**County Health Assessment Community Survey**

**We would like for you to provide your input on the following questions as part of the County Health Assessment being conducted by the County Health Council. Please DO NOT provide your name as all answers will remain anonymous. Your participation is greatly appreciated, and your feedback may help improve health outcomes for your community.**

1. What is your age? \_\_\_\_\_\_\_\_\_\_\_\_
2. What is your gender?
	1. Female
	2. Male
	3. Other
3. What is the highest level of school you have completed?
	1. Less than a high school diploma
	2. High school diploma or GED
	3. Vocational training certificate
	4. Associate’s degree
	5. Bachelor’s degree
	6. Graduate degree or higher
4. What is your race or ethnicity? You may select more than one.
	1. American Indian or Alaska Native
	2. Asian or Pacific Islander
	3. Black or African American
	4. Hispanic or Latino
	5. White
	6. Other
5. What is your zip code? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Which of the following categories best describes your household income?
	1. Less than $25,000
	2. $25,000 to less than $50,000
	3. $50,000 to less than$75,000
	4. $75,000 to less than $100,000
	5. $100,000 or more

Below is a list of issues that many communities are facing. For each one, please indicate whether you think it is not a problem in your community, a minor problem in your community, or a major problem in your community by circling the number that best reflects your opinion.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Not a Problem** | **Minor Problem** | **Major Problem** |
| **Youth Obesity** | 1 | 2 | 3 |
| **Physical Activity** | 1 | 2 | 3 |
| **Youth Nicotine Use** | 1 | 2 | 3 |
| **Drug Overdose** | 1 | 2 | 3 |
| **Infant Mortality** | 1 | 2 | 3 |
| **Teen Births** | 1 | 2 | 3 |
| **Community Water Fluoridation** | 1 | 2 | 3 |
| **Frequent Mental Distress** | 1 | 2 | 3 |
| **3rd Grade Reading Level** | 1 | 2 | 3 |
| **Preventable Hospitalizations** | 1 | 2 | 3 |
| **Per Capita Personal Income** | 1 | 2 | 3 |
| **Access to Parks & Greenways** | 1 | 2 | 3 |
| **Adult Obesity** | 1 | 2 | 3 |
| **Adult Smoking** | 1 | 2 | 3 |
| **Neonatal Abstinence Syndrome** | 1 | 2 | 3 |
| **Suicide** | 1 | 2 | 3 |
| **Educational Attainment** | 1 | 2 | 3 |
| **Diabetes** | 1 | 2 | 3 |
| **Immunizations** | 1 | 2 | 3 |
| **Adverse Childhood Experiences (ACEs)** | 1 | 2 | 3 |
| **Heart Disease** | 1 | 2 | 3 |
| **Cancer** | 1 | 2 | 3 |
| **Uninsured Rate** | 1 | 2 | 3 |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Write In)** | 1 | 2 | 3 |
| **Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Write In)** | 1 | 2 | 3 |

Now, from those issues that you selected as a “Major Problem,” please list the three (3) that you feel are the most serious in your community in the table below. For each of these, please write the number that indicates how satisfied you are with the efforts being made to address this issue in your community.

For example, if you thought “Drug Overdose” was a major problem and you are Very Satisfied with efforts being made to address the issue in your community, your answer would look like the example below.

**1. Very Satisfied 2. Satisfied 3. Neither Satisfied nor Dissatisfied 4. Dissatisfied 5. Very Dissatisfied**

|  |  |
| --- | --- |
| **Top three issues of concern** | **Satisfaction (1-5)** |
| **Example: Drug Overdose** | **1** |
| Issue 1: |  |
| Issue 2: |  |
| Issue 3: |  |