

Example Community Health Survey

Please take a minute to complete the survey below. The purpose of this survey is to get your opinions about community health problems in (name of jurisdiction). The (name of jurisdiction) Community Health Committee will use the results of this survey and other information to identify the most pressing problems which can be addressed through community action. If you have previously completed a survey, please ignore this. Remember... your opinion is important! Thank you and if you have any questions, please contact us (see contact information on back).

1. In the following list, what do you think are **the three most important factors for a “Healthy Community?”** (Those factors which most improve the quality of life in a community.)

Check only three:

- | | |
|--|--|
| <input type="checkbox"/> Good place to raise children | <input type="checkbox"/> Excellent race relations |
| <input type="checkbox"/> Low crime / safe neighborhoods | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Low level of child abuse | <input type="checkbox"/> Strong family life |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Access to health care (e.g., family doctor) | <input type="checkbox"/> Low adult death and disease rates |
| <input type="checkbox"/> Parks and recreation | <input type="checkbox"/> Low infant deaths |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arts and cultural events | |

2. In the following list, what do you think are **the three most important “health problems”** in our community? (Those problems which have the greatest impact on overall community health.)

Check only three:

- | | | |
|--|--|---|
| <input type="checkbox"/> Aging problems (e.g., arthritis, hearing/vision loss, etc.) | <input type="checkbox"/> Heart disease and stroke | <input type="checkbox"/> Rape / sexual assault |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Respiratory / lung disease |
| <input type="checkbox"/> Child abuse / neglect | <input type="checkbox"/> HIV / AIDS | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Dental problems | <input type="checkbox"/> Homicide | <input type="checkbox"/> Suicide |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Infant Death | <input type="checkbox"/> Teenage pregnancy |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Infectious Diseases (e.g., hepatitis, TB, etc.) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Firearm-related injuries | <input type="checkbox"/> Mental health problems | |
| | <input type="checkbox"/> Motor vehicle crash injuries | |

3. In the following list, what do you think are **the three most important “risky behaviors”** in our community? (Those behaviors which have the greatest impact on overall community health.)

Check only three:

- | | |
|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Racism |
| <input type="checkbox"/> Being overweight | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not using birth control |
| <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Not using seat belts / child safety seats |
| <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Unsafe sex |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Not getting “shots” to prevent disease | |

4. How would rate our community as a "Healthy Community?"

Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

5. How would rate your own personal health?

Very unhealthy Unhealthy Somewhat healthy Healthy Very healthy

6. Approximately how many hours per month do you volunteer your time to community service? (e.g., schools, voluntary organizations, churches, hospitals, etc.)

None 1 - 5 hours 6 - 10 hours Over 10 hours

Please answer questions #7-15 so we can see how different types of people feel about local health issues.

7. Zip code where you live: _____

8. Age: 25 or less
 26 - 39
 40 - 54
 55 - 64
 65 or over

9. Sex: Male Female

10. Ethnic group you most identify with:

African American / Black
 Asian / Pacific Islander
 Hispanic / Latino
 Native American
 White / Caucasian
 Other _____

11. Marital Status:

Married / co-habiting
 Not married / Single

12. Education

Less than high school
 High school diploma or GED
 College degree or higher
 Other _____

13. Household income

Less than \$20,000
 \$20,000 to \$29,999
 \$30,000 to \$49,999
 Over \$50,000

14. How do you pay for your health care? (check all that apply)

Pay cash (no insurance)
 Health insurance (e.g., private insurance, Blue Shield, HMO)
 Medicaid
 Medicare
 Veterans' Administration
 Indian Health Services
 Other _____

15. Where / how you got this survey: (check one)

Church
 Community Meeting
 Grocery Store / Shopping Mall
 Mail
 Newspaper
 Newsletter
 Personal Contact
 Workplace
 Other _____

Please return completed surveys to the address below by (date). If you would like more information about this community project, please contact us at the number below.

contact name
organization name
address
phone / fax

Thank you very much for your response!