

Community Health Improvement Survey

Thank you for taking a few minutes to provide your thoughts on the health concerns and conditions faced by members of your community. This survey is completely anonymous and should take no longer than five minutes to complete.

- 1) The county I live in: _____ 2) My zip code is: _____

Health Survey

- 3) I think the 3 most important health concerns in our community are: (Check 3 and only 3)

- | | |
|---|--|
| <input type="checkbox"/> Alcohol use | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> HIV/AIDS/STDs |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Infant death |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Mental health |
| <input type="checkbox"/> Diabetes/complications from Diabetes | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Heart disease/Stroke | <input type="checkbox"/> Child Car Seat Safety |
| <input type="checkbox"/> Other (Please specify): _____ | |

- 4) I think the 3 main reasons that prevent people from being physically active are: (Check 3 and only 3)

- | | |
|--|---|
| <input type="checkbox"/> Unsafe community | <input type="checkbox"/> Not enough sidewalks or bike lanes |
| <input type="checkbox"/> Weather | <input type="checkbox"/> Personal choice |
| <input type="checkbox"/> No community events | <input type="checkbox"/> No parks/outdoor spaces |
| <input type="checkbox"/> Other (Please specify): _____ | |

- 5) I think the 3 main reasons that prevent people from eating healthy foods are: (Check 3 and only 3)

- | | |
|---|--|
| <input type="checkbox"/> Don't usually cook at home | <input type="checkbox"/> No grocery store close by |
| <input type="checkbox"/> Eat fast food regularly | <input type="checkbox"/> Not knowing how to eat healthy |
| <input type="checkbox"/> No community gardens | <input type="checkbox"/> Stores don't accept SNAP/EBT/WIC |
| <input type="checkbox"/> Healthy foods cost too much | <input type="checkbox"/> Stores don't have quality produce |
| <input type="checkbox"/> Too tired after work or school | <input type="checkbox"/> No farmers markets |
| <input type="checkbox"/> No transportation available | |
| <input type="checkbox"/> Other (Please specify): _____ | |

- 6) I think the 3 most important factors for a healthy community are: (Check 3 and only 3)

- | | |
|---|---|
| <input type="checkbox"/> Acceptance of all people | <input type="checkbox"/> Low crime |
| <input type="checkbox"/> Access to affordable healthcare | <input type="checkbox"/> Access to affordable and healthy foods |
| <input type="checkbox"/> Access to safe places to be active | <input type="checkbox"/> Neighbors helping neighbors |
| <input type="checkbox"/> Low rates of disease | <input type="checkbox"/> Smoke free work place |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Strong faith and fellowship |
| <input type="checkbox"/> Good jobs/healthy economy | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Good/adequate housing | |
| <input type="checkbox"/> Other (Please specify): _____ | |

- 7) I would rate the overall health of our community as: (Please circle your answer)

Poor **Fair** **Average** **Good** **Excellent**

8) During the past 60 days how often did you have a difficult time getting transportation to get to places you wanted or needed to go? (Please circle)

Never Rarely Sometimes Very Often Always

9) During the past 7 days, how many times, on average, did you eat fruit each day? (Please circle)

Less than 1 time per day 1 time per day 2 times per day 3 or more times per day

10) During the past 7 days, how many times, on average, did you eat vegetables each day? (Please circle)

Less than 1 time per day 1 time per day 2 times per day 3 or more times per day

11) During the past 7 days, how many times were you physically active or exercised? (Please circle)

None 1-2 times 3-4 times 5 or more times

12) During the past 30 days, have you used an electronic cigarette (e-cigarette) or vaped (e.g. Juul or mod)?

Yes No

13) A doctor, nurse, or other healthcare provider has told me that I have the following condition(s): (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> High blood cholesterol |
| <input type="checkbox"/> Hypertension (High blood pressure) | <input type="checkbox"/> Overweight/Obesity |
| <input type="checkbox"/> Diabetes (High blood sugar) | <input type="checkbox"/> Prediabetes (borderline diabetes) |
| <input type="checkbox"/> Have not seen a healthcare provider | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other (Please specify): _____ | |

Demographic information

14) What is your age? _____ 15) Gender (circle): Male Female

16) What race/ethnic group do you most identify with? (Check only one)

- | | |
|--|--|
| <input type="radio"/> White | <input type="radio"/> Asian |
| <input type="radio"/> Black or African American | <input type="radio"/> More than one race |
| <input type="radio"/> American Indian or Alaska Native | <input type="radio"/> Some other race |

17) Are you Hispanic, Latino, or Spanish origin?

Yes No

18) What is your current employment status? (Check only one)

Employed Unemployed Retired

19) What was your total family income last year before taxes? (Choose only one)

- | | |
|---|---|
| <input type="radio"/> Less than \$25,000 | <input type="radio"/> \$60,000 - \$79,999 |
| <input type="radio"/> \$25,000 - \$39,999 | <input type="radio"/> \$80,000 - \$99,999 |
| <input type="radio"/> \$40,000 - \$59,999 | <input type="radio"/> \$100,000 or more |

20) Do you currently have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare/Medicaid, or Indian Health Service?

Yes No