

Rural Community Wellness Survey

The Texas Health and Human Services Commission (HHSC) thanks you for helping with the survey on rural community wellness. This survey is an opportunity for rural community members to share their thoughts on how local community factors impact mental wellness. Survey results are anonymous. Results will be sorted by county to help HHSC understand how to support local efforts to improve community wellness and stress reduction.

If you have any questions about this survey, please contact: RuralMentalHealth@hhs.texas.gov with any questions or concerns.

The survey will take approximately 6 minutes to complete.

1. How old are you?

- a. 17 and under
- b. 18-29
- c. 30-54
- d. 55-75
- e. Over 75
- f. Decline to answer

2. What county do you live in? Please select your county.

<input type="checkbox"/> Bandera	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Val Verde	
<input type="checkbox"/> Bastrop	<input type="checkbox"/> Kendall	<input type="checkbox"/> Williamson	
<input type="checkbox"/> Blanco	<input type="checkbox"/> Kerr	<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Burnet	<input type="checkbox"/> Kimble		
<input type="checkbox"/> Caldwell	<input type="checkbox"/> Kinney		
<input type="checkbox"/> Chambers	<input type="checkbox"/> Lee		
<input type="checkbox"/> Comal	<input type="checkbox"/> Llano		
<input type="checkbox"/> Edwards	<input type="checkbox"/> Mason		
<input type="checkbox"/> Fayette	<input type="checkbox"/> Medina		
<input type="checkbox"/> Gillespie	<input type="checkbox"/> Menard		
<input type="checkbox"/> Gonzales	<input type="checkbox"/> Real		
<input type="checkbox"/> Guadalupe	<input type="checkbox"/> Schleicher		
<input type="checkbox"/> Hardin	<input type="checkbox"/> Sutton		
<input type="checkbox"/> Hays	<input type="checkbox"/> Travis		
<input type="checkbox"/> Jasper	<input type="checkbox"/> Uvalde		

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3. What is your racial or ethnic identification? (Circle all that apply)
- a. Hispanic
 - b. American Indian or Alaskan Native
 - c. Asian
 - d. Native Hawaiian or other Pacific Islander
 - e. Black or African American
 - f. Two or more races
 - g. White
 - h. Other: _____
 - i. Decline to answer
4. Please tell us about your military service. Circle your answer.
- a. I am currently serving in the military.
 - b. I am a veteran.
 - c. I am a family member of a veteran or a person currently serving in the military.
 - d. Neither my family nor I served in, or are serving in, the military.
 - e. Decline to answer
5. What is your employment status? Circle all that apply.
- a. Employed full time
 - b. Employed part time
 - c. Not employed, but looking for work
 - d. Not employed and not looking for work
 - e. Not employed, unable to work due to a disability or illness
 - f. Retired
 - g. Student
 - h. Stay-at-home spouse, partner, or parent
 - i. Other: _____
 - j. Decline to answer

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6. Have you experienced any of the following when seeking mental health or wellness support? Select all that apply.
- a. I'm not sure when to see a mental health professional.
 - b. I have concerns about my privacy.
 - c. I have concerns about what others think if I seek mental health services.
 - d. I'm not sure I could find a professional who understands my culture.
 - e. Reaching out for help is too overwhelming.
 - f. I would rather seek help or support from other people or sources and not from a mental health professional.
 - g. I do not have time to see a mental health professional.
 - h. I would need to schedule and pay for childcare while I see a mental health professional.
 - i. I cannot afford mental health support.
 - j. I have been told I do not qualify for mental health services.
 - k. I have easily been connected to the support services that I am seeking.
 - l. Not applicable.
 - m. Decline to answer.
 - n. Other: _____

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7. Have you experienced any of the following concerns or barriers when seeking mental health or wellness services? Select all that apply.
- a. I do not know how to find a mental health professional.
 - b. Local mental health professionals are not taking new clients.
 - c. I have connectivity issues that limit or prevent me from accessing telehealth
 - d. There are limited options in my area for mental health professionals who accept my insurance.
 - e. Hours and scheduling options are limited or do not work with my schedule.
 - f. It is hard to find a mental health professional who is nearby or in a good location for me.
 - g. I do not have reliable transportation to access mental health care.
 - h. I have easily located and utilized a local mental health professional.
 - i. Not applicable.
 - j. Decline to answer
 - k. Other: _____
8. Stress can have a physical impact on your body. Has a doctor or healthcare provider ever told you that you have any of the following conditions? Select all that apply.
- a. Prediabetes
 - b. Type 1 Diabetes
 - c. Type 2 Diabetes
 - d. Heart disease or heart attack
 - e. High blood pressure
 - f. Medical condition related to smoking
 - g. Medical condition related to alcohol or drug use
 - h. Mental health diagnosis
 - i. Obesity
 - j. None of the above
 - k. Decline to answer

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9. What ways do you see your community coping with stress. Select the top five that apply.
- a. Listen to music or play music
 - b. Watch a movie or TV show
 - c. Cook, clean, or home upkeep activities
 - d. Exercise
 - e. Take a drive
 - f. Volunteer time for a cause
 - g. Spend time with friends or family
 - h. Spend time in nature
 - i. Spend time with animals or pets
 - j. Pray or meditate
 - k. Sleep or nap
 - l. Participate in a team sport
 - m. Spend time doing arts, crafts, or a hobby
 - n. Go shopping or spend money
 - o. Relax at home
 - p. Talk with a mental health professional
 - q. Talk with someone who has lived experience in recovery from a mental health condition or a family member of someone who has recovered from a mental health condition.
 - r. Smoke or vape
 - s. Drink alcohol
 - t. Take illicit or unprescribed drugs
 - u. Decline to answer
 - v. Other: _____

Community Member Stress Management Survey

10. Below is a list of things people say cause them stress. For each one, choose how much stress it causes your community.

Item	Not at all stressful	A little stressful	Somewhat stressful	Very stressful
Money or finances				
Physical health challenges				
Food price or accessibility				
Self-care				
Alcohol or drug use				
Limited or no access to healthcare				
Limited or no access to mental healthcare				

11. Below is a list of things people say cause them stress. For each one, choose how much stress it causes in your community.

Item	Not at all stressful	A little stressful	Somewhat stressful	Very stressful
Mental health challenges				
Family relationships				
Childcare				
Relationships with friends or colleagues				
Isolation from other people, or loneliness				

Community Member Stress Management Survey

12. Below is a list of things people say cause them stress. For each one, choose how much stress it causes in your community.

Item	Not at all stressful	A little stressful	Somewhat stressful	Very stressful
Lack of broadband or cell phone signal				
Lack of reliable transportation				
Social Media				
Current events (news, politics, etc.)				

13. Who do you feel comfortable talking to when you feel stressed and need support? Select all that apply.

- a. Spouse or partner
- b. Family member
- c. Co-worker, colleague, or mentor
- d. Friends
- e. Religious leader
- f. Doctor
- g. Counselor or Therapist
- h. Someone who has lived experience in recovery from a mental health condition or a family member of someone who has recovered from a mental health condition.
- i. No one
- j. Decline to answer
- k. Other: _____

Community Member Stress Management Survey

14. Where do you spend time with your community, or where do community members usually come together? Select all that apply.
- a. Religious services or events
 - b. School or league sports events
 - c. Community events
 - d. Community centers
 - e. Entertainment venues, like a bowling alley or mini golf course
 - f. Civic organizations, clubs, associations, groups.
 - g. Public libraries
 - h. Local parks
 - i. Gyms
 - j. Bars
 - k. Beauty salon, barber shop, or similar
 - l. Restaurants or coffee shops
 - m. Decline to answer
 - n. Other: _____