**LONG ISLAND AND EASTERN QUEENS COMMUNITY HEALTH ASSESSMENT SURVEY**

***Your opinion is important to us!***

The purpose of this survey is to get your opinion about health issues that are important in your community. Together, the County Departments of Health and hospitals throughout Long Island will use the results of this survey and other information to help target health programs in your community. Please complete only one survey per adult 18 years or older. Your survey responses are anonymous. Thank you for your participation.

**1. What are the biggest ongoing health concerns in THE COMMUNITY WHERE YOU LIVE? (Please check up to 3)**

[ ]  Asthma/lung disease [ ]  Heart disease & stroke [ ]  Safety

[ ]  Cancer [ ]  HIV/AIDS & Sexually [ ]  Vaccine preventable diseases

[ ]  Child health & wellness Transmitted Diseases (STDs) [ ]  Women’s health & wellness

[ ]  Diabetes [ ]  Mental health [ ]  Other (please specify)

[ ]  Drugs & alcohol abuse depression/suicide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Environmental hazards [ ]  Obesity/weight loss issues

**2. What are the biggest ongoing health concerns for YOURSELF? (Please check up to 3)**

[ ]  Asthma/lung disease [ ]  Heart disease & stroke [ ]  Safety

[ ]  Cancer [ ]  HIV/AIDS & Sexually [ ]  Vaccine preventable diseases

[ ]  Child health & wellness Transmitted Diseases (STDs) [ ]  Women’s health & wellness

[ ]  Diabetes [ ]  Mental health [ ]  Other (please specify)

[ ]  Drugs & alcohol abuse depression/suicide \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Environmental hazards [ ]  Obesity/weight loss issues

**3. What prevents people in your community from getting medical treatment? (Please check up to 3)**

[ ]  Cultural/religious beliefs [ ]  Lack of availability of doctors [ ]  Unable to pay co-pays/deductibles

[ ]  Don’t know how to find doctors [ ]  Language barriers [ ]  There are no barriers

[ ]  Don’t understand need to see a [ ]  No insurance [ ]  Other (please specify)

 doctor [ ]  Transportation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Fear (e.g. not ready to face/discuss health problem)

**4. Which of the following is MOST needed to improve the health of your community? (Please check up to 3)**

[ ]  Clean air & water [ ]  Mental health services [ ]  Smoking cessation programs

[ ]  Drug & alcohol rehabilitation services [ ]  Recreation facilities [ ]  Transportation

[ ]  Healthier food choices [ ]  Safe childcare options [ ]  Weight loss programs

[ ]  Job opportunities [ ]  Safe places to walk/play [ ]  Other (please specify)

[ ]  Safe worksites \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. What health screenings or education/information services are needed in your community? (Please check up to 3)**

[ ]  Blood pressure [ ]  Eating disorders [ ]  Mental health/depression

[ ]  Cancer [ ]  Emergency preparedness [ ]  Nutrition

[ ]  Cholesterol [ ]  Exercise/physical activity [ ]  Prenatal care

[ ]  Dental screenings [ ]  Heart disease [ ]  Suicide prevention

[ ]  Diabetes [ ]  HIV/AIDS & Sexually [ ]  Vaccination/immunizations

[ ]  Disease outbreak information Transmitted Diseases (STDs) [ ]  Other (please specify)

[ ]  Drug and alcohol [ ]  Importance of routine well \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 checkups

**6. Where do you and your family get most of your health information? (Check all that apply)**

[ ]  Doctor/health professional [ ]  Library [ ]  Social Media (Facebook, Twitter, etc.)

[ ]  Family or friends [ ]  Newspaper/magazines [ ]  Television

[ ]  Health Department [ ]  Radio [ ]  Worksite

[ ]  Hospital [ ]  Religious organization [ ]  Other (please specify)

[ ]  Internet [ ]  School/college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For statistical purposes only, please complete the following:*

**I identify as**: [ ]  Male [ ]  Female [ ]  Other

**What is your age?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ZIP code where you live**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Town where you live**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What race do you consider yourself?**

[ ]  White/Caucasian [ ]  Native American [ ]  Multi-racial

[ ]  Black/African American [ ]  Asian/Pacific Islander [ ]  Other (please specify)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you Hispanic or Latino?** [ ]  Yes [ ]  No

**What language do you speak when you are at home (select all that apply)**

[ ]  English [ ]  Portuguese [ ]  Spanish [ ]  Italian [ ]  Farsi [ ]  Polish

[ ]  Chinese [ ]  Korean [ ]  Hindi [ ]  Haitian Creole [ ]  French Creole [ ]  Other

**What is your annual household income from all sources?**

[ ]  $0-$19,999 [ ]  $20,000 to $34,999 [ ]  $35,000 to $49,999

[ ]  $50,000 to $74,999 [ ]  $75,000 to $125,000 [ ]  Over $125,000

**What is your highest level of education?**

[ ]  K-8 grade [ ]  Technical school [ ]  Graduate school

[ ]  Some high school [ ]  Some college [ ]  Doctorate

[ ]  High school graduate [ ]  College graduate [ ]  Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is your current employment status?**

[ ]  Employed for wages [ ]  Self-employed [ ]  Out of work and looking for work

[ ]  Student [ ]  Retired [ ]  Out of work, but not currently looking

[ ]  Military

**Do you currently have health insurance?** [ ]  Yes [ ]  No [ ]  No, but I did in the past

**What type of insurance do you have? (select all that apply)**

[ ]  Medicaid [ ]  Medicare [ ]  Private/Commercial [ ]  No Insurance

**Do you have a smart phone?** [ ]  Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| If you have health concerns or difficulty accessing care, please call the Long Island Health Collaborative for available resources at:**631-963-4767.** | Please return this completed survey to:LIHCNassau-Suffolk Hospital Council1383 Veterans Memorial Highway, Suite 26Hauppauge, NY 11788Or you may fax completed survey to631-716-6920 | All non-profit hospitals on Long Island offer financial assistance for emergency and medically necessary care to individuals who are unable to pay for all or a portion of their care.  To obtain information on financial assistance offered at each Long Island hospital, please visit the individual hospital’s website. |