**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

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| If you have health concerns or difficulty accessing care, please call the Long Island Health Collaborative for available resources at:  **631-257-6957.** | Please return this completed survey to:  LIHC  Nassau-Suffolk Hospital Council  1383 Veterans Memorial Highway, Suite 26  Hauppauge, NY 11788  Or you may fax completed survey to  631-716-6920 | 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. |