

## COMMUNITY HEALTH-NEEDS ASSESSMENT SURVEY

### INSTRUCTIONS

We want to know how you view our community, so we are inviting you to participate in a research study for community health-needs. Your opinions are important. This questionnaire will take approximately 10 minutes to complete. All of your individual responses are confidential. We will use results of the surveys to improve our understanding of health needs in the community.

Please read each question and mark the response that best represents your views of community needs.

### I. IMPORTANT HEALTH ISSUES IN OUR COMMUNITY

Please identify the three **(3) most important health issues** in our community.

- |  |  |
|--|--|
| <input type="checkbox"/> Aging issues, such as Alzheimer's disease, hearing loss, memory loss or arthritis | <input type="checkbox"/> Infectious/contagious diseases such as flu, pneumonia, food poisoning |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Injuries  |
| <input type="checkbox"/> Chronic pain  | <input type="checkbox"/> Lung disease (asthma, COPD)   |
| <input type="checkbox"/> Dental health (including tooth pain)  | <input type="checkbox"/> Mental health issues such as depression, hopelessness, anger, etc     |
| <input type="checkbox"/> Diabetes  | <input type="checkbox"/> Obesity/overweight  |
| <input type="checkbox"/> Early sexual activity   | <input type="checkbox"/> Sexually transmitted infections                                       |
| <input type="checkbox"/> Heart disease/heart attack  | <input type="checkbox"/> Stroke  |
| <input type="checkbox"/> HIV/AIDS  | <input type="checkbox"/> Other _____   |

### II. UNHEALTHY BEHAVIORS

Please identify the three **(3) most important unhealthy behaviors** in our community.

- |   |  |
|---|--|
| <input type="checkbox"/> Angry behavior/violence                              | <input type="checkbox"/> Not able to get a routine checkup |
| <input type="checkbox"/> Alcohol abuse  | <input type="checkbox"/> Poor eating habits                |
| <input type="checkbox"/> Child abuse  | <input type="checkbox"/> Reckless driving                  |
| <input type="checkbox"/> Domestic violence                                    | <input type="checkbox"/> Risky sexual behavior             |
| <input type="checkbox"/> Drug abuse   | <input type="checkbox"/> Smoking                           |
| <input type="checkbox"/> Elder abuse (physical, emotional, financial, sexual) | <input type="checkbox"/> Other _____                       |
| <input type="checkbox"/> Lack of exercise                                     |  |

### III. ISSUES WITH YOUR WELL BEING

Please identify the three **(3) most important factors that impact your well being** in our community.

- |   |   |
|---|---|
| <input type="checkbox"/> Access to health services  | <input type="checkbox"/> Healthy food choices                 |
| <input type="checkbox"/> Affordable clean housing   | <input type="checkbox"/> Less hatred & more social acceptance |
| <input type="checkbox"/> Availability of child care | <input type="checkbox"/> Less poverty                         |
| <input type="checkbox"/> Better school attendance   | <input type="checkbox"/> Less violence                        |
| <input type="checkbox"/> Job opportunities          | <input type="checkbox"/> Safer neighborhoods/schools          |
| <input type="checkbox"/> Good public transportation | <input type="checkbox"/> Other _____                          |

#### IV. ACCESS TO HEALTH CARE

The following questions ask about your own personal health and health choices. Remember, this survey will not be linked to you in any way.

1. When you get sick, where do you go? Please choose only one.

- Clinic/Doctor's office       Emergency Department       I don't seek medical attention  
 Urgent Care Center       Health Department       Other \_\_\_\_\_

2. How long has it been since you have been to the doctor to get a checkup when you were well (not because you were already sick)?

- Within the last year       1-2 years ago       3-5 years ago  
 5 or more years ago       I have never been to a doctor for a checkup.

3. In the last year, was there a time when you needed medical care but were not able to get it?

- No (please go to question 5)       Yes (please go to the next question)

4. If you just answered "yes" to question 3, why weren't you able to get medical care? Choose all that apply.

- I didn't have health insurance.       The doctor or clinic refused to take my insurance or Medicaid.  
 I couldn't afford to pay my co-pay or deductible.       I didn't know how to find a doctor.  
 I didn't have any way to get to the doctor.       Too long to wait for appointment.  
 Fear  
 Other \_\_\_\_\_

5. In the last year, was there a time when you needed prescription medicine but were not able to get it?

- No (please go to question 7)       Yes (please go to the next question)

6. If you just answered "yes" to question 5, why weren't you able to get prescription medication? Choose all that apply.

- I didn't have health insurance.       The pharmacy refused to take my insurance or Medicaid.  
 I couldn't afford to pay my co-pay or deductible.       I didn't have any way to get to the pharmacy.  
 I didn't know how to find a pharmacy.       Other \_\_\_\_\_

7. About how long has it been since you have been to the dentist to get a checkup (not for an emergency)?

- Within the last year       1-2 years ago       3-5 years ago  
 5 or more years ago       I have never been to a dentist for a checkup.

8. In the last year, was there a time when you needed dental care but could not get it?

- No (please go to question 10)       Yes (please go to the next question)

9. If you just answered "yes" to question 8, why weren't you able to get dental care? Choose all that apply.

- I didn't have dental insurance.       The dentist refused to take my insurance or Medicaid.  
 I couldn't afford to pay my co-pay or deductible.       I didn't know how to find a dentist.  
 I didn't have any way to get to the dentist.       Too long to wait for appointment.  
 Fear.  
 Other \_\_\_\_\_

10. In the last year, was there a time when you needed mental-health counseling but could not get it?  
 No (please go to question 12)                       Yes (please go to the next question)

11. If you just answered "yes" to question 10, why weren't you able to get mental-health counseling?  
Choose all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> I didn't have insurance.                          | <input type="checkbox"/> The counselor refused to take my insurance or Medicaid. |
| <input type="checkbox"/> I couldn't afford to pay my co-pay or deductible. | <input type="checkbox"/> I didn't know how to find a counselor.                  |
| <input type="checkbox"/> I didn't have any way to get to a counselor.      | <input type="checkbox"/> Too long to wait for appointment.                       |
| <input type="checkbox"/> Fear.   | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Embarrassment.                                    |  |

12. In the last week how many times did you participate in deliberate exercise, (such as jogging, walking, golf, weight-lifting, fitness classes) that lasted for at least 30 minutes or more?  
 None (please go to next question)     1 - 2                       3 - 5                       More than 5

13. If you answered "none" to the last question, why **didn't** you exercise in the past week? Choose all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> I don't have any time to exercise.           | <input type="checkbox"/> I don't like to exercise.            |
| <input type="checkbox"/> It is not important to me.                   | <input type="checkbox"/> I can't afford the fees to exercise. |
| <input type="checkbox"/> I don't have access to an exercise facility. | <input type="checkbox"/> I am too tired.                      |
| <input type="checkbox"/> I don't have child care while I exercise.    | <input type="checkbox"/> I have a physical disability.        |
| <input type="checkbox"/> Other _____                                  |   |

14. On a typical day, how many servings of fruits and/or vegetables do you have?  
 None (please go to next question)     1 - 2                       3 - 5                       More than 5

15. If you answered "none" to the last question, why **didn't** you eat fruits/vegetables? Choose all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> It is difficult to buy fruits and/or vegetables | <input type="checkbox"/> I don't like fruits/vegetables    |
| <input type="checkbox"/> It is not important to me.                      | <input type="checkbox"/> I can't afford fruits/vegetables. |
| <input type="checkbox"/> Other _____                                     |  |

16. On a typical day, how many cigarettes do you smoke (either actual or electronic/vapor)?  
 None                       1 - 4                       5 - 8                       9 - 12                       More than 12

17. Where do you get most of your medical information (*check only one*)  
 Doctor                       Friends/family                       Internet                       Pharmacy                       Nurse at my church

18. Do you have a personal physician?     No                       Yes

19. Overall, my physical health is:     Good                       Average                       Poor

20. Overall, my mental health is:     Good                       Average                       Poor

21. How long has it been since you have had a flu shot?  
 Within the last year                       1-2 years ago                       3-5 years ago  
 5 or more years ago                       I have never had a flu shot

## V. BACKGROUND INFORMATION

What county do you live in?

- Peoria       Tazewell       Woodford       Other

What type of insurance do you have?

- Medicare       Medicaid       Private/commercial       None

If you answered "none" to the last question, why **don't** you have insurance? Choose all that apply.

- I cannot afford insurance       I don't need insurance  
 I don't know how to get insurance       Other \_\_\_\_\_

What is your gender?  Male       Female

What is your age?

- Under 20       21-30       31-40       41-50       51-60       61-70       71 or older

What is your race?

- White       Black/African American  
 Hispanic/Latino       Native American/American Indian/Alaska Native  
 Asian (Indian, Pakistani, Japanese, Chinese, Korean, Vietnamese, Filipino)  
 Pacific Islander (Native Hawaiian, Samoan, Guamanian/Chamorro)  
 Other race not listed here: \_\_\_\_\_

What is your highest level of education?

- Less than high school       Some high school       High school degree (or GED/equivalent)  
 Some college (no degree)       Associate's degree       Bachelor's degree  
 Graduate or professional degree       Other: \_\_\_\_\_

What was your total income last year, before taxes?

- Less than \$20,000       \$20,001 to \$40,000       \$40,001 to \$60,000  
 \$60,001 to \$80,000       \$80,001 to \$100,000       over \$100,000

Do you:  Rent       Own       Other

How many people live in your home? \_\_\_\_\_

What is your job status?

- Full-time       Part-time       Unemployed       Homemaker  
 Retired       Disabled       Student       Armed Forces

Is there anything else you would like to tell us about community concerns, health problems or services in the community?

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**Thank you very much for sharing your views with us!**

This survey instrument was reviewed by the Committee on the Use of Human Subjects and Research (CUSHR), Bradley University Institutional Review Board (IRB) in May, 2015

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