

**24** Below is a list of programs or services in many communities. Please mark how important these programs or services are for your community. (Select one answer for EACH row.)

	Not at all important for my community ▼	Not very important for my community ▼	Moderately important for my community ▼	Very important for my community ▼
Nutrition education, like healthy cooking classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance abuse prevention and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Needle exchange programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health counseling and support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gun safety education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family planning services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking trails and other outdoor spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aging and older adult services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance with filling a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help getting health insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job training or employment assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for women, infants, and children (WIC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food stamps or SNAP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food pantries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Free or emergency child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# MY Community Health Needs Assessment

*Because a Healthier Community Means a Healthier Me*

**Who should fill out this questionnaire?** We ask that the **adult (18 years of age or older) in your household who had the most recent birthday** complete this questionnaire.

**Instructions:** Please mark your answers clearly in the boxes using pencil or dark pen. Examples:

**1 In which county do you live?** (Please print one letter in each box.)

**2 What is the zip code of your residence?** (Please print one number in each box.)

**3 How many adults (18 years or older) live in your household, INCLUDING YOURSELF?**

INCLUDE everyone who is living or staying here for more than 2 months. DO NOT include anyone who is living somewhere else for more than 2 months, such as a college student living away or someone in the Armed Forces on deployment.

**4 How many children younger than 18 years of age live in your household?**

**5 What is your gender?** (Select only one.)

Male  Female

**6 In what year were you born?** (Please print a 4-digit year.)

Please answer both Question 7 about Hispanic origin and Question 8 about race.

**7 Are you of Hispanic, Latino, or Spanish origin?**

Yes  No

**8 What is your race?** (Select all that apply.)

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other, please specify:

**9 Considering all sources, which of the following best describes your total household income before taxes for 2017?** (Select only one.)

- Less than \$15,000
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000 or more

**10 Which of the following best describes your current employment status?** (Select only one.)

- Employed full time
- Employed part time
- Unemployed looking for work
- Unemployed not looking for work
- Unable to work due to disability
- Homemaker
- Retired
- Student

**11 Which of the following best describes the highest level of education you completed?** (Select only one.)

- Some high school
- High school diploma or GED
- Some college
- Technical or vocational school diploma or certificate
- Associate's degree
- Bachelor's degree
- Graduate or professional degree or beyond
- Other, please specify:

**12 Would you say that in general:** (Select only one.)

Very
Excellent
good
Good
Fair
Poor

	▼	▼	▼	▼	▼
Your overall health is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13** Regarding different areas of your health and life, you would say that in general: (Select one answer for EACH row.)

	Excellent ▼	Very good ▼	Good ▼	Fair ▼	Poor ▼
Your physical health is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your mental health is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your social well-being is...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14** How much do you agree or disagree with the following statement: "In general, I am satisfied with my life." (Select only one.)

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

**15** On a scale of 01 to 10 where 01 means you have "little or no stress" and 10 means you have "a great deal of stress," how would you rate your average level of stress during the past month? (Please print a 0 in the first box for numbers less than 10.)

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**16** Do you currently have insurance or coverage that helps with your healthcare costs (including private or employer-sponsored insurance or public coverage like Medicare or Medicaid)? (Select only one.)

- Yes
- No
- Do not know

**17** Do you currently have someone that you think of as your personal doctor or personal healthcare provider? (Select only one.)

- Yes
- No
- Do not know

**20** During the past 12 months, was there ever a time that you or the family members you live with needed one of the following but couldn't afford it or had to prioritize spending money on something else? (Select one answer for EACH row.)

	Yes ▼	No ▼	Do not know ▼
Seeing a medical provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filling a prescription	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation for a health purpose or appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18** Within the past 12 months, which of the following health services have you received? (Select all that apply.)

- Chronic care for a disease, like diabetes, or a disability
- Acute care, like for an infection or injury
- Immunizations or other preventive care
- Routine physical exam
- Prenatal or well-baby care
- Care related to family planning
- Care at a hospital emergency room
- Care at an urgent care facility
- Inpatient care at a hospital
- Filling a prescription
- Dental care
- Screening for anxiety or depression by a medical provider
- Treatment for a mental health diagnosis
- Treatment for addiction

**19** Thinking about the past month, which of the following behaviors have you participated in regularly (at least 3 days per week on average)? (Select all that apply.)

- I smoked cigarettes or used other tobacco
- I was physically active on a regular basis
- I ate a healthy balanced diet
- I got plenty of sleep
- I took an opioid or narcotic that was prescribed to me
- I took an opioid or narcotic that was NOT prescribed to me
- I took a medication for anxiety, depression, or other mental health challenge that was prescribed to me
- I had my blood pressure checked
- I drank alcohol to the point of intoxication
- I drove while under the influence of alcohol or drugs
- I took steps to reduce my level of stress

**21** How often would you say that the following statements apply to you? (Select one answer for EACH row.)

	Never ▼	Seldom ▼	Sometimes ▼	Often ▼	Always ▼
I feel those around me are healthy (family, friends, and co-workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about my utilities being turned off for non-payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel satisfied with my education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make efforts to get involved in my community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I vote when there is an election in my town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my town's environment is healthy (air, water, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel safe in the place where I live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to spend time with others outside of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have access to safe and reliable transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry about being able to pay my rent or mortgage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22** Below are some issues present in many communities. Please pick FIVE that you think pose the greatest health concern for people who live in your community. (Select only five out of all options 1 - 21.)

- |  |  |   |
|--|--|---|
| 1 <input type="checkbox"/> Food access, affordability, and safety        | 8 <input type="checkbox"/> Sexual violence, assault, rape, or human trafficking        | 14 <input type="checkbox"/> Homelessness                            |
| 2 <input type="checkbox"/> Environmental issues                          | 9 <input type="checkbox"/> Obesity   | 15 <input type="checkbox"/> Reproductive health and family planning |
| 3 <input type="checkbox"/> Tobacco use                                   | 10 <input type="checkbox"/> Chronic diseases, like diabetes, cancer, and heart disease | 16 <input type="checkbox"/> Infant mortality                        |
| 4 <input type="checkbox"/> Substance use or abuse                        | 11 <input type="checkbox"/> Suicide  | 17 <input type="checkbox"/> Injuries and accidents                  |
| 5 <input type="checkbox"/> Alcohol use or abuse                          | 12 <input type="checkbox"/> Infectious diseases, like HIV, STDs, and hepatitis         | 18 <input type="checkbox"/> Mental health                           |
| 6 <input type="checkbox"/> Assault, violent crime, and domestic violence | 13 <input type="checkbox"/> Poverty  | 19 <input type="checkbox"/> Aging and older adult needs             |
| 7 <input type="checkbox"/> Child neglect and abuse                       |  | 20 <input type="checkbox"/> Dental care                             |
|  |  | 21 <input type="checkbox"/> Disability needs                        |

**23** Previously, you were asked to pick issues that pose the greatest health concern in your community. If you had \$3 and could give \$1 each to help solve some of these, which are the THREE to which you would give \$1. (Select only three out of all options 1 - 21.)

- |  |  |   |
|--|--|---|
| 1 <input type="checkbox"/> Food access, affordability, and safety        | 8 <input type="checkbox"/> Sexual violence, assault, rape, or human trafficking        | 14 <input type="checkbox"/> Homelessness                            |
| 2 <input type="checkbox"/> Environmental issues                          | 9 <input type="checkbox"/> Obesity   | 15 <input type="checkbox"/> Reproductive health and family planning |
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