to Not worry about money	<ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Always 	
Q147	If you need to borrow \$500, do you know someone who could lend it to you?	<ol style="list-style-type: none"> 1. Yes 2. No 3. Unsure 	
Q148_1	Do you currently have Medical debt?	<ol style="list-style-type: none"> 0. No 1. Yes 	
Q148_2	Do you currently have Student Loan debt?	<ol style="list-style-type: none"> 0. No 1. Yes 	
Q148_3	Do you currently have Credit Card debt?	<ol style="list-style-type: none"> 0. No 1. Yes 	
Q148_4	Do you currently have No debt?	<ol style="list-style-type: none"> 0. No 1. Yes 	
Q148_5	Do you currently have any other debt?	<ol style="list-style-type: none"> 0. No 1. Yes 	

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Q149	What is your current employment status?	<ol style="list-style-type: none"> 1. Full time employed 2. Part time employed 3. I work multiple jobs 4. Unemployed, looking for work 5. Unemployed, not looking for work 6. Unable to work due to disability 7. Retired 	
Q150	Does your current employer offer sick time or paid time off?	<ol style="list-style-type: none"> 1. Yes 2. Yes, but not enough 3. No 4. Does not apply to me 	
Q151	How often does your family have money left after paying your monthly bills?	<ol style="list-style-type: none"> 1. Often 2. Sometimes 3. Rarely 4. Never 	

Education and Family

Variable Name	Question	Responses	Notes
Q152	Lakewood Public Schools provide a high-quality education.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q153	There are high quality alternatives to public schools in Lakewood.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	

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Q154	Schools are a safe place for children in this community.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q155	Children receive high quality health information in schools	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q156	I trust the schools in my community.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q157	Students can access health services within their schools in this community.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q158	Schools in this community provide mental health supports.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q159	Schools offer opportunities for physical activity during the school day.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 4. Agree 5. Strongly Agree 	
Q160	Schools offer a variety of extracurricular activities.	<ol style="list-style-type: none"> 1. Strongly Disagree 2. Disagree 3. Neutral 	

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		4. Agree 5. Strongly Agree	
Q161	Have you experienced any of the following while trying to access childcare in Lakewood? No openings for children in my child's age range	0. No 1. Yes	
Q162	Have you experienced any of the following while trying to access childcare in Lakewood? Could not afford child care rates	0. No 1. Yes	
Q163	Have you experienced any of the following while trying to access childcare in Lakewood? Unable to find child care within Lakewood to accept county voucher	0. No 1. Yes	
Q164	Have you experienced any of the following while trying to access childcare in Lakewood? Could not find licensed child care that was also affordable	0. No 1. Yes	
Q165	Have you experienced any of the following while trying to access childcare in Lakewood? Lacked trust in childcare center	0. No 1. Yes	
Q166	Have you experienced any of the following while trying to access childcare in Lakewood? Frequent closings of child care center left me without a care option	0. No 1. Yes	
Q167	Have you experienced any of the following while trying to access childcare in Lakewood? Unable to find aftercare programs for my school age children	0. No 1. Yes	
Q168	Have you experienced any of the following while trying to access childcare in Lakewood? Unable to find care options in the summer for my school age children	0. No 1. Yes	
Q169	Have you experienced any of the following while trying to access childcare in Lakewood? Unable to find care options during school breaks for my school age children	0. No 1. Yes	

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About You

Variable Name	Question	Responses	Notes
Q170	How many people live in your household?	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7 8. 8 9. 9+	
Q171	How many are adults [in your household]?	1. 1 2. 2 3. 3 4. 4 5. 5+	
Q172	How many are children [in your household]?	1. 0 2. 1 3. 2 4. 3 5. 4 6. 5+	
Q173_1	If you have children living in your household, how old are they? Child #1	1. 0-4 2. 5-9 3. 10-13 4. 14-17	
Q173_2	If you have children living in your household, how old are they? Child #2	1. 0-4 2. 5-9 3. 10-13 4. 14-17	
Q173_3	If you have children living in your household, how old are they? Child #3	1. 0-4 2. 5-9 3. 10-13	

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		4. 14-17	
Q173_4	If you have children living in your household, how old are they? Child #4	1. 0-4 2. 5-9 3. 10-13 4. 14-17	
Q173_5	If you have children living in your household, how old are they? Child #5	1. 0-4 2. 5-9 3. 10-13 4. 14-17	
Q174	What is your gender assigned at birth?	1. Female 2. Male	
Q175	What is your current gender identity?	1. Female 2. Male	
Q176	What is your age?	1. 18-24 years 2. 25-44 years 3. 45-59 years 4. 60-74 years 5. 75 years or older	
Q177	What is your annual household income?	1. <\$25,000 2. \$25,000-\$49,999 3. \$50,000-\$99,999 4. \$100,000+ 5. Prefer not to say	
Q178	What language is primarily spoken in your home?	1. English 2. Arabic 3. Spanish 4. Other	
Q179	What is your sexual orientation?	1. Asexual 2. Gay 3. Lesbian 4. Pansexual 5. Queer 6. Same Gender Loving	

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		<ul style="list-style-type: none"> 7. Straight 8. Self Describe: 9. Prefer not to answer 	
Q180	American Indian/Alaskan Native	<ul style="list-style-type: none"> 1. Endorsed being American/Indian/Alaskan Native 	Respondents could select multiple race/ethnicities
Q181	Asian	<ul style="list-style-type: none"> 1. Endorsed being Asian 	Respondents could select multiple race/ethnicities
Q182	Black/ African American	<ul style="list-style-type: none"> 1. Endorsed being Black/ African American 	Respondents could select multiple race/ethnicities
Q183	Native Hawaiian/Pacific Islander	<ul style="list-style-type: none"> 1. Endorsed being Native Hawaiian/Pacific Islander 	Respondents could select multiple race/ethnicities
Q184	White	<ul style="list-style-type: none"> 1. Endorsed being white 	Respondents could select multiple race/ethnicities
Q185	Middle Eastern	<ul style="list-style-type: none"> 1. Endorsed being Middle Eastern 	Respondents could select multiple race/ethnicities
Q186	Self Describe	<ul style="list-style-type: none"> 1. Endorsed Self describing their race 	Respondents could select multiple race/ethnicities
Q187	Are you Hispanic?	<ul style="list-style-type: none"> 1. Yes 2. No 	
Q188	What is your marital status?	<ul style="list-style-type: none"> 1. Single 2. Living with partner in relationship 3. Married 4. Separated 5. Divorced 6. Widowed 	
Q189	What is your highest level of education?	<ul style="list-style-type: none"> 1. Some high school 2. High school degree/GED 3. Some College, no degree 	

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		<ul style="list-style-type: none"> 4. 2-year degree or certification 5. 4-year degree 6. Graduate degree 7. Other 	
Q190	What is your citizenship status?	<ul style="list-style-type: none"> 1. U.S. Citizen 2. Permanent Lawful Resident 3. Temporary Visitor (active visa) 4. Undocumented Immigrant 	
Q191	Do you live in ward?	<ul style="list-style-type: none"> 1. Ward 1 2. Ward 2 3. Ward 3 4. Ward 4 	
Q192		<ul style="list-style-type: none"> 1. Full Survey 2. Shortened Survey 	This is not a question, but a categorizing variable. The majority of respondents received a full survey, but n=70 respondents received a shortened survey. All questions on the shortened survey appeared on the full survey.

Qualitative Questions

Variable Name	Question	Responses	Notes
Qual1	Why did you choose to move to Lakewood and/or why have you chosen to stay?	N/A	N/A
Qual2	What are the best things about where you live?	N/A	N/A

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Qual3	What are the things you would like to change about where you live?	N/A	N/A
Qual4	Many people benefit from accommodations made as part of the American with Disabilities Act (ADA). These include ramps, large print, beeping crosswalks, reserved parking, etc. Please share how these accommodations impact you and your family and how accessibility in Lakewood could be improved.	N/A	N/A
Qual5	In what ways does living in Lakewood make it easy to stay healthy?	N/A	N/A
Qual6	In what ways is it difficult to stay healthy while living in Lakewood?	N/A	N/A
Qual7	What are some ways people in Lakewood become connected to their community?	N/A	N/A
Qual8	Does being connected to a community impact a person's health? Please explain.	N/A	N/A
Qual9	Does having debt impact your health? If so, how?	N/A	N/A
Qual10	How does your financial well-being impact your physical and mental health?	N/A	N/A
Qual11	If you or someone you know have sought mental health services for a child, please share your experiences in accessing that care.	N/A	N/A